

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)

**2020**

Department of the Treasury  
Internal Revenue Service

▶ 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.

**Open to Public Inspection**

**A For the 2020 calendar year, or tax year beginning** , 2020, and ending , 20

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

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

**D** Employer identification number  
36-3258696

**E** Telephone number  
(312) 977-0031

**F** Name and address of principal officer: KEVIN WASHINGTON  
SAME AS C ABOVE

**G** Gross receipts \$ 202,792,763

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list. See instructions  
**H(c)** Group exemption number ▶

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

**J** Website: ▶ WWW.YMCA.NET

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation: 1982 **M** State of legal domicile: IL

**Part I Summary**

Activities & Governance	<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 2,600 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>	<u>26</u>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<u>26</u>
	<b>5</b>	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	<b>5</b>	<u>310</u>
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<u>1,566</u>
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<u>0</u>
<b>b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<u>0</u>	
Revenue	<b>8</b>	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b>	Program service revenue (Part VIII, line 2g)	<u>43,437,498</u>	<u>65,805,390</u>
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>84,415,118</u>	<u>48,352,947</u>
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>6,605,798</u>	<u>3,165,083</u>
	<b>12</b>	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>2,958,931</u>	<u>569,167</u>
Expenses	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<u>137,417,345</u>	<u>117,892,587</u>
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	<u>39,451,022</u>	<u>48,972,058</u>
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<u>0</u>	<u>0</u>
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<u>45,571,407</u>	<u>36,564,594</u>
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>1,722,829</u>	<u>0</u>	<u>0</u>
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<u>54,492,745</u>	<u>40,271,828</u>
	<b>18</b>	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<u>139,515,174</u>	<u>125,808,480</u>
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<u>(2,097,829)</u>	<u>(7,915,893)</u>	
Net Assets or Fund Balances	<b>20</b>	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b>	Total liabilities (Part X, line 26)	<u>161,776,272</u>	<u>171,858,697</u>
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<u>30,120,704</u>	<u>41,457,889</u>
			<u>131,655,568</u>	<u>130,400,808</u>

**Part II Signature Block**

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

**Sign Here**

Signature of officer: Nancy L. Owens Date: 5/13/2021  
 Type or print name and title: NANCY L. OWENS, SR. VP & CHIEF FINANCIAL OFFICER

**Paid Preparer Use Only**

Print/Type preparer's name: ERIN COUTURE Preparer's signature: Erin Couture Date: 5/11/21 Check  if self-employed PTIN: P01390592  
 Firm's name: GRANT THORNTON LLP Firm's EIN: 36-6055558  
 Firm's address: 171 N CLARK STREET, SUITE 200, CHICAGO, IL 60601 Phone no.: (312) 856-0200

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form **990** (2020)

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III  Yes  No

**1** Briefly describe the organization's mission:  
YMCA OF THE USA (Y-USA) IS THE NATIONAL RESOURCE OFFICE FOR THE NATION'S 2,600 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 \$ 60,174,194 including grants of \$ 32,323,202 ) (Revenue \$ 23,564,548 )  
SOCIAL RESPONSIBILITY: FOR MORE THAN 170 YEARS, THE Y HAS RESPONDED TO OUR NATION'S MOST PRESSING SOCIAL NEEDS. THROUGH WORLD WARS, THE GREAT DEPRESSION, THE SPANISH FLU AND MANY OTHER NATIONAL CHALLENGES, THE Y HAS RESPONDED TO HELP COMMUNITIES REBUILD FROM HARDSHIP. IN RESPONSE TO THE COVID-19 PANDEMIC IN 2020, YS PIVOTED FROM OFFERING TRADITIONAL SERVICES TO SUPPORTING THE CHANGING NEEDS OF THE 10,000 COMMUNITIES YS SERVE ACROSS THE COUNTRY. IN THE EARLY DAYS OF THE PANDEMIC, AND DESPITE FACILITIES BEING CLOSED TO MEMBERSHIP PROGRAMING, MORE THAN 1,100 YS OFFERED CHILD CARE TO FAMILIES OF FIRST RESPONDERS AND ESSENTIAL WORKERS SO THAT PARENTS COULD GO TO WORK WHILE KNOWING THEIR CHILD WAS BEING CARED FOR IN A SAFE AND ENRICHING ENVIRONMENT. MORE THAN 1,200 YS BEGAN OFFERING FREE MEALS TO FAMILIES FACING FOOD INSECURITY AS A RESULT OF THE FINANCIAL CRISIS CAUSED BY COVID-19. WHILE YS HAVE TRADITIONALLY OFFERED AFTER-SCHOOL AND SUMMER MEALS TO CHILDREN, YS WERE OFFERING MEALS TO INDIVIDUALS AND ENTIRE FAMILIES IN NEED. YS ALSO TRANSFORMED THEIR FACILITIES TO  
(CONTINUED ON SCHEDULE O)

**4b** (Code: ) (Expenses \$ 35,864,317 including grants of \$ 15,191,177 ) (Revenue \$ 14,179,312 )  
YOUTH DEVELOPMENT: AT THE Y, WE BELIEVE AMERICA'S YOUNG PEOPLE ARE THE CHANGEMAKERS WITH THE SKILLS, COMMITMENT AND RESOURCES NECESSARY TO CREATE THE COMMUNITIES THAT WE ALL WANT TO LIVE IN. WE ALSO BELIEVE SUCCESS DEPENDS ON OUR COLLECTIVE ABILITY TO REACH AND INSPIRE THIS NEXT GENERATION TO BE GLOBALLY MINDED, CIVICALLY ENGAGED PROBLEM SOLVERS. THE SOCIAL, EMOTIONAL AND ACADEMIC DEVELOPMENT OF YOUTH IN 2020 BECAME ONE OF THE Y'S TOP CONCERNS. FACING SOCIAL ISOLATION, ONLINE LEARNING, FEAR AND AXIETY, CHILDREN NEEDED A SENSE OF NORMALCY IN 2020 -- AND THE Y AIMED TO PROVIDE IT. USING KEY LEARNINGS FROM THE EMERGENCY DAY CARE OFFERED TO FIRST RESPONDERS AND ESSNEITAL WORKERS, YS WERE ABLE TO SAFELY OPEN DAY CAMPS ACROSS THE COUNTRY LAST SUMMER. Y CAMPS ARE ABOUT LEARNING SKILLS, DEVELOPING CHARACTER AND MAKING FRIENDS - ALL THINGS THAT WERE VERY DIFFICULT FOR KIDS TO DO WHILE REMOTE SCHOOLING AND SOCIALLY ISOLATED. LIKE THE Y'S EMERGENCY CHILD CARE SERVICES, Y DAY CAMPS ALSO OPERATED ACCORDING TO SAFETY PROTOCOLS IN 2020 WITH NO LARGE COVID OUTBREAKS ASSOCIATED WITH ANY  
(CONTINUED ON SCHEDULE O)

**4c** (Code: ) (Expenses \$ 15,685,808 including grants of \$ 1,457,679 ) (Revenue \$ 10,609,087 )  
HEALTHY LIVING: THE Y IS COMMITTED TO IMPROVING THE NATION'S HEALTH, WHICH IS WHY YS PROVIDED A VARIETY OF WELLNESS PROGRAMS THROUGH VIRTUAL PLATFORMS, HELPING PEOPLE REDUCE THEIR RISK FOR CHRONIC DISEASES, AND OFFERING ACCESS TO TOOLS AND SUPPORT THAT HELP INDIVIDUALS RECLAIM AND SUSTAIN POSITIVE HEALTH OUTCOMES. THE TOLL COVID-19 TOOK ON OUR COUNTRY'S MENTAL AND PHYSICAL HEALTH WAS OF UPMOST CONCERN TO THE Y THROUGHOUT 2020. WHEN FACILITIES WERE CLOSED IN MARCH, THE Y INTRODUCED Y360, A VIRTUAL HEALTH AND FITNESS PLATFORM TO BRING HEALTHY LIVING PROGRAMS INTO HOMES. THE PLATFORM WAS FREE FOR THE MAJORITY OF 2020. WHEN FACILITES OPENED FOR EMERGENCY CHILD CARE AND THEN AGAIN FOR ADDITIONAL PROGRAMS AND SERVICES LATER IN THE YEAR, THE HEALTH AND SAFETY OF MEMBERS, STAFF AND PARTICIPANTS WAS A TOP PRIORITY AS YS IMPLEMENTED CDC SAFETY PROTOCOLS. LARGELY, YS AVOIDED SIGNIFICANT COVID-19 OUTBREAKS AS A RESULT. AND AS THE NATION'S SWIM INSTRUCTOR, THE Y DID NOT RELENT ON ITS COMMITMENT TO HELPING PEOPLE LEARN HOW TO SWIM AND TO BE SAFE AROUND WATER. ONCE  
(CONTINUED ON SCHEDULE O)

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

**4e** Total program service expenses ► 111,724,319

**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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> See instructions? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H . . . . .</i>	<input type="checkbox"/>	<input checked="" 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"/>

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

	Yes	No
<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"/>	
<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"/>	
<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 checked="" type="checkbox"/>
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
<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? . . . . .		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
<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 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 checked="" type="checkbox"/>
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> . . . . .		<input checked="" type="checkbox"/>
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . .		<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, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		<input checked="" type="checkbox"/>
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		<input checked="" type="checkbox"/>
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		<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"/>
<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 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 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 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"/>	
<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"/>	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	<input checked="" 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 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 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 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"/>	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	<input checked="" type="checkbox"/>	

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

		Yes	No
<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> 310		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <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>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
<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>b</b>	If "Yes," enter the name of the foreign country <b>IS</b> 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>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		✓
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<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>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<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>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<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>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>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		✓
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<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>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>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>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<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>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	
<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 on Schedule O	<b>14b</b>	
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	<b>15</b>	✓
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</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 on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year . . . . .		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
<b>1b</b>	Enter the number of voting members included on line 1a, above, who are independent . . . . .		
<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? . . . . .		<input checked="" type="checkbox"/>
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? . . . . .		<input checked="" type="checkbox"/>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .		<input checked="" type="checkbox"/>
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .		<input checked="" type="checkbox"/>
<b>6</b>	Did the organization have members or stockholders? . . . . .		<input checked="" type="checkbox"/>
<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? . . . . .		<input checked="" type="checkbox"/>
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .		<input checked="" type="checkbox"/>
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	The governing body? . . . . .	<input checked="" type="checkbox"/>	
<b>8b</b>	Each committee with authority to act on behalf of the governing body? . . . . .	<input checked="" type="checkbox"/>	
<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 on Schedule O . . . . .		<input checked="" type="checkbox"/>

**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? . . . . .		<input checked="" type="checkbox"/>
<b>10b</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>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .	<input checked="" type="checkbox"/>	
<b>11b</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 . . . . .	<input checked="" type="checkbox"/>	
<b>12b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	<input checked="" type="checkbox"/>	
<b>12c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .	<input checked="" type="checkbox"/>	
<b>13</b>	Did the organization have a written whistleblower policy? . . . . .	<input checked="" type="checkbox"/>	
<b>14</b>	Did the organization have a written document retention and destruction policy? . . . . .	<input checked="" type="checkbox"/>	
<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>15a</b>	The organization's CEO, Executive Director, or top management official . . . . .	<input checked="" type="checkbox"/>	
<b>15b</b>	Other officers or key employees of the organization . . . . .	<input checked="" type="checkbox"/>	
	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? . . . . .		<input checked="" type="checkbox"/>
<b>16b</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? . . . . .		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed ► [AK, AL, AR, AZ, \(CONTINUED ON SCHEDULE O\)](#)
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
  - Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records ► [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.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KEVIN WASHINGTON PRESIDENT AND CEO	50.0			✓			739,355	0	54,285	
(2) PAUL MCENTIRE EXECUTIVE VICE PRESIDENT, CHIEF OPERATING OFFICER	50.0					✓	595,696	0	52,618	
(3) DAVID BYRD SENIOR VICE PRESIDENT, MOVEMENT ADVANCEMENT	50.0					✓	389,629	0	50,228	
(4) REBECCA BOWEN EXECUTIVE VICE PRESIDENT, CHIEF ADVANCEMENT OFFICER	50.0					✓	382,370	0	50,143	
(5) KARYN KIRK EXECUTIVE VICE PRESIDENT & GENERAL COUNSEL	50.0			✓			374,107	0	50,048	
(6) NANCY L OWENS SENIOR VICE PRESIDENT, CHIEF FINANCIAL OFFICER	50.0			✓			358,406	0	49,866	
(7) ROBERT DENTON SENIOR VICE PRESIDENT, CHIEF GOVERNMENT AFFAIRS OFFICER	50.0					✓	326,564	0	49,496	
(8) SHAWN BORZELLERI SENIOR VICE PRESIDENT, SERVICE DELIVERY PROGRAM DEVELOPMENT OFFICER	50.0					✓	325,620	0	49,485	
(9) CARLA MORADI SECRETARY	4.0	✓		✓			0	0	0	
(10) CICI ROJAS CHAIR-ELECT	4.0	✓		✓			0	0	0	
(11) JOHN G CONLEY TREASURER	4.0	✓		✓			0	0	0	
(12) MATTHEW HYDE IMMEDIATE PAST CHAIR	4.0	✓		✓			0	0	0	
(13) PAMELA DAVIES CHAIR	4.0	✓		✓			0	0	0	
(14) CARLA CHAVARRIA BOARD MEMBER THROUGH 12/2020	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) CHRISTOPHER PADILLA BOARD MEMBER	2.0	<input checked="" type="checkbox"/>						0	0	0
(16) CHRISTOPHER TOINTON BOARD MEMBER BEGINNING 2/2020	2.0	<input checked="" type="checkbox"/>						0	0	0
(17) DAVID A BARAHONA BOARD MEMBER	2.0	<input checked="" type="checkbox"/>						0	0	0
(18) DIANE DEWBREY BOARD MEMBER	2.0	<input checked="" type="checkbox"/>						0	0	0
(19) GARY COBBS BOARD MEMBER THROUGH 2/2020	2.0	<input checked="" type="checkbox"/>						0	0	0
(20) GEORGE LEIS BOARD MEMBER	2.0	<input checked="" type="checkbox"/>						0	0	0
(21) GEORGE WILSON II BOARD MEMBER BEGINNING 2/2020	2.0	<input checked="" type="checkbox"/>						0	0	0
(22) GLEN GUNDERSON BOARD MEMBER	2.0	<input checked="" type="checkbox"/>						0	0	0
(23) HON, J. MICHELLE CHILDS BOARD MEMBER BEGINNING 2/2020	2.0	<input checked="" type="checkbox"/>						0	0	0
(24) JAMES JOHNSON BOARD MEMBER THROUGH 2/2020	2.0	<input checked="" type="checkbox"/>						0	0	0
(25) (SEE STATEMENT)										
<b>1b Subtotal</b>								3,491,747	0	406,169
<b>c Total from continuation sheets to Part VII, Section A</b>								0	0	0
<b>d Total (add lines 1b and 1c)</b>								3,491,747	0	406,169

**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 **▶** 107

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
VML, LLC, 250 RICHARDS ROAD, KANSAS CITY, MO 64116	BRAND & CUSTOMER EXPERIENCE	2,657,060
OPEN Y, LLC, 651 NICOLLET MALL, SUITE 500, MINNEAPOLIS, MN 55402	DIGITAL TRANSFORMATION FOR YMCAS	1,080,000
PRAESIDIUM, INC., 624 SIX FLAGS DRIVE, SUITE 110, ARLINGTON, TX 76011	CHILD SAFETY INITIATIVE	994,368
CROWE, P.O. BOX 71570, CHICAGO, IL 60694	ACCOUNTING & AUDIT SERVICES	761,807
BAV GROUP, 3 COLUMBUS CIRCLE, NEW YORK, NY 10019	BRAND STRATEGY & CONSUMER INSIGHTS	655,491

**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 **▶** 60

**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> 11,773,495				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 54,031,895				
	<b>g</b>	Noncash contributions included in lines 1a-1f . . . . .	<b>1g</b> \$ 19,959				
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . . ▶		65,805,390			
	<b>Program Service Revenue</b>	<b>2a</b>	SOCIAL RESPONSIBILITY Business Code		23,564,548	23,564,548	
<b>b</b>		YOUTH DEVELOPMENT		14,179,312	14,179,312		
<b>c</b>		HEALTHY LIVING		10,609,087	10,609,087		
<b>d</b>							
<b>e</b>							
<b>f</b>		All other program service revenue . . . . .		0	0	0	
<b>g</b>		<b>Total.</b> Add lines 2a-2f . . . . . ▶		48,352,947			
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		1,062,621		1,062,621	
	<b>4</b>	Income from investment of tax-exempt bond proceeds ▶					
	<b>5</b>	Royalties . . . . . ▶		164,486		164,486	
	<b>6a</b>	Gross rents . . . . .	(i) Real				
			(ii) Personal				
			<b>6a</b>				
			<b>6b</b>				
	<b>b</b>	Less: rental expenses	<b>6b</b>				
	<b>c</b>	Rental income or (loss)	<b>6c</b>	0	0		
	<b>d</b>	Net rental income or (loss) . . . . . ▶					
	<b>7a</b>	Gross amount from sales of assets other than inventory	(i) Securities		87,002,638	0	
			(ii) Other				
			<b>7a</b>				
			<b>7b</b>				
	<b>b</b>	Less: cost or other basis and sales expenses . . . . .	<b>7b</b>	84,900,176	0		
<b>c</b>	Gain or (loss) . . . . .	<b>7c</b>	2,102,462	0			
<b>d</b>	Net gain or (loss) . . . . . ▶		2,102,462		2,102,462		
<b>8a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>8a</b>					
<b>b</b>	Less: direct expenses . . . . .	<b>8b</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>9a</b>					
<b>b</b>	Less: direct expenses . . . . .	<b>9b</b>					
<b>c</b>	Net income or (loss) from gaming activities . . . ▶						
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>10a</b>					
		<b>10b</b>					
		<b>c</b>	Net income or (loss) from sales of inventory . . . ▶				
<b>Miscellaneous Revenue</b>	<b>11a</b>	VENDOR BOOTH REVENUE Business Code	900004	29,450		29,450	
	<b>b</b>	REIMB. OF FROM VARIOUS Y ORGS.	900099	289,321		289,321	
	<b>c</b>	REBATE REVENUE	900099	77,623		77,623	
	<b>d</b>	All other revenue . . . . .	900004	8,287	0	8,287	
	<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . . ▶		404,681			
<b>12</b>	<b>Total revenue.</b> See instructions . . . . . ▶		117,892,587	48,352,947	0	3,734,250	

**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	47,614,167	47,614,167		
2	Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	36,502	36,502		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	1,321,389	1,321,389		
4	Benefits paid to or for members . . . . .	0	0		
5	Compensation of current officers, directors, trustees, and key employees . . . . .	1,626,065	542,959	816,117	266,989
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
7	Other salaries and wages . . . . .	26,887,914	23,572,178	2,388,164	927,572
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	1,847,276	1,647,460	106,658	93,158
9	Other employee benefits . . . . .	3,932,077	2,772,321	1,047,036	112,720
10	Payroll taxes . . . . .	2,271,262	1,572,295	634,264	64,703
11	Fees for services (nonemployees):				
a	Management . . . . .	0	0	0	0
b	Legal . . . . .	891,080	187,390	703,690	
c	Accounting . . . . .	303,367		303,367	
d	Lobbying . . . . .	440,000	440,000		
e	Professional fundraising services. See Part IV, line 17 . . . . .				
f	Investment management fees . . . . .	307,046		307,046	
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .	18,246,618	16,575,811	1,670,807	0
12	Advertising and promotion . . . . .	4,336,469	4,336,469		
13	Office expenses . . . . .	1,921,839	1,726,372	173,860	21,607
14	Information technology . . . . .	3,402,751	3,051,533	351,218	0
15	Royalties . . . . .				
16	Occupancy . . . . .	2,394,871	1,935,423	324,106	135,342
17	Travel . . . . .	1,372,812	1,099,263	172,811	100,738
18	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
19	Conferences, conventions, and meetings . . . . .	538,185	536,400	1,785	
20	Interest . . . . .	273,977	230,579	43,398	
21	Payments to affiliates . . . . .	0	0	0	0
22	Depreciation, depletion, and amortization . . . . .	2,134,186	1,771,555	362,631	
23	Insurance . . . . .	823,428	699,618	123,810	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) . . . . .				
a	ORGANIZATIONAL DUES . . . . .	679,773	24,290	655,483	
b	PROV. FOR UNCOLLECTIBLES . . . . .	1,523,860	30,345	1,493,515	
c	FOREIGN TAX EXPENSE . . . . .	681,230		681,230	
d	. . . . .				
e	All other expenses . . . . .	336	0	336	0
25	<b>Total functional expenses.</b> Add lines 1 through 24e . . . . .	125,808,480	111,724,319	12,361,332	1,722,829
26	<b>Joint costs.</b> 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)		(B)
		Beginning of year		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 . . . . .	35,519,333	<b>2</b>	64,600,203
	<b>3</b> Pledges and grants receivable, net . . . . .	20,448,557	<b>3</b>	10,698,881
	<b>4</b> Accounts receivable, net . . . . .	2,587,436	<b>4</b>	910,311
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	0	<b>5</b>	0
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .	0	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	1,180,266	<b>9</b>	1,477,684
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	35,377,667		
	<b>b</b> Less: accumulated depreciation . . . . .	29,120,936		
	<b>11</b> Investments—publicly traded securities . . . . .	8,014,333	<b>10c</b>	6,256,731
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	54,989,305	<b>11</b>	47,115,739
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	29,921,918	<b>12</b>	30,965,837
	<b>14</b> Intangible assets . . . . .	1,000	<b>13</b>	1,000
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	250,000	<b>14</b>	750,000
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .	8,863,624	<b>15</b>	9,081,811	
	161,776,272	<b>16</b>	171,858,697	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	18,672,339	<b>17</b>	25,379,889
	<b>18</b> Grants payable . . . . .	0	<b>18</b>	0
	<b>19</b> Deferred revenue . . . . .	639,748	<b>19</b>	4,009,912
	<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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	0	<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 . . . . .	6,000,000	<b>24</b>	5,500,000
	<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 . . . . .	4,808,617	<b>25</b>	6,568,088
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	30,120,704	<b>26</b>	41,457,889
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	41,024,388	<b>27</b>	38,195,517
	<b>28</b> Net assets with donor restrictions . . . . .	90,631,180	<b>28</b>	92,205,291
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>31</b>	
<b>32</b> Total net assets or fund balances . . . . .	131,655,568	<b>32</b>	130,400,808	
<b>33</b> Total liabilities and net assets/fund balances . . . . .	161,776,272	<b>33</b>	171,858,697	

**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>	117,892,587
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	125,808,480
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	(7,915,893)
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	131,655,568
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	6,661,133
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<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 on 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 32, column (B))	<b>10</b>	130,400,808

**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 on 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 on 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) JANICE REALS ELLIG ----- BOARD MEMBER	2.0 -----	✓						0	0	0
(26) JED BERNSTEIN ----- BOARD MEMBER	2.0 -----	✓						0	0	0
(27) JOHN BAIRD ----- BOARD MEMBER	2.0 -----	✓						0	0	0
(28) JULIE WATKINS ----- BOARD MEMBER	2.0 -----	✓						0	0	0
(29) KEVIN BOLDING ----- BOARD MEMBER	2.0 -----	✓						0	0	0
(30) LILIANA GIL VALLETTA ----- BOARD MEMBER	2.0 -----	✓						0	0	0
(31) MATTHEW FURMAN ----- BOARD MEMBER	2.0 -----	✓						0	0	0
(32) PATRICIA PACHECO DE BAEZ ----- BOARD MEMBER BEGINNING 2/2020	2.0 -----	✓						0	0	0
(33) RUBEN DARIO TABORDA ----- BOARD MEMBER BEGINNING 2/2020	2.0 -----	✓						0	0	0
(34) SARAH BRAYTON ----- BOARD MEMBER BEGINNING 2/2020	2.0 -----	✓						0	0	0
(35) SASKIA STEINACKER ----- BOARD MEMBER BEGINNING 2/2020	2.0 -----	✓						0	0	0
(36) STEVEN J MALCOLM ----- BOARD MEMBER THROUGH 2/2020	2.0 -----	✓						0	0	0
(37) TRENT HAYWOOD, MD ----- BOARD MEMBER THROUGH 2/2020	2.0 -----	✓						0	0	0
(38) VALARIE GOMEZ ----- BOARD MEMBER	2.0 -----	✓						0	0	0
(39) VALERIE ASHBY, PH.D. ----- BOARD MEMBER THROUGH 2/2020	2.0 -----	✓						0	0	0
(40) WALTER GLOVER ----- BOARD MEMBER	2.0 -----	✓						0	0	0

**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

**2020**

**Open to Public Inspection**

Name of the organization <b>NATIONAL COUNCIL OF YMCAS OF THE USA</b>	Employer identification number <b>36-3258696</b>
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**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<sup>1</sup>/<sub>3</sub>% 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<sup>1</sup>/<sub>3</sub>% 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 5 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 2020 (line 6, column (f), divided by line 11, column (f)) . . . . .	<b>14</b>	%
<b>15</b> Public support percentage from 2019 Schedule A, Part II, line 14 . . . . .	<b>15</b>	%
<b>16a 33 1/3% support test—2020.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>b 33 1/3% support test—2019.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>17a 10%-facts-and-circumstances test—2020.</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—2019.</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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	46,110,629	29,334,181	31,442,073	22,036,865	60,280,390	189,204,138
<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 . . . .	79,701,816	79,417,908	83,052,150	84,415,118	48,352,947	374,939,939
<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 . . . .	125,812,445	108,752,089	114,494,223	106,451,983	108,633,337	564,144,077
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . .	93,394	126,284	104,183	91,300	107,802	522,963
<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	0	0	0	0	0	0
<b>c</b> Add lines 7a and 7b . . . .	93,394	126,284	104,183	91,300	107,802	522,963
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . .						563,621,114

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>9</b> Amounts from line 6 . . . .	125,812,445	108,752,089	114,494,223	106,451,983	108,633,337	564,144,077
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . .	13,639,805	16,130,232	4,249,175	22,768,641	6,752,107	63,539,960
<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 . . . .	13,639,805	16,130,232	4,249,175	22,768,641	6,752,107	63,539,960
<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.) . . . .	2,316,963	2,891,214	1,491,530	2,553,958	404,681	9,658,346
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . .	141,769,213	127,773,535	120,234,928	131,774,582	115,790,125	637,342,383
<b>14 First 5 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 2020 (line 8, column (f), divided by line 13, column (f)) . . . .	<b>15</b>	88.43 %
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15 . . . .	<b>16</b>	86.27 %

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

<b>17</b> Investment income percentage for <b>2020</b> (line 10c, column (f), divided by line 13, column (f)) . . . .	<b>17</b>	10.00 %
<b>18</b> Investment income percentage from <b>2019</b> Schedule A, Part III, line 17 . . . .	<b>18</b>	11.05 %
<b>19a 33 1/3% support tests—2020.</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—2019.</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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
3b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
3c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
4b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
4c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
5b	<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?		
5c	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
9b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
9c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
10b	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 lines 11b and 11c below, the governing body of a supported organization?		
	<b>11a</b>		
<b>b</b>	A family member of a person described in line 11a above?		
	<b>11b</b>		
<b>c</b>	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in <b>Part VI</b> .		
	<b>11c</b>		

**Section B. Type I Supporting Organizations**

		Yes	No
<b>1</b>	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
	<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 line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <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 governmental entity (see instructions).		
<b>2</b>	Activities Test. <b>Answer lines 2a and 2b 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 identify those supported organizations and explain</b> 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 line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <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 lines 3a and 3b 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? If "Yes" or "No," 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</b>	<b>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</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
<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 0.015 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 0.035.	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>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 0.85 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</b>	<b>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).		

Schedule A (Form 990 or 990-EZ) 2020

**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>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required—provide details in <b>Part VI</b> )	<b>5</b>
<b>6</b>	Other distributions (describe in <b>Part VI</b> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2020 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E—Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2020</b>	<b>(iii) Distributable Amount for 2020</b>
<b>1</b> Distributable amount for 2020 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2020 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2020			
<b>a</b> From 2015 . . . . .			
<b>b</b> From 2016 . . . . .			
<b>c</b> From 2017 . . . . .			
<b>d</b> From 2018 . . . . .			
<b>e</b> From 2019 . . . . .			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2020 distributable amount			
<b>i</b> Carryover from 2015 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2020 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2020 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2020, 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 2020. 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 2021.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2016 . . . . .			
<b>b</b> Excess from 2017 . . . . .			
<b>c</b> Excess from 2018 . . . . .			
<b>d</b> Excess from 2019 . . . . .			
<b>e</b> Excess from 2020 . . . . .			

Part VI

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

Return Reference - Identifier	Explanation						
SCHEDULE A, PART III, LINE 12 - OTHER INCOME	Other Income Type	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	(1) REIMBURSEMENT FROM OTHER YMCA ORGS.	645,155	1,260,533	711,978	588,592	289,321	3,495,579
	(2) VENDOR BOOTH REVENUE	1,153,100	413,291	499,702	1,315,605	29,450	3,411,148
	(3) REBATES	518,708	207,259	257,395	295,814	77,623	1,356,799
	(4) REIMBURSEMENT OF PRIOR YEAR ITEMS	0	10,131	22,455	85,652	1,187	119,425
	(5) ARBITRATION AWARD	0	1,000,000	0	268,295	0	1,268,295
	(6) TRG SUPPORT FEES	0	0	0	0	7,100	7,100

**Schedule of Contributors**

**2020**

▶ **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 <b>NATIONAL COUNCIL OF YMCAS OF THE USA</b>	Employer identification number <b>36-3258696</b>
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**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<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	----- ----- -----	\$ 15,000,000	<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.)
2	----- ----- -----	\$ 6,500,000	<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.)
3	----- ----- -----	\$ 4,002,950	<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	----- ----- -----	\$ 2,200,000	<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.)
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 <b>NATIONAL COUNCIL OF YMCAS OF THE USA</b>	Employer identification number <b>36-3258696</b>
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**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	----- ----- -----	\$ ----- 584,500	<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.)
8	----- ----- -----	\$ ----- 411,000	<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.)
9	----- ----- -----	\$ ----- 345,000	<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.)
10	----- ----- -----	\$ ----- 250,000	<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.)
11	----- ----- -----	\$ ----- 200,200	<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.)
12	----- ----- -----	\$ ----- 200,000	<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 <b>NATIONAL COUNCIL OF YMCAS OF THE USA</b>	Employer identification number <b>36-3258696</b>
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**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	----- ----- -----	\$ 171,101	<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.)
14	----- ----- -----	\$ 160,000	<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.)
15	----- ----- -----	\$ 125,000	<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.)
16	----- ----- -----	\$ 101,000	<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.)
17	----- ----- -----	\$ 100,000	<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.)
18	----- ----- -----	\$ 100,000	<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 <b>NATIONAL COUNCIL OF YMCAS OF THE USA</b>	Employer identification number <b>36-3258696</b>
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**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	----- ----- -----	\$ ----- 55,000	<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.)
20	----- ----- -----	\$ ----- 54,922	<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.)
21	----- ----- -----	\$ ----- 50,000	<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.)
22	----- ----- -----	\$ ----- 50,000	<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.)
23	----- ----- -----	\$ ----- 48,953	<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.)
24	----- ----- -----	\$ ----- 46,500	<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 <b>NATIONAL COUNCIL OF YMCAS OF THE USA</b>	Employer identification number <b>36-3258696</b>
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**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	----- ----- -----	\$ 45,930	<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.)
26	----- ----- -----	\$ 40,165	<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.)
27	----- ----- -----	\$ 40,000	<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.)
28	----- ----- -----	\$ 36,488	<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.)
29	----- ----- -----	\$ 34,000	<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.)
30	----- ----- -----	\$ 30,000	<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 <b>NATIONAL COUNCIL OF YMCAS OF THE USA</b>	Employer identification number <b>36-3258696</b>
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**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31		\$ 30,000	<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.)
32		\$ 30,000	<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.)
33		\$ 29,889	<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.)
34		\$ 28,776	<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.)
35		\$ 25,486	<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.)
36		\$ 25,000	<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 <b>NATIONAL COUNCIL OF YMCAS OF THE USA</b>	Employer identification number <b>36-3258696</b>
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**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	----- ----- -----	\$ ----- 25,000	<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.)
38	----- ----- -----	\$ ----- 25,000	<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.)
39	----- ----- -----	\$ ----- 23,818	<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.)
40	----- ----- -----	\$ ----- 21,813	<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.)
41	----- ----- -----	\$ ----- 21,543	<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.)
42	----- ----- -----	\$ ----- 20,000	<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 <b>NATIONAL COUNCIL OF YMCAS OF THE USA</b>	Employer identification number <b>36-3258696</b>
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**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43	----- ----- -----	\$ ----- 17,328	<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.)
44	----- ----- -----	\$ ----- 17,250	<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.)
45	----- ----- -----	\$ ----- 16,954	<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.)
46	----- ----- -----	\$ ----- 16,215	<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.)
47	----- ----- -----	\$ ----- 15,750	<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.)
48	----- ----- -----	\$ ----- 15,000	<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
49	----- ----- -----	\$ 15,000	<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.)
50	----- ----- -----	\$ 14,710	<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.)
51	----- ----- -----	\$ 14,534	<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.)
52	----- ----- -----	\$ 14,000	<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.)
53	----- ----- -----	\$ 12,597	<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.)
54	----- ----- -----	\$ 12,500	<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
55		\$ 12,436	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
56		\$ 12,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
57		\$ 11,497	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
58		\$ 10,428	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
59		\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
60		\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61	----- ----- -----	\$ 10,000	<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.)
62	----- ----- -----	\$ 10,000	<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.)
63	----- ----- -----	\$ 10,000	<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.)
64	----- ----- -----	\$ 10,000	<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.)
65	----- ----- -----	\$ 8,500	<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.)
66	----- ----- -----	\$ 8,250	<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 <b>NATIONAL COUNCIL OF YMCAS OF THE USA</b>	Employer identification number <b>36-3258696</b>
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**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67	----- ----- -----	\$ ----- 7,500	<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.)
68	----- ----- -----	\$ ----- 7,410	<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.)
69	----- ----- -----	\$ ----- 7,000	<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.)
70	----- ----- -----	\$ ----- 7,000	<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.)
71	----- ----- -----	\$ ----- 6,350	<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.)
72	----- ----- -----	\$ ----- 6,200	<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 <b>NATIONAL COUNCIL OF YMCAS OF THE USA</b>	Employer identification number <b>36-3258696</b>
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**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
73	----- ----- -----	\$ ----- 6,025	<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.)
74	----- ----- -----	\$ ----- 6,000	<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.)
75	----- ----- -----	\$ ----- 6,000	<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.)
76	----- ----- -----	\$ ----- 5,500	<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.)
77	----- ----- -----	\$ ----- 5,500	<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.)
78	----- ----- -----	\$ ----- 5,500	<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 <b>NATIONAL COUNCIL OF YMCAS OF THE USA</b>	Employer identification number <b>36-3258696</b>
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**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
79	----- ----- -----	\$ ----- 5,100	<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.)
80	----- ----- -----	\$ ----- 5,000	<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.)
81	----- ----- -----	\$ ----- 5,000	<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.)
82	----- ----- -----	\$ ----- 5,000	<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.)
83	----- ----- -----	\$ ----- 5,000	<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.)
84	----- ----- -----	\$ ----- 5,000	<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 <b>NATIONAL COUNCIL OF YMCAS OF THE USA</b>	Employer identification number <b>36-3258696</b>
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**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
85	----- ----- -----	\$ ----- 5,000	<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.)
86	----- ----- -----	\$ ----- 5,000	<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.)
87	----- ----- -----	\$ ----- 5,000	<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.)
88	----- ----- -----	\$ ----- 5,000	<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.)
89	----- ----- -----	\$ ----- 5,000	<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.)
90	----- ----- -----	\$ ----- 5,000	<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 <b>NATIONAL COUNCIL OF YMCAS OF THE USA</b>	Employer identification number <b>36-3258696</b>
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**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
91	----- ----- -----	\$ 5,000	<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.)
92	----- ----- -----	\$ 7,951	<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.)
93	----- ----- -----	\$ 71,305	<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.)
94	----- ----- -----	\$ 125,000	<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.)
95	----- ----- -----	\$ 20,000,010	<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.)
96	----- ----- -----	\$ 20,000	<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 <b>NATIONAL COUNCIL OF YMCAS OF THE USA</b>	Employer identification number <b>36-3258696</b>
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**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
97	----- ----- -----	\$ 2,466,592	<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.)
98	----- ----- -----	\$ 14,546	<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.)
99	----- ----- -----	\$ 787,653	<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.)
100	----- ----- -----	\$ 19,615	<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.)
101	----- ----- -----	\$ 87,506	<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.)
102	----- ----- -----	\$ 375,775	<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 <b>NATIONAL COUNCIL OF YMCAS OF THE USA</b>	Employer identification number <b>36-3258696</b>
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**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
55	SECURITIES—PUBLICLY TRADED ----- ----- -----	\$ 12,436	12/30/2020 -----
58	SECURITIES—PUBLICLY TRADED ----- ----- -----	\$ 4,815	11/05/2020 -----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----

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

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**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.**

**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 (grassroots lobbying) . . . . .	0	0												
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .	440,000	0												
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) . . . . .	440,000	0												
<b>d</b>	Other exempt purpose expenditures . . . . .	111,284,319	0												
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) . . . . .	111,724,319	0												
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000	0												
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">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	0												
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .	0	0												
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .	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.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(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	390,000	400,000	395,000	440,000	1,625,000
<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)

Supplemental Financial Statements

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

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.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number, aggregate value, and compliance questions.

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

Form for Part II with multiple rows for questions about conservation easements, including a table for 'Held at the End of the Tax Year'.

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.

Form for Part III with rows for questions about art and historical treasures collections, including revenue and asset reporting.

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

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

- a**  Public exhibition
- b**  Scholarly research
- c**  Preservation for future generations
- d**  Loan or exchange program
- e**  Other \_\_\_\_\_

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

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

**Part IV Escrow and Custodial Arrangements.**

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

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

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

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

**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	84,880,476	87,552,513	98,559,417	85,226,226	83,381,593
<b>b</b> Contributions	0	0	0	0	0
<b>c</b> Net investment earnings, gains, and losses	9,192,481	18,654,578	(4,446,633)	17,701,977	6,005,806
<b>d</b> Grants or scholarships	3,720,000	3,920,000	3,960,000	3,800,000	3,630,000
<b>e</b> Other expenditures for facilities and programs	12,000,000	17,000,000	2,000,000	0	0
<b>f</b> Administrative expenses	307,046	406,615	600,271	568,786	531,173
<b>g</b> End of year balance	78,045,911	84,880,476	87,552,513	98,559,417	85,226,226

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

- a** Board designated or quasi-endowment **▶** 37.10 %
- b** Permanent endowment **▶** 14.30 %
- c** Term endowment **▶** 48.60 %

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

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

	Yes	No
<b>(i)</b> Unrelated organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>(ii)</b> Related organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	<input type="checkbox"/>	<input type="checkbox"/>

**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		7,379,643	5,090,478	2,289,165
<b>d</b> Equipment		26,232,477	22,611,034	3,621,443
<b>e</b> Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				6,256,731

**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) <u>COMMINGLED FUNDS</u>	17,206,947	END OF YEAR MARKET VALUE
(B) <u>LIMITED PARTNERSHIPS</u>	13,758,890	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.) . . . . . ▶	30,965,837	

**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) <u>UNEMPLOYMENT TRUST</u>	40,102
(2) <u>INTEREST IN PERPETUAL TRUSTS</u>	9,041,709
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) . . . . . ▶	9,081,811

**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) <u>DEFERRED RENT</u>	6,568,088
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) . . . . . ▶	6,568,088

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

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

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

Table with 5 main rows and sub-rows (a-d, e) for adjustments. Total revenue reported as 154,074,507.

**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.

Table with 5 main rows and sub-rows (a-d, e) for adjustments. Total expenses reported as 125,808,480.

**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

Series of horizontal dashed lines for providing supplemental information.

**Part XIII**

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

Return Reference - Identifier	Explanation	
SCHEDULE D, PART XII, LINE 2(D) - OTHER EXPENSES IN AUDITED FINANCIAL STATEMENTS NOT IN FORM 990	(a) Description	(b) Amount
	FOREIGN TAX EXPENSE	- 681,230

**Part XIII**

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

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

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ 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.

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		195,583
(2) EAST ASIA AND THE PACIFIC	0	0	GRANTMAKING		86,451
(3) EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	GRANTMAKING		208,569
(4) MIDDLE EAST AND NORTH AFRICA	0	0	GRANTMAKING		107,861
(5) NORTH AMERICA (CANADA & MEXICO ONLY)	0	0	GRANTMAKING		58,757
(6) RUSSIA AND NEIGHBORING STATES	0	0	GRANTMAKING		30,000
(7) SOUTH AMERICA	0	0	GRANTMAKING		234,617
(8) SOUTH ASIA	0	0	GRANTMAKING		113,296
(9) SUB-SAHARAN AFRICA	0	0	GRANTMAKING		286,255
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
<b>3a</b> Subtotal . . . . .	0	0			1,321,389
<b>b</b> Total from continuation sheets to Part I . . . . .	0	0			0
<b>c Totals</b> (add lines 3a and 3b)	0	0			1,321,389

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

Cat. No. 50082W

Schedule F (Form 990) 2020

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EUROPE (INCLUDING ICELAND AND GREENLAND)	PROGRAM SUPPORT	118,100	WIRE TRANSFER			
(2)			SUB-SAHARAN AFRICA	PROGRAM SUPPORT	107,500	WIRE TRANSFER			
(3)			SOUTH AMERICA	PROGRAM SUPPORT	85,484	WIRE TRANSFER			
(4)			CENTRAL AMERICA AND THE CARIBBEAN	PROGRAM SUPPORT	77,566	WIRE TRANSFER			
(5)			MIDDLE EAST AND NORTH AFRICA	PROGRAM SUPPORT	69,802	WIRE TRANSFER			
(6)			CENTRAL AMERICA AND THE CARIBBEAN	PROGRAM SUPPORT	64,551	WIRE TRANSFER			
(7)			SUB-SAHARAN AFRICA	PROGRAM SUPPORT	57,680	WIRE TRANSFER			
(8)			NORTH AMERICA (CANADA & MEXICO ONLY)	PROGRAM SUPPORT	29,957	WIRE TRANSFER			
(9)			EAST ASIA AND THE PACIFIC	PROGRAM SUPPORT	53,351	WIRE TRANSFER			
(10)			EUROPE (INCLUDING ICELAND AND GREENLAND)	PROGRAM SUPPORT	51,180	WIRE TRANSFER			
(11)			SOUTH ASIA	PROGRAM SUPPORT	50,954	WIRE TRANSFER			
(12)			SUB-SAHARAN AFRICA	PROGRAM SUPPORT	46,225	WIRE TRANSFER			
(13)			SOUTH ASIA	PROGRAM SUPPORT	40,000	WIRE TRANSFER			
(14)			SOUTH AMERICA	PROGRAM SUPPORT	39,250	WIRE TRANSFER			
(15)			MIDDLE EAST AND NORTH AFRICA	PROGRAM SUPPORT	31,064	WIRE TRANSFER			
(16)			(SEE STATEMENT)						

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . ▶ 49

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	30,000	WIRE TRANSFER			
(17)		SOUTH AMERICA	PROGRAM SUPPORT	25,000	WIRE TRANSFER			
(18)		EAST ASIA AND THE PACIFIC	PROGRAM SUPPORT	24,500	WIRE TRANSFER			
(19)		NORTH AMERICA (CANADA & MEXICO ONLY)	PROGRAM SUPPORT	23,800	WIRE TRANSFER			
(20)		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	22,850	WIRE TRANSFER			
(21)		SOUTH AMERICA	PROGRAM SUPPORT	22,804	WIRE TRANSFER			
(22)		EUROPE (INCLUDING ICELAND AND GREENLAND)	PROGRAM SUPPORT	22,500	WIRE TRANSFER			
(23)		SOUTH AMERICA	PROGRAM SUPPORT	22,500	WIRE TRANSFER			
(24)		CENTRAL AMERICA AND THE CARIBBEAN	PROGRAM SUPPORT	21,000	WIRE TRANSFER			
(25)		RUSSIA AND NEIGHBORING STATES	PROGRAM SUPPORT	20,000	WIRE TRANSFER			
(26)		SOUTH ASIA	PROGRAM SUPPORT	17,317	WIRE TRANSFER			
(27)		SOUTH AMERICA	PROGRAM SUPPORT	16,000	WIRE TRANSFER			
(28)		SOUTH AMERICA	PROGRAM SUPPORT	11,629	WIRE TRANSFER			
(29)		CENTRAL AMERICA AND THE CARIBBEAN	PROGRAM SUPPORT	11,000	WIRE TRANSFER			
(30)		CENTRAL AMERICA AND THE CARIBBEAN	PROGRAM SUPPORT	10,366	WIRE TRANSFER			
(31)		RUSSIA AND NEIGHBORING STATES	PROGRAM SUPPORT	10,000	WIRE TRANSFER			
(32)		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	10,000	WIRE TRANSFER			
(33)		EUROPE (INCLUDING ICELAND AND GREENLAND)	PROGRAM SUPPORT	8,175	WIRE TRANSFER			
(34)		MIDDLE EAST AND NORTH AFRICA	PROGRAM SUPPORT	6,995	WIRE TRANSFER			
(35)		EUROPE (INCLUDING ICELAND AND GREENLAND)	PROGRAM SUPPORT	6,614	WIRE TRANSFER			
(36)		SOUTH AMERICA	PROGRAM SUPPORT	6,450	WIRE TRANSFER			
(37)		CENTRAL AMERICA AND THE CARIBBEAN	PROGRAM SUPPORT	6,100	WIRE TRANSFER			
(38)		SOUTH AMERICA	PROGRAM SUPPORT	5,500	WIRE TRANSFER			
(39)		SOUTH ASIA	PROGRAM SUPPORT	5,025	WIRE TRANSFER			
(40)		NORTH AMERICA (CANADA & MEXICO ONLY)	PROGRAM SUPPORT	5,000	WIRE TRANSFER			
(41)		CENTRAL AMERICA AND THE CARIBBEAN	PROGRAM SUPPORT	5,000	WIRE TRANSFER			
(42)		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	5,000	WIRE TRANSFER			
(43)		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	5,000	WIRE TRANSFER			
(44)		EAST ASIA AND THE PACIFIC	PROGRAM SUPPORT	5,000	WIRE TRANSFER			
(45)		EAST ASIA AND THE PACIFIC	PROGRAM SUPPORT	2,800	WIRE TRANSFER			

(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)
(46)		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	2,000	WIRE TRANSFER			
(47)		EUROPE (INCLUDING ICELAND AND GREENLAND)	PROGRAM SUPPORT	2,000	WIRE TRANSFER			
(48)		EAST ASIA AND THE PACIFIC	PROGRAM SUPPORT	500	WIRE TRANSFER			
(49)		EAST ASIA AND THE PACIFIC	PROGRAM SUPPORT	300	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 USED TO ACCOUNT FOR GRANTS 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 USED TO ACCOUNT FOR GRANTS 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

**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

**2020**

**Open to Public  
Inspection**

Name of the organization

NATIONAL COUNCIL OF YMCAS OF THE USA

Employer identification number

36-3258696

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  **Yes**  **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

<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> YMCA OF HONOLULU 1335 KALIHI STREET, HONOLULU, HI 96819	99-0073533	501 (C)(3)	18,052				PROGRAM SUPPORT
<b>(2)</b> (SEE STATEMENT)	95-2879893	501 (C)(3)	15,000				PROGRAM SUPPORT
<b>(3)</b> YMCA OF SAN DIEGO COUNTY 3708 RUFFIN RD, SAN DIEGO, CA 92123-1641	95-2039198	501 (C)(3)	131,900				PROGRAM SUPPORT
<b>(4)</b> (SEE STATEMENT)	95-1976183	501 (C)(3)	107,271				PROGRAM SUPPORT
<b>(5)</b> WEST END YMCA 1150 E. FOOTHILL BLVD, UPLAND, CA 91786	95-1727678	501 (C)(3)	132,727				PROGRAM SUPPORT
<b>(6)</b> (SEE STATEMENT)	95-1684795	501 (C)(3)	57,500				PROGRAM SUPPORT
<b>(7)</b> YMCA OF ORANGE COUNTY 2300 UNIVERSITY DR., NEWPORT BEACH, CA 92660	95-1644055	501 (C)(3)	131,958				PROGRAM SUPPORT
<b>(8)</b> (SEE STATEMENT)	95-1644052	501 (C)(3)	206,806				PROGRAM SUPPORT
<b>(9)</b> YMCA OF GREATER LONG BEACH 820 LONG BEACH BLVD, LONG BEACH, CA 90813	95-1643396	501 (C)(3)	55,450				PROGRAM SUPPORT
<b>(10)</b> (SEE STATEMENT)	95-1643379	501 (C)(3)	131,958				PROGRAM SUPPORT
<b>(11)</b> SHASTA COUNTY YMCA 1155 N COURT ST, REDDING, CA 96001-0437	94-1212141	501 (C)(3)	136,208				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 ▶ 432

**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) 2020



## Part II

## Grants and Other Assistance to Governments and Organizations in the United States (continued)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(12) YMCA OF THE EAST BAY 2111 MARTIN LUTHER KING WAY, BERKLEY, CA 94704	94-1156635	501 (C)(3)	99,285				PROGRAM SUPPORT
(13) YMCA OF SUPERIOR CALIFORNIA 2021 W STREET, SACRAMENTO, CA 95818	94-1156634	501 (C)(3)	20,000				PROGRAM SUPPORT
(14) YMCA OF SILICON VALLEY 80 SARATOGA AVE., SANTA CLARA, CA 95051	94-1156318	501 (C)(3)	206,958				PROGRAM SUPPORT
(15) YMCA OF SAN FRANCISCO 855 SACRAMENTO STREET, SAN FRANCISCO, CA 94108	94-0997140	501 (C)(3)	248,780				PROGRAM SUPPORT
(16) PT. BONITA OUTDOOR BRANCH YMCA 981 FORT BARRY, GGNRA, SAUSALITO, CA 94965	94-0997140	501 (C)(3)	50,000				PROGRAM SUPPORT
(17) YMCA OF GRANTS PASS OREGON 1000 REDWOOD AVE, PO BOX 5439, GRANTS PASS, OR 97527-0439	93-0848122	501 (C)(3)	5,000				PROGRAM SUPPORT
(18) YMCA OF MEDFORD 522 W 6TH ST, MEDFORD, OR 97501-2735	93-0391645	501 (C)(3)	131,958				PROGRAM SUPPORT
(19) YMCA OF COLUMBIA-WILLAMETTE ASSOCIATION SERVICES 9500 SW BARBUR BLVD STE 200, PORTLAND, OR 97219-5426	93-0386981	501 (C)(3)	184,424				PROGRAM SUPPORT
(20) THE YMCA OF KLAMATH FALLS EXECUTIVE DIRECTOR / PRESIDENT, 1221 S ALAMEDA AVE, KLAMATH FALLS, OR 97603-3696	93-0386978	501 (C)(3)	10,000				PROGRAM SUPPORT
(21) YMCA OF GRAYS HARBOR 2500 SIMPSON AVE, HOQUIAM, WA 98550	91-1984900	501 (C)(3)	131,958				PROGRAM SUPPORT
(22) EL PASO ARMED SERVICES YMCA EXECUTIVE DIRECTOR / PRESIDENT, 7060 COMINGTON ST, EL PASO, TX 79930-4200	91-1883466	501 (C)(3)	25,000				PROGRAM SUPPORT
(23) CLALLAM COUNTY YMCA INC. OLYMPIC PENNINSULA YMCA, 302 S FRANCIS ST, PORT ANGELES, WA 98362	91-0652924	501 (C)(3)	155,271				PROGRAM SUPPORT
(24) SOUTH SOUND YMCA 1530 YELM HWY SE, OLYMPIA, WA 98501-4680	91-0586473	501 (C)(3)	131,958				PROGRAM SUPPORT
(25) YMCA OF YAKIMA EXECUTIVE DIRECTOR / PRESIDENT, 5 N NACHES AVE, YAKIMA, WA 98901-2796	91-0568717	501 (C)(3)	50,000				PROGRAM SUPPORT
(26) YMCA OF PIERCE AND KITSAP COUNTIES 4717 S 19TH ST STE 201, ATTN: ACCOUNTS RECIEVABLE, TACOMA, WA 98405	91-0565562	501 (C)(3)	54,295				PROGRAM SUPPORT
(27) YMCA OF SNOHOMISH COUNTY EXECUTIVE DIRECTOR / PRESIDENT, 2720 ROCKEFELLER AVE, EVERETT, WA 98201-3523	91-0565561	501 (C)(3)	137,979				PROGRAM SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(28) YMCA OF GREATER SEATTLE ATTN: CEO/EXECUTIVE DIRECTOR, 909 4TH AVE, SEATTLE, WA 98104-1108	91-0482710	501 (C)(3)	367,649				PROGRAM SUPPORT
(29) YMCA OF SOUTHERN NEVADA EXECUTIVE DIRECTOR / PRESIDENT, 4141 MEADOWS LN, LAS VEGAS, NV 89107-3105	88-0059266	501 (C)(3)	39,250				PROGRAM SUPPORT
(30) YMCA OF NORTHERN UTAH 3216 HIGHLAND DR 200, SALT LAKE CITY, UT 84106	87-0212472	501 (C)(3)	138,568				PROGRAM SUPPORT
(31) PRESCOTT YMCA OF YAVAPAI COUNTY EXECUTIVE DIRECTOR / PRESIDENT, 750 WHIPPLE ST, PRESCOTT, AZ 86301-1718	86-0119151	501 (C)(3)	122,727				PROGRAM SUPPORT
(32) VALLEY OF THE SUN YMCA 350 N 1ST AVE, PHOENIX, AZ 85003-1513	86-0096799	501 (C)(3)	30,000				PROGRAM SUPPORT
(33) YMCA OF THE ROCKIES 2515 TUNNEL RD, ESTES PARK, CO 80511	84-0404913	501 (C)(3)	133,027				PROGRAM SUPPORT
(34) YMCA OF METROPOLITAN DENVER 2625 S COLORADO BLVD, ATTN: GENE DEMANINCOR, DENVER, CO 80222-5108	84-0402696	501 (C)(3)	55,298				PROGRAM SUPPORT
(35) CHEYENNE FAMILY YMCA 1426 E LINCOLNWAY, CHEYENNE, WY 82001-4800	83-0179528	501 (C)(3)	10,000				PROGRAM SUPPORT
(36) YMCA OF IDAHO FALLS INC. EXECUTIVE DIRECTOR / PRESIDENT, 155 N CORNER ST, IDAHO FALLS, ID 83402-4031	82-0222174	501 (C)(3)	142,727				PROGRAM SUPPORT
(37) YMCA OF BOISE INC. 1177 W. STATE STREET, BOISE, ID 83702	82-0200908	501 (C)(3)	178,177				PROGRAM SUPPORT
(38) STATE ALLIANCE OF MICHIGAN YMCAS 7365 NOFKE DR, CALEDONIA, MI 49316	81-2010263	501 (C)(3)	56,500				PROGRAM SUPPORT
(39) GREATER MISSOULA FAMILY YMCA 3000 S RUSSELL ST, MISSOULA, MT 59801- 8547	81-0300829	501 (C)(3)	16,035				PROGRAM SUPPORT
(40) CENTRAL COAST YMCA 500 LINCOLN AVENUE, SALINAS, CA 93901- 2705	77-0202335	501 (C)(3)	33,500				PROGRAM SUPPORT
(41) WATSONVILLE FAMILY YMCA EXECUTIVE DIRECTOR / PRESIDENT, 27 SUDDEN ST, WATSONVILLE, CA 95076-4322	77-0202335	501 (C)(3)	15,315				PROGRAM SUPPORT
(42) ODESSA FAMILY YMCA EXECUTIVE DIRECTOR / PRESIDENT, 3001 E UNIVERSITY BLVD, ODESSA, TX 79762- 7997	75-1187026	501 (C)(3)	5,000				PROGRAM SUPPORT
(43) YMCA OF MOORE COUNTY INC. EXECUTIVE DIRECTOR / PRESIDENT, 1400 S MADDOX AVE, DUMAS, TX 79029-5722	75-1073132	501 (C)(3)	13,000				PROGRAM SUPPORT
(44) ARLINGTON-MANSFIELD AREA YMCA 1148 W. PIONEER PARKWAY, SUITE H, ARLINGTON, TX 76013-6243	75-1000839	501 (C)(3)	80,709				PROGRAM SUPPORT
(45) PALESTINE YMCA 5500 N LOOP 256, PALESTINE, TX 75801- 4832	75-0975622	501 (C)(3)	196,958				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
(46) YMCA OF METROPOLITAN FORT WORTH 540 LAMAR STREET, FORT WORTH, TX 76102-3717	75-0827471	501 (C)(3)	288,901				PROGRAM SUPPORT
(47) YMCA OF CORSICANA EXECUTIVE DIRECTOR / PRESIDENT, 400 OAKLAWN AVE, CORSICANA, TX 75110-2937	75-0808817	501 (C)(3)	70,000				PROGRAM SUPPORT
(48) YMCA OF METROPOLITAN DALLAS 1621 WEST WALNUT HILL LANE, IRVING, TX 75038	75-0800696	501 (C)(3)	159,950				PROGRAM SUPPORT
(49) GIRLS INCORPORATED OF METRO DENVER 1499 JULIAN ST., DENVER, CO 80204	74-2277668	501 (C)(3)	12,750				PROGRAM SUPPORT
(50) THE YMCA OF THE GOLDEN CRESCENT INC. 1806 N NIMITZ ST, VICTORIA, TX 77901-5534	74-1368574	501 (C)(3)	100,000				PROGRAM SUPPORT
(51) YMCA OF THE COASTAL BEND 417 S UPPER BROADWAY ST, CORPUS CHRISTI, TX 78401-3431	74-1211670	501 (C)(3)	26,000				PROGRAM SUPPORT
(52) AUSTIN METROPOLITAN YMCA 3208 RED RIVER, SUITE 200, AUSTIN, TX 78705	74-1193464	501 (C)(3)	161,871				PROGRAM SUPPORT
(53) YMCA OF SOUTHEAST TEXAS 6760 9TH AVE, PORT ARTHUR, TX 77642-6413	74-1143027	501 (C)(3)	122,000				PROGRAM SUPPORT
(54) YMCA OF GREATER EL PASO TX & RIO GRANDE VALLEY 810 WYOMING, EL PASO, TX 79902	74-1109880	501 (C)(3)	214,772				PROGRAM SUPPORT
(55) YMCA OF THE GREATER HOUSTON AREA 2600 NORTH LOOP WEST, SUITE 300 ATTN: LASHAWN WATSON, HOUSTON, TX 77092	74-1109737	501 (C)(3)	173,000				PROGRAM SUPPORT
(56) YMCA OF GREATER SAN ANTONIO 231 E RHAPSODY, SAN ANTONIO, TX 78216	74-1109634	501 (C)(3)	22,950				PROGRAM SUPPORT
(57) NOBLE COUNTY FAMILY YMCA EXECUTIVE DIRECTOR / PRESIDENT, 107 N 7TH ST, PERRY, OK 73077-6401	73-1099310	501 (C)(3)	20,000				PROGRAM SUPPORT
(58) SHAWNEE FAMILY YMCA 1924 N. KICKAPOO, SHAWNEE, OK 74804	73-0602462	501 (C)(3)	13,000				PROGRAM SUPPORT
(59) YMCA OF GREATER OKLAHOMA CITY P.O. BOX 2582, OKLAHOMA CITY, OK 73101	73-0579270	501 (C)(3)	201,958				PROGRAM SUPPORT
(60) YMCA OF GREATER TULSA 420 S MAIN ST., STE 200, TULSA, OK 74103	73-0579269	501 (C)(3)	55,915				PROGRAM SUPPORT
(61) BOGALUSA YMCA EXECUTIVE DIRECTOR / PRESIDENT, 411 AVE B, BOGALUSA, LA 70427	72-0441354	501 (C)(3)	165,771				PROGRAM SUPPORT
(62) DRYADES YMCA 2220 ORETHA CASTLE HALEY BLVD, PO BOX 56217, NEW ORLEANS, LA 70113	72-0428019	501 (C)(3)	83,500				PROGRAM SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(63) YMCA OF GREATER NEW ORLEANS 320 METAIRIE HAMMOND HWY, SUITE 321, METAIRIE, LA 70005	72-0423890	501 (C)(3)	22,518				PROGRAM SUPPORT
(64) YMCA OF NORTHWEST LOUISIANA EXECUTIVE DIRECTOR / PRESIDENT, 400 MCNEILL ST, SHREVEPORT, LA 71101-3010	72-0408997	501 (C)(3)	122,000				PROGRAM SUPPORT
(65) YMCA OF THE CAPITAL AREA EXECUTIVE DIRECTOR / PRESIDENT, 1735 THOMAS DELPIT DR., BATON ROUGE, LA 70802	72-0408994	501 (C)(3)	207,271				PROGRAM SUPPORT
(66) YMCA OF WARREN AND BRADLEY COUNTY EXECUTIVE DIRECTOR / PRESIDENT, 207 N MAIN ST, WARREN, AR 71671-2716	71-0275848	501 (C)(3)	13,000				PROGRAM SUPPORT
(67) YMCA OF HOT SPRINGS ARKANSAS INC. EXECUTIVE DIRECTOR / PRESIDENT, 130 WERNER ST, HOT SPRINGS, AR 71913-6443	71-0236925	501 (C)(3)	97,863				PROGRAM SUPPORT
(68) PONCE YMCA ACCOUNTS PAYABLE, 7843 CALLE NAZARET, PONCE, PR 00730	66-0204831	501 (C)(3)	90,600				PROGRAM SUPPORT
(69) SAN JUAN - PUERTO RICO YMCA EXECUTIVE DIRECTOR / PRESIDENT, PO BOX 360590, SAN JUAN, PR 00936-0590	66-0190784	501 (C)(3)	79,000				PROGRAM SUPPORT
(70) FRANK P. PHILLIPS MEMORIAL YMCA EXECUTIVE DIRECTOR / PRESIDENT, 602 2ND AVE N, COLUMBUS, MS 39701-4540	64-6025994	501 (C)(3)	127,500				PROGRAM SUPPORT
(71) MISSISSIPPI GULF COAST YMCA EXECUTIVE DIRECTOR / PRESIDENT, 1810 GOVERNMENT ST, OCEAN SPRINGS, MS 39564-3931	64-0584648	501 (C)(3)	50,000				PROGRAM SUPPORT
(72) FAMILY YMCA OF SOUTHEAST MISSISSIPPI INC. ACCOUNTS PAYABLE, 3719 VETERANS MEMORIAL DR, HATTIESBURG, MS 39401- 8882	64-0340760	501 (C)(3)	13,000				PROGRAM SUPPORT
(73) HODDING CARTER MEMORIAL YMCA EXECUTIVE DIRECTOR / PRESIDENT, 1688 FAIRGROUNDS RD, GREENVILLE, MS 38703-7805	64-0306257	501 (C)(3)	34,500				PROGRAM SUPPORT
(74) JUNIUS WARD JOHNSON YMCA EXECUTIVE DIRECTOR / PRESIDENT, 267 YMCA PLACE, VICKSBURG, MS 39180-2935	64-0303115	501 (C)(3)	50,000				PROGRAM SUPPORT
(75) JACKSON METROPOLITAN YMCA 690 LIBERTY ROAD, FLOWOOD, MS 39232	64-0303099	501 (C)(3)	56,503				PROGRAM SUPPORT
(76) PRATTVILLE YMCA EXECUTIVE DIRECTOR / PRESIDENT, PO BOX 680009, PRATTVILLE, MI 48933	63-6052425	501 (C)(3)	50,000				PROGRAM SUPPORT
(77) CHILTON COUNTY YMCA EXECUTIVE DIRECTOR / PRESIDENT, 405 OLLIE AVE, CLANTON, AL 35045-2240	63-0921199	501 (C)(3)	38,333				PROGRAM SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(78) ENTERPRISE YMCA EXECUTIVE DIRECTOR / PRESIDENT, PO BOX 310700, ENTERPRISE, AL 36331-0700	63-0589262	501 (C)(3)	26,000				PROGRAM SUPPORT
(79) YMCA OF THE SHOALS 2121 HELTON DR, FLORENCE, AL 35630-1448	63-0545200	501 (C)(3)	53,333				PROGRAM SUPPORT
(80) YMCA OF THE COOSA VALLEY, INC EXECUTIVE DIRECTOR / PRESIDENT, 100 WALNUT ST, GADSDEN, AL 35901-5253	63-0436456	501 (C)(3)	16,333				PROGRAM SUPPORT
(81) YMCA OF SELMA-DALLAS COUNTY #1 YMCA DRIVE, SELMA, AL 36702	63-0414814	501 (C)(3)	132,604				PROGRAM SUPPORT
(82) YMCA OF CALHOUN COUNTY PO BOX 1649, ANNISTON, AL 36202-1649	63-0332253	501 (C)(3)	53,728				PROGRAM SUPPORT
(83) TUSCALOOSA METROPOLITAN YMCA 2300 13TH STREET, TUSCALOOSA, AL 35401	63-0302189	501 (C)(3)	125,333				PROGRAM SUPPORT
(84) DEARBORN YMCA 321 N WARREN ST, MOBILE, AL 36603-5938	63-0302188	501 (C)(3)	8,299				PROGRAM SUPPORT
(85) BIRMINGHAM METROPOLITAN YMCA 3551 MONTGOMERY HW, BIRMINGHAM, AL 35209	63-0299894	501 (C)(3)	29,333				PROGRAM SUPPORT
(86) YMCA OF GREATER MONTGOMERY 820 S LAWRENCE ST., ATTN: SAM ADAMS, MONTGOMERY, KY 42223	63-0288885	501 (C)(3)	338,782				PROGRAM SUPPORT
(87) LEGACY YMCA 1501 4TH AVE SW, BESSEMER, AL 35022	63-0288881	501 (C)(3)	132,833				PROGRAM SUPPORT
(88) MILAN FAMILY YMCA EXECUTIVE DIRECTOR / PRESIDENT, 5207 INDUSTRIAL RD, MILAN, TN 38358-3116	62-1547529	501 (C)(3)	191,958				PROGRAM SUPPORT
(89) BARREN COUNTY FAMILY YMCA 1 YMCA WAY, GLASGOW, KY 42141-1180	62-1364505	501 (C)(3)	23,000				PROGRAM SUPPORT
(90) YMCA OF GREENE COUNTY EXECUTIVE DIRECTOR / PRESIDENT, 404 Y ST, GREENEVILLE, TN 37745-6257	62-0809014	501 (C)(3)	26,000				PROGRAM SUPPORT
(91) ATHENS-MCMINN FAMILY YMCA PO BOX 376, ATHENS, TN 37371	62-0586361	501 (C)(3)	81,000				PROGRAM SUPPORT
(92) YMCA OF BRISTOL EXECUTIVE DIRECTOR / PRESIDENT, 400 M.L. KING JR BLVD, BRISTOL, TN 37620-2360	62-0521204	501 (C)(3)	18,000				PROGRAM SUPPORT
(93) UNICOI COUNTY FAMILY YMCA EXECUTIVE DIRECTOR / PRESIDENT, PO BOX 60, ERWIN, TN 37650-0060	62-0478092	501 (C)(3)	13,395				PROGRAM SUPPORT
(94) YMCA OF MEMPHIS & THE MID-SOUTH PO BOX 111313, MEMPHIS, TN 38111	62-0476304	501 (C)(3)	182,000				PROGRAM SUPPORT
(95) YMCA OF MIDDLE TENNESSEE 1000 CHURCH STREET, NASHVILLE, TN 37203	62-0476243	501 (C)(3)	137,068				PROGRAM SUPPORT
(96) YMCA OF EAST TENNESSEE 12133 S. NORTHSHORE DRIVE, KNOXVILLE, TN 37922	62-0475700	501 (C)(3)	250,310				PROGRAM SUPPORT

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(97) YMCA OF METROPOLITAN CHATTANOOGA 301 W 6TH ST, CHATTANOOGA, TN 37402-1110	62-0475699	501 (C)(3)	125,000				PROGRAM SUPPORT
(98) TELFORD COMMUNITY CENTER YMCA 1100 E MAIN ST, RICHMOND, KY 40475-2028	61-6000619	501 (C)(3)	33,050				PROGRAM SUPPORT
(99) HOPKINSVILLE/CHRISTIAN COUNTY FAMILY YMCA EXECUTIVE DIRECTOR / PRESIDENT, 7805 EAGLE WAY BYPASS, HOPKINSVILLE, KY 42240-0549	61-1297293	501 (C)(3)	82,500				PROGRAM SUPPORT
(100) YMCA OF MAYFIELD/GRAVES COUNTY EXECUTIVE DIRECTOR / PRESIDENT, 1545 CUBA RD, PO BOX 402, MAYFIELD, KY 42066-0402	61-1204017	501 (C)(3)	10,000				PROGRAM SUPPORT
(101) PIKEVILLE AREA FAMILY YMCA EXECUTIVE DIRECTOR / PRESIDENT, 424 BOB AMOS DR, PIKEVILLE, KY 41501-2035	61-1177162	501 (C)(3)	53,000				PROGRAM SUPPORT
(102) LIMESTONE FAMILY YMCA 1080 U.S. 68, MAYSVILLE, KY 41056	61-1080836	501 (C)(3)	20,000				PROGRAM SUPPORT
(103) HOPKINS COUNTY FAMILY YMCA 150 YMCA DRIVE, MADISONVILLE, KY 42431-9019	61-0904719	501 (C)(3)	184,122				PROGRAM SUPPORT
(104) PARIS-BOURBON COUNTY YMCA 917 MAIN STREET, PARIS, KY 40361-0290	61-0676727	501 (C)(3)	13,000				PROGRAM SUPPORT
(105) YMCA OF OWENSBORO/DAVIESS COUNTY EXECUTIVE DIRECTOR / PRESIDENT, 900 KENTUCKY PKWY, OWENSBORO, KY 42301-5423	61-0561344	501 (C)(3)	36,000				PROGRAM SUPPORT
(106) YMCA OF GREATER LOUISVILLE 545 SOUTH 2ND STREET, LOUISVILLE, KY 40202	61-0444843	501 (C)(3)	35,100				PROGRAM SUPPORT
(107) YMCA OF CENTRAL KENTUCKY 381 WEST LOUDON AVENUE, LEXINGTON, KY 40508-1409	61-0444842	501 (C)(3)	139,271				PROGRAM SUPPORT
(108) KENTUCKY YMCA YOUTH ASSOCIATION INC. 91 C MICHAEL DAVENPORT BLVD, FRANKFORT, KY 40601	61-0444841	501 (C)(3)	18,100				PROGRAM SUPPORT
(109) VOLUSIA/FLAGLER FAMILY YMCA ASSOCIATION OFFICE, 761 E. INTERNATIONAL SPEEDWAY BLVD, DELAND, FL 32721-1940	59-3284968	501 (C)(3)	13,000				PROGRAM SUPPORT
(110) HIGHLANDS COUNTY FAMILY YMCA EXECUTIVE DIRECTOR / PRESIDENT, 100 YMCA LN, SEBRING, FL 33875-4352	59-2859656	501 (C)(3)	100,000				PROGRAM SUPPORT
(111) THE GREATER MARCO FAMILY YMCA, INC. 101 SAND HILL ST, PO BOX 2529, MARCO ISLAND, FL 34146	59-2498619	501 (C)(3)	36,000				PROGRAM SUPPORT

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(112) YMCA OF THE TREASURE COAST EXECUTIVE DIRECTOR / PRESIDENT, 1700 SE MONTEREY RD, STUART, FL 34996-4109	59-1911653	501 (C)(3)	50,000				PROGRAM SUPPORT
(113) TAMPA METROPOLITAN AREA YMCA EXECUTIVE DIRECTOR / PRESIDENT, 110 E OAK AVE, TAMPA, FL 33602	59-1742909	501 (C)(3)	226,771				PROGRAM SUPPORT
(114) THE SKY FAMILY YMCA, INC. EXECUTIVE DIRECTOR / PRESIDENT, 701 CENTER RD, VENICE, FL 34285-4813	59-1629660	501 (C)(3)	110,000				PROGRAM SUPPORT
(115) MANATEE COUNTY FAMILY YMCA EXECUTIVE DIRECTOR / PRESIDENT, 2520 MANATEE AVENUE WEST #210, BRADENTON, FL 34205	59-1626905	501 (C)(3)	50,000				PROGRAM SUPPORT
(116) NORTH CENTRAL FLORIDA YMCA EXECUTIVE DIRECTOR / PRESIDENT, 5201 NW 34TH BLVD, GAINESVILLE, FL 32605- 1153	59-1195257	501 (C)(3)	13,395				PROGRAM SUPPORT
(117) YMCA OF WEST CENTRAL FLORIDA EXECUTIVE DIRECTOR / PRESIDENT, 3620 CLEVELAND HEIGHTS BLVD, LAKELAND, FL 33803-4963	59-1158144	501 (C)(3)	122,000				PROGRAM SUPPORT
(118) YMCA OF THE SUNCOAST 2469 ENTERPRISE ROAD, CLEARWATER, FL 33763-1607	59-0810731	501 (C)(3)	243,604				PROGRAM SUPPORT
(119) FLORIDA'S FIRST COAST YMCA - METROPOLITAN 40 EAST ADAMS STREET, SUITE 210, JACKSONVILLE, FL 32202	59-0638514	501 (C)(3)	265,460				PROGRAM SUPPORT
(120) PALM BEACHES METROPOLITAN YMCA 2085 S CONGRESS AVENUE, WEST PALM BEACH, FL 33406-7601	59-0624470	501 (C)(3)	122,000				PROGRAM SUPPORT
(121) YMCA OF GREATER ST. PETERSBURG 3200 1ST AVENUE SOUTH, ST. PETERSBURG, FL 33712	59-0624468	501 (C)(3)	124,060				PROGRAM SUPPORT
(122) YMCA OF NORTHWEST FLORIDA P.O. BOX 13170, PENSACOLA, FL 32591	59-0624465	501 (C)(3)	29,333				PROGRAM SUPPORT
(123) YMCA OF SOUTH FLORIDA, INC 900 SE 3RD AVE, FORT LAUDERDALE, FL 33316	59-0624464	501 (C)(3)	161,800				PROGRAM SUPPORT
(124) CENTRAL FLORIDA METRO YMCA 433 N MILLS AVE, ORLANDO, FL 32803-5798	59-0624430	501 (C)(3)	142,000				PROGRAM SUPPORT
(125) TIFTAREA YMCA INC. 1657 S CARPENTER ROAD, TIFTON, GA 31793-2400	58-2383631	501 (C)(3)	10,000				PROGRAM SUPPORT
(126) GEORGIA MOUNTAINS YMCA 2455 HOWARD RD, STE. 201, GAINESVILLE, GA 30501	58-2203268	501 (C)(3)	50,000				PROGRAM SUPPORT
(127) YMCA OF METROPOLITAN HUNTSVILLE AL 120 HOLMES AVENUE, SUITE 405, HUNTSVILLE, FL 32202	58-2058795	501 (C)(3)	28,333				PROGRAM SUPPORT

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(128) CLEVELAND COUNTY FAMILY YMCA P.O. BOX 2272, SHELBY, NC 28151	58-2016066	501 (C)(3)	47,000				PROGRAM SUPPORT
(129) LAFAYETTE LOUISIANA YMCA EXECUTIVE DIRECTOR / PRESIDENT, 800 EAST FARREL ROAD, LAFAYETTE, LA 70508	58-1640136	501 (C)(3)	100,000				PROGRAM SUPPORT
(130) CANNON MEMORIAL YMCA EXECUTIVE DIRECTOR / PRESIDENT, PO BOX 46, KANNAPOLIS, NC 28082-0046	58-1574620	501 (C)(3)	153,727				PROGRAM SUPPORT
(131) GREATER KINGSPORT FAMILY YMCA 1840 MEADOWVIEW PKWY, KINGSPORT, TN 37660	58-1564232	501 (C)(3)	154,100				PROGRAM SUPPORT
(132) HENDERSON FAMILY YMCA EXECUTIVE DIRECTOR / PRESIDENT, 380 RUIN CREEK RD, HENDERSON, NC 27536- 6698	58-1406066	501 (C)(3)	54,952				PROGRAM SUPPORT
(133) EASTERN CAROLINA YOUNG MEN'S CHRISTIAN ASSOCIATION, INC. 100 YMCA LANE, NEW BERN, NC 28560- 5400	58-1402035	501 (C)(3)	148,250				PROGRAM SUPPORT
(134) VALDOSTA-LOWNDES COUNTY YMCA EXECUTIVE DIRECTOR / PRESIDENT, PO BOX 1301, VALDOSTA, GA 31603-1301	58-1052279	501 (C)(3)	107,500				PROGRAM SUPPORT
(135) ROME-FLOYD COUNTY YMCA 810 E 2ND AVE, ROME, GA 30161	58-0814549	501 (C)(3)	252,727				PROGRAM SUPPORT
(136) COLUMBUS METROPOLITAN YMCA EXECUTIVE DIRECTOR / PRESIDENT, 1175 MARTIN LUTHER KING JR, BLVD., COLUMBUS, GA 31906	58-0648697	501 (C)(3)	75,000				PROGRAM SUPPORT
(137) ALBANY YMCA 1701 GILLIONVILLE RD, ALBANY, GA 31707- 3797	58-0610051	501 (C)(3)	10,000				PROGRAM SUPPORT
(138) YMCA OF COASTAL GEORGIA INC. 6400 HABERSHAM STREET SUITE A, SAVANNAH, GA 31405	58-0603160	501 (C)(3)	229,271				PROGRAM SUPPORT
(139) ATHENS YMCA EXECUTIVE DIRECTOR / PRESIDENT, 915 HAWTHORNE AVE, ATHENS, GA 30606-2198	58-0593443	501 (C)(3)	100,000				PROGRAM SUPPORT
(140) METROPOLITAN AUGUSTA YMCA 1058 CLAUSEN RD SUITE 100, AUGUSTA, GA 30907	58-0566254	501 (C)(3)	147,000				PROGRAM SUPPORT
(141) YMCA OF METROPOLITAN ATLANTA INC. 569 MARTIN LUTHER KING JR. DRIVE NW, ATLANTA, GA 30314	58-0566253	501 (C)(3)	170,106				PROGRAM SUPPORT
(142) YMCAS OF WAYCROSS GA INC. EXECUTIVE DIRECTOR / PRESIDENT, 1634 PLANT AVE, WAYCROSS, GA 31501-5247	58-0566129	501 (C)(3)	10,000				PROGRAM SUPPORT
(143) CANNON STREET YMCA 61 CANNON STREET, CHARLESTON, SC 29403-6045	57-0935533	501 (C)(3)	10,000				PROGRAM SUPPORT

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(144) BEAUFORT-JASPER YMCA OF THE LOWCOUNTRY EXECUTIVE DIRECTOR / PRESIDENT, 1801 RICHMOND AVE, PORT ROYAL, SC 29935-2014	57-0910326	501 (C)(3)	57,300				PROGRAM SUPPORT
(145) UNION COUNTY YMCA EXECUTIVE DIRECTOR / PRESIDENT, 106 LAKESIDE DR, UNION, SC 29379-1939	57-0832992	501 (C)(3)	13,000				PROGRAM SUPPORT
(146) YMCA OF THE UPPER PEE DEE 111 E CAROLINA AVE, HARTSVILLE, SC 29550-4213	57-0794011	501 (C)(3)	26,000				PROGRAM SUPPORT
(147) YMCA OF COASTAL CAROLINA 5000 CLAIRE CHAPIN EPPS DR, MYRTLE BEACH, SC 29577	57-0747196	501 (C)(3)	28,000				PROGRAM SUPPORT
(148) SUMMERVILLE FAMILY YMCA 140 S CEDAR ST, SUMMERVILLE, SC 29483-6014	57-0643100	501 (C)(3)	31,239				PROGRAM SUPPORT
(149) CHEROKEE COUNTY FAMILY YMCA 390 WHELCHER RD, GAFFNEY, SC 29341	57-0557200	501 (C)(3)	50,000				PROGRAM SUPPORT
(150) GREENWOOD YMCA 1760 CALHOUN RD, GREENWOOD, SC 29649-8909	57-0365088	501 (C)(3)	50,000				PROGRAM SUPPORT
(151) UPPER PALMETTO YMCA 151 S OAKLAND AVE, ROCK HILL, SC 29730	57-0335422	501 (C)(3)	8,250				PROGRAM SUPPORT
(152) ANDERSON AREA YMCA EXECUTIVE DIRECTOR / PRESIDENT, 201 E REED RD, ANDERSON, SC 29621	57-0314465	501 (C)(3)	100,000				PROGRAM SUPPORT
(153) YMCA OF GREATER SPARTANBURG 151 RIBALT, SPARTENBURG, SC 29302	57-0314425	501 (C)(3)	26,000				PROGRAM SUPPORT
(154) YMCA OF GREENVILLE 723 CLEVELAND ST, GREENVILLE, SC 29601	57-0314424	501 (C)(3)	182,958				PROGRAM SUPPORT
(155) YMCA OF COLUMBIA 1612 MARION STREET, COLUMBIA, SC 29201	57-0314423	501 (C)(3)	227,727				PROGRAM SUPPORT
(156) WILSON FAMILY YMCA EXECUTIVE DIRECTOR / PRESIDENT, 3436 AIRPORT BLVD, WILSON, NC 27896	56-2220375	501 (C)(3)	6,250				PROGRAM SUPPORT
(157) GOLDSBORO FAMILY YMCA EXECUTIVE DIRECTOR / PRESIDENT, 1105 PKWY DR, GOLDSBORO, NC 27532-0355	56-1285595	501 (C)(3)	49,750				PROGRAM SUPPORT
(158) YMCA OF GREATER CHARLOTTE 5900 QUAIL HOLLOW ROAD, CHARLOTTE, NC 28210	56-1045299	501 (C)(3)	223,779				PROGRAM SUPPORT
(159) TOM A. FINCH COMMUNITY YMCA EXECUTIVE DIRECTOR / PRESIDENT, 1010 MENDENHALL ST, THOMASVILLE, NC 27360-2597	56-1004370	501 (C)(3)	26,000				PROGRAM SUPPORT
(160) RANDOLPH-ASHEBORO YMCA P.O. BOX 1152, ASHEBORO, NC 27204-1152	56-0991786	501 (C)(3)	13,000				PROGRAM SUPPORT
(161) YMCA OF CATAWBA VALLEY 701 1ST STREET NW, HICKORY, NC 28601	56-0928743	501 (C)(3)	36,395				PROGRAM SUPPORT

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(162) GASTON COUNTY FAMILY YMCA 201 S CLAY ST, GASTONIA, NC 28052	56-0655420	501 (C)(3)	57,415				PROGRAM SUPPORT
(163) ALAMANCE COUNTY COMMUNITY YMCA EXECUTIVE DIRECTOR / PRESIDENT, 1346 S MAIN ST, BURLINGTON, NC 27215-5604	56-0611575	501 (C)(3)	10,000				PROGRAM SUPPORT
(164) YMCA OF THE TRIANGLE AREA 801 CORPORATE CENTER DR, SUITE 200, ATTN JESSICA MAYO, RALEIGH, NC 27607-5073	56-0591307	501 (C)(3)	217,995				PROGRAM SUPPORT
(165) YMCA OF THE SANDHILLS EXECUTIVE DIRECTOR / PRESIDENT, 2717 FORT BRAGG RD, FAYETTEVILLE, NC 28303-4720	56-0582025	501 (C)(3)	26,000				PROGRAM SUPPORT
(166) J. SMITH YOUNG FAMILY YMCA EXECUTIVE DIRECTOR / PRESIDENT, 119 W THIRD AVE, LEXINGTON, NC 27293-0210	56-0576153	501 (C)(3)	57,500				PROGRAM SUPPORT
(167) ROCKY MOUNT FAMILY YMCA INC. 1000 INDEPENDENCE DRIVE, ROCKY MOUNT, NC 27803	56-0543251	501 (C)(3)	81,250				PROGRAM SUPPORT
(168) YMCA OF GREENSBORO 620 GREEN VALLEY ROAD, SUITE 210, GREENSBORO, NC 27408-1331	56-0543243	501 (C)(3)	28,996				PROGRAM SUPPORT
(169) YMCA OF SOUTHEASTERN NORTH CAROLINA P.O.BOX 3467, WILMINGTON, NC 28406	56-0532317	501 (C)(3)	169,708				PROGRAM SUPPORT
(170) BLUE RIDGE ASSEMBLY YMCA 84 BLUE RIDGE CIR, BLACK MOUNTAIN, NC 28711-9722	56-0532130	501 (C)(3)	80,000				PROGRAM SUPPORT
(171) YMCA OF NORTHWEST NORTH CAROLINA 301 N MAIN ST., STE. 1900, WINSTON SALEM, NC 27101-2402	56-0530015	501 (C)(3)	176,208				PROGRAM SUPPORT
(172) YMCA OF HIGH POINT INC. EXECUTIVE DIRECTOR / PRESIDENT, PO BOX 6258, HIGH POINT, NC 27262-6258	56-0530014	501 (C)(3)	5,000				PROGRAM SUPPORT
(173) YMCA OF WESTERN NORTH CAROLINA INC. 40 NORTH MERRIMON AVE STE 309, ASHEVILLE, NC 28804	56-0530013	501 (C)(3)	221,958				PROGRAM SUPPORT
(174) HARRISON COUNTY YMCA INC. LOWNDES HILL PARK, PO BOX 688, CLARKSBURG, WV 26302-0688	55-0486791	501 (C)(3)	22,439				PROGRAM SUPPORT
(175) YMCA OF SOUTHERN WEST VIRGINIA, INC. EXECUTIVE DIRECTOR / PRESIDENT, 121 EAST MAIN STREET, BECKLEY, WV 25801-4705	55-0464596	501 (C)(3)	53,500				PROGRAM SUPPORT
(176) YMCA OF HUNTINGTON WEST VIRGINIA EXECUTIVE DIRECTOR / PRESIDENT, 935 10TH AVE, HUNTINGTON, WV 25701-3398	55-0397261	501 (C)(3)	13,000				PROGRAM SUPPORT

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(177) YMCA OF ELKINS WEST VIRGINIA EXECUTIVE DIRECTOR / PRESIDENT, 400 DAVIS AVENUE, ELKINS, WV 26241-3849	55-0376877	501 (C)(3)	13,000				PROGRAM SUPPORT
(178) YMCA OF KANAWHA INC. 100 YMCA DRIVE, CHARLESTON, WV 25311	55-0357058	501 (C)(3)	31,000				PROGRAM SUPPORT
(179) FAMILY YMCA OF EMPORIA/GREENSVILLE, INC 212 WEAVER AVE, EMPORIA, VA 23847	54-2005981	501 (C)(3)	16,000				PROGRAM SUPPORT
(180) FRANKLIN COUNTY FAMILY YMCA EXECUTIVE DIRECTOR / PRESIDENT, 235 TECHNOLOGY DR, ROCKY MOUNT, VA 24151-0720	54-1740065	501 (C)(3)	15,000				PROGRAM SUPPORT
(181) PIEDMONT FAMILY YMCA INC. 151 MCINTIRE PARK DR, CHAROLLESVILLE, VA 22903	54-1717336	501 (C)(3)	30,000				PROGRAM SUPPORT
(182) RAPPAHANNOCK AREA YMCA EXECUTIVE DIRECTOR / PRESIDENT, 212 BUTLER RD, FALMOUTH, VA 22405-2441	54-0965826	501 (C)(3)	8,175				PROGRAM SUPPORT
(183) ALTAVISTA AREA YMCA EXECUTIVE DIRECTOR / PRESIDENT, PO BOX 149, ALTAVISTA, VA 24517-0149	54-0895639	501 (C)(3)	100,000				PROGRAM SUPPORT
(184) MARTINSVILLE & HENRY COUNTY FAMILY YMCA EXECUTIVE DIRECTOR / PRESIDENT, 3 STARLING AVE, MARTINSVILLE, VA 24112- 2921	54-0839746	501 (C)(3)	53,000				PROGRAM SUPPORT
(185) WILLIAM A. HUNTON FAMILY YMCA EXECUTIVE DIRECTOR / PRESIDENT, 1139 EAST CHARLOTTE ST, NORFOLK, VA 23504-4299	54-0663046	501 (C)(3)	31,000				PROGRAM SUPPORT
(186) WAYNESBORO FAMILY YMCA EXECUTIVE DIRECTOR / PRESIDENT, 648 S WAYNE AVE, WAYNESBORO, VA 22980- 4898	54-0633243	501 (C)(3)	7,395				PROGRAM SUPPORT
(187) PENINSULA METROPOLITAN YMCA 41 OLD OYSTER POINT RD. SUITE C, NEWPORT NEWS, VA 23602	54-0524905	501 (C)(3)	5,000				PROGRAM SUPPORT
(188) YMCA OF VIRGINIA'S BLUE RIDGE PO BOX 2130, ROANOKE, VA 24009	54-0515736	501 (C)(3)	155,727				PROGRAM SUPPORT
(189) STAUNTON-AUGUSTA YMCA EXECUTIVE DIRECTOR / PRESIDENT, 708 N COALTER ST, STAUNTON, VA 24402-2746	54-0506438	501 (C)(3)	7,000				PROGRAM SUPPORT
(190) YMCA AT VIRGINIA TECH 403 WASHINGTON ST SW, BLACKSBURG, VA 24060-4747	54-0505987	501 (C)(3)	59,500				PROGRAM SUPPORT
(191) YMCA OF GREATER RICHMOND EXECUTIVE DIRECTOR / PRESIDENT, 2 WEST FRANKLIN ST, RICHMOND, VA 23220- 5006	54-0505986	501 (C)(3)	110,000				PROGRAM SUPPORT
(192) YMCA OF PULASKI COUNTY, INC. EXECUTIVE DIRECTOR / PRESIDENT, 615 OAKHURST AVE, PULASKI, VA 24301-2817	54-0505984	501 (C)(3)	15,500				PROGRAM SUPPORT

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(193) DANVILLE YMCA SARAH FOLMAR, CEO, 215 RIVERSIDE DR, DANVILLE, VA 24540	54-0505982	501 (C)(3)	16,000				PROGRAM SUPPORT
(194) YMCA OF CENTRAL VIRGINIA 801 WYNDHURST DRIVE, LYNCHBURG, VA 24502	54-0505924	501 (C)(3)	33,000				PROGRAM SUPPORT
(195) YMCA OF SOUTH HAMPTON ROADS 633 BATTLE BLVD, CHESAPEAKE, VA 23322	54-0445205	501 (C)(3)	152,000				PROGRAM SUPPORT
(196) YMCA OF METROPOLITAN WASHINGTON 1112 16TH ST NW, SUITTE 720, WASHINGTON, DC 20036-4824	53-0207403	501 (C)(3)	351,338				PROGRAM SUPPORT
(197) YMCA OF CUMBERLAND MD EXECUTIVE DIRECTOR / PRESIDENT, 601 KELLY RD, CUMBERLAND, MD 21502-2878	52-0591700	501 (C)(3)	15,000				PROGRAM SUPPORT
(198) YMCA OF CENTRAL MARYLAND 303 W. CHESAPEAKE AVE., BALTIMORE, MD 21204	52-0591699	501 (C)(3)	423,403				PROGRAM SUPPORT
(199) OLD TOWN-ORONO YMCA EXECUTIVE DIRECTOR / PRESIDENT, 472 STILLWATER AVE, OLD TOWN, ME 04468- 2133	51-0201156	501 (C)(3)	10,000				PROGRAM SUPPORT
(200) RALPH J. STOLLE COUNTRYSIDE YMCA OF WARREN CO. 1699 DEERFIELD RD, LEBANON, OH 45036- 9215	51-0181689	501 (C)(3)	122,727				PROGRAM SUPPORT
(201) YMCA OF DELAWARE 100 W. 10TH STREET, SUITE 1100, WILMINGTON, DE 19801-6605	51-0065748	501 (C)(3)	156,958				PROGRAM SUPPORT
(202) CAMP WOOD YMCA 1101 CAMP WOOD ROAD, ELMDALE, KS 66850-9801	48-0908238	501 (C)(3)	60,000				PROGRAM SUPPORT
(203) YMCA OF HUTCHINSON AND RENO COUNTY 716 E 13TH AVE, HUTCHINSON, KS 67501- 5896	48-0556722	501 (C)(3)	5,000				PROGRAM SUPPORT
(204) YMCA OF SALINA KANSAS EXECUTIVE DIRECTOR / PRESIDENT, 570 YMCA DR, SALINA, KS 67401-7433	48-0544573	501 (C)(3)	20,000				PROGRAM SUPPORT
(205) SOUTH CAROLINA ALLIANCE OF YMCAS 1612 MARION ST., SUITE 100, COLUMBIA, SC 29201	47-3049199	501 (C)(3)	21,000				PROGRAM SUPPORT
(206) DICKSON COUNTY FAMILY YMCA 225 HENSLEE DRIVE,, DICKSON, TN 37055	47-1215122	501 (C)(3)	70,500				PROGRAM SUPPORT
(207) BEATRICE MARY FAMILY YMCA EXECUTIVE DIRECTOR / PRESIDENT, 1801 SCOTT ST, BEATRICE, NE 68310-4112	47-0415814	501 (C)(3)	8,249				PROGRAM SUPPORT
(208) YMCA OF HASTINGS NEBRASKA 1220 W. 18TH ST, HASTINGS, NE 68901	47-0376607	501 (C)(3)	7,290				PROGRAM SUPPORT
(209) YMCA OF GREATER OMAHA 430 S 20TH ST, OMAHA, NE 68102	47-0376586	501 (C)(3)	107,271				PROGRAM SUPPORT

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(210) YMCA OF LINCOLN NEBRASKA 570 FALLBROOK BLVD, SUITE 210, LINCOLN, NE 68521	47-0376578	501 (C)(3)	131,958				PROGRAM SUPPORT
(211) PUTNAM COUNTY FAMILY YMCA 235 RAIDER DRIVE, COOKEVILLE, TN 38501	46-5501752	501 (C)(3)	33,000				PROGRAM SUPPORT
(212) GENERAL CONVENTION OF SIOUX YMCAS PO BOX 218, 1 B STREET, DUPREE, SD 57623-0218	46-0336514	501 (C)(3)	211,176				PROGRAM SUPPORT
(213) ABERDEEN FAMILY YMCA 5 SOUTH STATE STREET, ABERDEEN, SD 57401	46-0255779	501 (C)(3)	7,664				PROGRAM SUPPORT
(214) YMCA OF RAPID CITY SOUTH DAKOTA 815 KANSAS CITY ST, RAPID CITY, SD 57701-2605	46-0227218	501 (C)(3)	192,727				PROGRAM SUPPORT
(215) YMCA OF THE GREATER TWIN CITIES 651 NICOLLETT MALL SUITE 500, MINNEAPOLIS, MN 55402	45-2563299	501 (C)(3)	572,750				PROGRAM SUPPORT
(216) YMCA OF CASS AND CLAY COUNTIES 400 1ST AVE S, FARGO, ND 58103	45-0232096	501 (C)(3)	177,466				PROGRAM SUPPORT
(217) YMCA OF GREATER KANSAS CITY KELLI MCCLURE,, CHIEF FINANCIAL OFFICER, 3100 BROADWAY ST., STE. 1020, KANSAS CITY, MO 64111-2413	44-0546002	501 (C)(3)	135,796				PROGRAM SUPPORT
(218) OZARKS REGIONAL YMCA 417 S JEFFERSON AVE, SPRINGFIELD, MO 65806-2387	44-0545283	501 (C)(3)	132,353				PROGRAM SUPPORT
(219) BOYS & GIRLS CLUBS OF GREATER ST. LOUIS INC. 2901 N. GRAND AVE, SAINT LOUIS, MO 63107-2608	43-6061693	501 (C)(3)	46,900				PROGRAM SUPPORT
(220) CAMERON REGIONAL YMCA 1903 N WALNUT, ATTN: MARY JO ELBERGER, CAMERON, MO 64429	43-1933672	501 (C)(3)	15,000				PROGRAM SUPPORT
(221) BOONSLICK HEARTLAND YMCA EXECUTIVE DIRECTOR / PRESIDENT, 757 3RD ST, BOONVILLE, MO 65233-0104	43-1798929	501 (C)(3)	5,000				PROGRAM SUPPORT
(222) OSAGE PRAIRIE YMCA INC. EXECUTIVE DIRECTOR / PRESIDENT, 500 W HIGHLAND AVE, NEVADA, MO 64772- 1067	43-1706486	501 (C)(3)	85,000				PROGRAM SUPPORT
(223) TWIN PIKE FAMILY YMCA INC. 614 KELLY LN, LOUISIANA, MO 63353-2409	43-1675923	501 (C)(3)	21,391				PROGRAM SUPPORT
(224) OZARKS FAMILY YMCA INC. EXECUTIVE DIRECTOR / PRESIDENT, 1 YMCA DR, MOUNTAIN GROVE, MO 65711- 1182	43-1617662	501 (C)(3)	10,000				PROGRAM SUPPORT
(225) GRAND RIVER AREA FAMILY YMCA INC. EXECUTIVE DIRECTOR / PRESIDENT, 1725 LOCUST ST, CHILLICOTHE, MO 64601-1405	43-1493664	501 (C)(3)	57,500				PROGRAM SUPPORT

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(226) ADAIR COUNTY FAMILY YMCA EXECUTIVE DIRECTOR / PRESIDENT, 1708 S JAMISON ST, KIRKSVILLE, MO 63501-3956	43-0811428	501 (C)(3)	65,000				PROGRAM SUPPORT
(227) YMCA OF THE OZARKS 13528 STATE HIGHWAY AA, POTOSI, MO 63664	43-0653616	501 (C)(3)	40,000				PROGRAM SUPPORT
(228) GATEWAY REGION YMCA 2815 SCOTT AVE SUITE D, ST LOUIS, MO 63103	43-0653616	501 (C)(3)	251,496				PROGRAM SUPPORT
(229) YMCA OF MARSHALLTOWN IOWA 108 WASHINGTON STREET, MARSHALLTOWN, IA 50158	42-1478611	501 (C)(3)	25,000				PROGRAM SUPPORT
(230) NISHNA VALLEY FAMILY YMCA EXECUTIVE DIRECTOR / PRESIDENT, 1100 MAPLE ST, ATLANTIC, IA 50022-2708	42-0844143	501 (C)(3)	20,000				PROGRAM SUPPORT
(231) YMCA OF OTTUMWA IOWA EXECUTIVE DIRECTOR / PRESIDENT, 611 N HANCOCK ST, OTTUMWA, IA 52501-4278	42-0725202	501 (C)(3)	23,450				PROGRAM SUPPORT
(232) SCOTT COUNTY FAMILY YMCA EXECUTIVE DIRECTOR / PRESIDENT, 606 W 2ND ST, DAVENPORT, IA 52801-1095	42-0703278	501 (C)(3)	141,958				PROGRAM SUPPORT
(233) FAMILY YMCA OF BLACK HAWK COUNTY EXECUTIVE DIRECTOR / PRESIDENT, 669 S HACKETT RD, WATERLOO, IA 50701-5632	42-0681109	501 (C)(3)	14,895				PROGRAM SUPPORT
(234) YMCA OF THE CEDAR RAPIDS METROPOLITAN AREA 207 7TH AVE SE, CEDAR RAPIDS, IA 52401	42-0680306	501 (C)(3)	20,000				PROGRAM SUPPORT
(235) MARSHALL AREA YMCA EXECUTIVE DIRECTOR / PRESIDENT, 200 S A ST, MARSHALL, MN 56258-1700	41-1984589	501 (C)(3)	107,271				PROGRAM SUPPORT
(236) KANDIYOHI COUNTY AREA FAMILY YMCA KARLA NELSON, P.O. BOX 757, WILLMAR, MN 56201	41-1908049	501 (C)(3)	7,500				PROGRAM SUPPORT
(237) ALBERT LEA FAMILY YMCA 2021 W MAIN ST, ALBERT LEA, MN 56007- 4399	41-1000679	501 (C)(3)	21,945				PROGRAM SUPPORT
(238) YMCA CAMP OLSON 4160 LITTLE BOY RD NE, LONGVILLE, MN 56655	41-0967781	501 (C)(3)	40,000				PROGRAM SUPPORT
(239) FERGUS FALLS AREA FAMILY YMCA 1164 N FRIBERG AVE, FERGUS FALLS, MN 56537-1580	41-0940250	501 (C)(3)	122,727				PROGRAM SUPPORT
(240) BRAINERD FAMILY YMCA INC. EXECUTIVE DIRECTOR / PRESIDENT, 602 OAK ST, BRAINERD, MN 56401-3611	41-0693938	501 (C)(3)	20,000				PROGRAM SUPPORT
(241) DULUTH AREA FAMILY YMCA 302 W 1ST ST, DULUTH, MN 55802-1694	41-0693931	501 (C)(3)	50,000				PROGRAM SUPPORT
(242) DOOR COUNTY YMCA EXECUTIVE DIRECTOR / PRESIDENT, 1900 MICHIGAN ST, STURGEON BAY, WI 54235- 3706	39-1738982	501 (C)(3)	20,000				PROGRAM SUPPORT

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(243) CAMP MANITO-WISH YMCA INC. EXECUTIVE DIRECTOR / PRESIDENT, PO BOX 246, BOULDER JUNCTION, WI 54512-0246	39-1136315	501 (C)(3)	80,000				PROGRAM SUPPORT
(244) SOUTH WOOD COUNTY YMCA 211 WISCONSIN RIVER DR, PORT EDWARDS, WI 54469	39-0929462	501 (C)(3)	122,727				PROGRAM SUPPORT
(245) OSHKOSH COMMUNITY YMCA 324 WASHINGTON AVE, OSHKOSH, WI 54901-5042	39-0878909	501 (C)(3)	107,271				PROGRAM SUPPORT
(246) YMCA OF GREATER WAUKESHA COUNTY 3610 MICHELLE WITMER DRIVE STE 100, NEW BERLIN, WI 53151	39-0847658	501 (C)(3)	22,803				PROGRAM SUPPORT
(247) SHEBOYGAN COUNTY YMCA 812 BROUGHTON DRIVE, SHEBOYGAN, WI 53081	39-0830271	501 (C)(3)	131,958				PROGRAM SUPPORT
(248) KENOSHA YMCA 7101 53RD ST, KENOSHA, WI 53144	39-0826296	501 (C)(3)	10,000				PROGRAM SUPPORT
(249) GREATER GREEN BAY YMCA INC. EXECUTIVE DIRECTOR / PRESIDENT, 235 N JEFFERSON ST, GREEN BAY, WI 54301-5126	39-0813466	501 (C)(3)	131,958				PROGRAM SUPPORT
(250) WAUSAU - WOODSON YMCA 707 3RD ST, WAUSAU, WI 54403-4703	39-0808463	501 (C)(3)	122,727				PROGRAM SUPPORT
(251) RACINE FAMILY YMCA 245 MAIN STREET, RACINE, WI 53403	39-0807254	501 (C)(3)	8,250				PROGRAM SUPPORT
(252) STATELINE FAMILY YMCA OF БЕЛОИТ, INC. 1865 RIVERSIDE DR, БЕЛОИТ, WI 53511	39-0806449	501 (C)(3)	7,500				PROGRAM SUPPORT
(253) YMCA OF METROPOLITAN MILWAUKEE INC. 161 W WISCONSIN AVE STE 4000, MILWAUKEE, WI 53203-2607	39-0806314	501 (C)(3)	259,727				PROGRAM SUPPORT
(254) YMCA OF DANE COUNTY INC. 711 COTTAGE GROVE RD, MADISON, WI 53716	39-0806253	501 (C)(3)	32,400				PROGRAM SUPPORT
(255) LA CROSSE AREA FAMILY YMCA 1140 MAIN ST, LA CROSSE, WI 54601-4124	39-0806172	501 (C)(3)	157,271				PROGRAM SUPPORT
(256) GREATER MARINETTE-MENOMINEE YMCA INC. 1600 WEST DR, MENOMINEE, MI 49858-2238	38-6119445	501 (C)(3)	131,958				PROGRAM SUPPORT
(257) SHERMAN LAKE YMCA OUTDOOR CENTER EXECUTIVE DIRECTOR / PRESIDENT, 6225 N 39TH ST, AUGUSTA, MI 49012-9722	38-3167869	501 (C)(3)	60,000				PROGRAM SUPPORT
(258) TRI-CITIES FAMILY YMCA 1Y DRIVE, GRAND HAVEN, MI 49417	38-1717502	501 (C)(3)	152,353				PROGRAM SUPPORT
(259) ANN ARBOR YMCA 400 W. WASHINGTON ST., ANN ARBOR, MI 48103	38-1525162	501 (C)(3)	7,150				PROGRAM SUPPORT

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(260) MONROE FAMILY YMCA EXECUTIVE DIRECTOR / PRESIDENT, 1111 W ELM AVE, MONROE, MI 48162-2801	38-1508585	501 (C)(3)	191,646				PROGRAM SUPPORT
(261) YMCA OF SAGINAW 1915 FORDNEY ST, SAGINAW, MI 48601-2809	38-1360594	501 (C)(3)	151,958				PROGRAM SUPPORT
(262) YMCA OF GREATER KALAMAZOO 2900 W CENTRE AVE, PORTAGE, MI 49024	38-1360592	501 (C)(3)	124,771				PROGRAM SUPPORT
(263) SHIAWASSEE FAMILY YMCA 515 W MAIN ST, OWOSSO, MI 48867-2608	38-1359577	501 (C)(3)	50,857				PROGRAM SUPPORT
(264) YMCA OF METROPOLITAN LANSING ATTN: ROSEMARIE MARMAN, 119 N WASHINGTON SQUARE, LANSING, MI 48933	38-1359576	501 (C)(3)	81,390				PROGRAM SUPPORT
(265) STATE YMCA OF MICHIGAN 919 N EAST TORCH LAKE DR, CENTRAL LAKE, MI 49622-9628	38-1358418	501 (C)(3)	8,100				PROGRAM SUPPORT
(266) YMCA OF THE BLUE WATER AREA 1525 THIRD STREET, PORT HURON, MI 48060	38-1358417	501 (C)(3)	24,786				PROGRAM SUPPORT
(267) KIMBALL CAMP YMCA NATURE CENTER 4502 BERLIN DRIVE, READING, MI 49274	38-1358416	501 (C)(3)	40,000				PROGRAM SUPPORT
(268) DOW BAY AREA FAMILY YMCA EXECUTIVE DIRECTOR / PRESIDENT, 225 WASHINGTON AVENUE, BAY CITY, MI 48708-6432	38-1358415	501 (C)(3)	25,000				PROGRAM SUPPORT
(269) YMCA OF SOUTHWEST MICHIGAN 905 NORTH FRONT STREET, NILES, MI 49120	38-1358236	501 (C)(3)	114,772				PROGRAM SUPPORT
(270) YMCA OF BARRY COUNTY EXECUTIVE DIRECTOR / PRESIDENT, PO BOX 252, HASTINGS, MI 49058-0252	38-1358059	501 (C)(3)	151,958				PROGRAM SUPPORT
(271) YMCA OF GREATER GRAND RAPIDS 475 LAKE MICHIGAN DR NW, GRAND RAPIDS, MI 49504-5600	38-1358058	501 (C)(3)	141,958				PROGRAM SUPPORT
(272) YMCA OF GREATER FLINT 411 E 3RD ST, FLINT, MI 48503	38-1358056	501 (C)(3)	129,772				PROGRAM SUPPORT
(273) YMCA OF METROPOLITAN DETROIT 1401 BROADWAY ST, SUITE 3A, DETROIT, MI 48226	38-1358055	501 (C)(3)	441,800				PROGRAM SUPPORT
(274) YMCA OF SPRINGFIELD 701 S 4TH ST, P.O. BOX 155, SPRINGFIELD, IL 62705-0155	37-0661263	501 (C)(3)	124,772				PROGRAM SUPPORT
(275) YMCA OF KNOX COUNTY EXECUTIVE DIRECTOR / PRESIDENT, 1324 W CARL SANDBURG DR, GALESBURG, IL 61401-1348	37-0661260	501 (C)(3)	15,000				PROGRAM SUPPORT
(276) MERCER COUNTY FAMILY YMCA EXECUTIVE DIRECTOR / PRESIDENT, 401 SW 2ND AVE, ALEDO, IL 61231-1904	36-3832360	501 (C)(3)	146,958				PROGRAM SUPPORT

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(277) PENNSLVANIA STATE ALLIANCE 805 N FRONT STREET SUITE1, HARRISBURG, PA 17102	36-3258696	501 (C)(3)	20,800				PROGRAM SUPPORT
(278) YMCA OF BERWYN-CICERO 2947 OAK PARK AVE, BERWYN, IL 60402-3048	36-2702522	501 (C)(3)	26,000				PROGRAM SUPPORT
(279) TRI-TOWN YMCA 1464 S MAIN ST, ENTRANCE #7, LOMBARD, IL 60148-4554	36-2643097	501 (C)(3)	75,000				PROGRAM SUPPORT
(280) DIXON FAMILY YMCA EXECUTIVE DIRECTOR / PRESIDENT, 110 N GALENA AVE, DIXON, IL 61021-2118	36-2487927	501 (C)(3)	107,666				PROGRAM SUPPORT
(281) YMCA OF NORTHWESTERN DUPAGE COUNTY EXECUTIVE DIRECTOR / PRESIDENT, 49 DEICKE DR, GLEN ELLYN, IL 60137-5665	36-2470895	501 (C)(3)	5,000				PROGRAM SUPPORT
(282) YMCA OF BELVIDERE EXECUTIVE DIRECTOR / PRESIDENT, 220 W LOCUST ST, BELVIDERE, IL 61008-3677	36-2287520	501 (C)(3)	93,395				PROGRAM SUPPORT
(283) YMCA OF KEWANEE EXECUTIVE DIRECTOR / PRESIDENT, 315 W 1ST ST, KEWANEE, IL 61443-2193	36-2239384	501 (C)(3)	114,772				PROGRAM SUPPORT
(284) YMCA OF METROPOLITAN CHICAGO 1030 W. VAN BUREN ST., CHICAGO, IL 60607	36-2179782	501 (C)(3)	250,000				PROGRAM SUPPORT
(285) THE WEST COOK YMCAS EXECUTIVE DIRECTOR / PRESIDENT, 255 S MARION ST, OAK PARK, IL 60302-3103	36-2179780	501 (C)(3)	36,000				PROGRAM SUPPORT
(286) YMCA OF ROCK RIVER VALLEY 220 EAST STATE STREET, ROCKFORD, IL 61104	36-2174838	501 (C)(3)	22,500				PROGRAM SUPPORT
(287) TWO RIVERS YMCA 2040 53RD ST, MOLINE, IL 61265-3698	36-2169199	501 (C)(3)	39,500				PROGRAM SUPPORT
(288) GREATER JOLIET AREA YMCA 749 HOUBOLT RD, JOLIET, IL 60431-9319	36-2169197	501 (C)(3)	5,000				PROGRAM SUPPORT
(289) YMCA OF NORTHWEST ILLINOIS EXECUTIVE DIRECTOR / PRESIDENT, 2998 W PEARL CITY RD, FREEPORT, IL 61032-9338	36-2169195	501 (C)(3)	20,000				PROGRAM SUPPORT
(290) MCGAW YMCA EXECUTIVE DIRECTOR / PRESIDENT, 1000 GROVE ST, EVANSTON, IL 60201-4294	36-2169194	501 (C)(3)	13,000				PROGRAM SUPPORT
(291) GOLDEN CORRIDOR FAMILY YMCA 300 W. WISE RD., SCHAUMBURG, IL 60193	36-2169193	501 (C)(3)	20,000				PROGRAM SUPPORT
(292) WASHINGTON COUNTY FAMILY YMCA 1709 NORTH SHELBY ST., SALEM, IN 47167	35-2097432	501 (C)(3)	10,000				PROGRAM SUPPORT
(293) BARBARA B. JORDAN YMCA INC. EXECUTIVE DIRECTOR / PRESIDENT, 2039 E MORGAN ST, MARTINSVILLE, IN 46151-1372	35-2019312	501 (C)(3)	25,000				PROGRAM SUPPORT

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(294) DUNELAND FAMILY YMCA EXECUTIVE DIRECTOR / PRESIDENT, 215 ROOSEVELT ST, CHESTERTON, IN 46304- 2599	35-1404559	501 (C)(3)	114,772				PROGRAM SUPPORT
(295) YMCA OF PORTAGE TOWNSHIP INC. EXECUTIVE DIRECTOR / PRESIDENT, 3100 WILLOWCREEK RD, PORTAGE, IN 46368- 4424	35-1404478	501 (C)(3)	75,000				PROGRAM SUPPORT
(296) HOBART FAMILY YMCA INC. EXECUTIVE DIRECTOR / PRESIDENT, ATTN: CHRIS FUGATE, 601 W 40TH PL, HOBART, IN 46342-2223	35-1382817	501 (C)(3)	20,400				PROGRAM SUPPORT
(297) CROSSROADS YMCA, INC. 201 N. GRIFFITH BOULEVARD, GRIFFITH, IN 46319	35-1369437	501 (C)(3)	10,000				PROGRAM SUPPORT
(298) YMCA OF RICHMOND EXECUTIVE DIRECTOR / PRESIDENT, 1215 S. J STREET, RICHMOND, IN 47374-3062	35-0984030	501 (C)(3)	5,000				PROGRAM SUPPORT
(299) DECATUR COUNTY FAMILY YMCA INC. 1301 W KATHY'S WAY, GREENSBURG, IN 47240-3408	35-0919345	501 (C)(3)	25,140				PROGRAM SUPPORT
(300) MIAMI COUNTY YMCA EXECUTIVE DIRECTOR / PRESIDENT, 34 E 6TH ST, PERU, IN 46970-2350	35-0893512	501 (C)(3)	15,000				PROGRAM SUPPORT
(301) YMCA OF KOKOMO INDIANA EXECUTIVE DIRECTOR / PRESIDENT, 200 N UNION ST, KOKOMO, IN 46901-4697	35-0893511	501 (C)(3)	157,227				PROGRAM SUPPORT
(302) YMCA OF GRANT COUNTY 123 SUTTER WAY, MARION, IN 46952	35-0886981	501 (C)(3)	10,000				PROGRAM SUPPORT
(303) YMCA OF GREATER FORT WAYNE 347 W. BERRY ST., SUITE 500, FORT WAYNE, IN 46802	35-0886850	501 (C)(3)	41,342				PROGRAM SUPPORT
(304) YMCA OF SOUTHWESTERN INDIANA 222 NW 6TH STREET, EVANSVILLE, IN 47708-1308	35-0869074	501 (C)(3)	20,000				PROGRAM SUPPORT
(305) YMCA OF DEKALB COUNTY INC. 533 NORTH STREET, AUBURN, IN 46706- 1828	35-0868958	501 (C)(3)	10,000				PROGRAM SUPPORT
(306) YMCA OF MUNCIE INDIANA INC. EXECUTIVE DIRECTOR / PRESIDENT, 500 S MULBERRY ST, MUNCIE, IN 47305-2446	35-0868215	501 (C)(3)	20,000				PROGRAM SUPPORT
(307) YMCA OF GREATER INDIANAPOLIS 615 N ALABAMA ST, SUITE 200, INDIANAPOLIS, IN 46204-1359	35-0868211	501 (C)(3)	211,186				PROGRAM SUPPORT
(308) YMCA OF MADISON COUNTY INC. 28 W. 12TH ST., ANDERSON, IN 46016	35-0868206	501 (C)(3)	46,000				PROGRAM SUPPORT
(309) YMCA OF BUCYRUS-TIFFIN EXECUTIVE DIRECTOR / PRESIDENT, 180 SUMMIT ST, TIFFIN, OH 44883-3199	34-4479386	501 (C)(3)	5,000				PROGRAM SUPPORT
(310) YMCA OF LIMA OHIO EXECUTIVE DIRECTOR / PRESIDENT, 345 S ELIZABETH ST, LIMA, OH 45801-4805	34-4431173	501 (C)(3)	12,500				PROGRAM SUPPORT

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(311) YMCA OF FINDLAY OHIO EXECUTIVE DIRECTOR / PRESIDENT, 300 E LINCOLN ST, FINDLAY, OH 45840-4989	34-4428263	501 (C)(3)	5,000				PROGRAM SUPPORT
(312) YMCA OF GREATER TOLEDO 1500 N SUPERIOR ST, 2ND FLOOR, TOLEDO, OH 43604	34-4428262	501 (C)(3)	79,500				PROGRAM SUPPORT
(313) YMCA OF WOOSTER OHIO EXECUTIVE DIRECTOR / PRESIDENT, 680 WOODLAND AVE, WOOSTER, OH 44691-2799	34-0766172	501 (C)(3)	5,000				PROGRAM SUPPORT
(314) YMCA OF WESTERN STARK COUNTY 131 TREMONT AVE SE, MASSILLON, OH 44646-6698	34-0719180	501 (C)(3)	131,958				PROGRAM SUPPORT
(315) TUSCARAWAS COUNTY YMCA INC. EXECUTIVE DIRECTOR / PRESIDENT, 600 MONROE ST, DOVER, OH 44622-2047	34-0714797	501 (C)(3)	10,000				PROGRAM SUPPORT
(316) LAKE COUNTY YMCA 933 MENTOR AVE, PAINESVILLE, OH 44077	34-0714796	501 (C)(3)	107,271				PROGRAM SUPPORT
(317) YMCA OF YOUNGSTOWN OHIO EXECUTIVE DIRECTOR / PRESIDENT, 17 N CHAMPION ST, YOUNGSTOWN, OH 44503-1602	34-0714730	501 (C)(3)	100,000				PROGRAM SUPPORT
(318) YMCA OF GREATER CLEVELAND 1801 SUPERIOR AVE SUITE 130, CLEVELAND, OH 44114	34-0714728	501 (C)(3)	124,183				PROGRAM SUPPORT
(319) YMCA OF CENTRAL STARK COUNTY ATTN CRAIG GREENLEE, 1201 30TH STREET NW, SUITE 200, CANTON, OH 44709-1705	34-0714392	501 (C)(3)	131,958				PROGRAM SUPPORT
(320) MARION FAMILY YMCA 645 BARKS RD E, MARION, OH 43302	31-4380058	501 (C)(3)	116,218				PROGRAM SUPPORT
(321) YMCA OF ROSS COUNTY EXECUTIVE DIRECTOR / PRESIDENT, 100 MILL STREET, CHILLICOTHE, OH 45601-1694	31-4379806	501 (C)(3)	127,271				PROGRAM SUPPORT
(322) YMCA OF CENTRAL OHIO 1907 LEONARD AVE STE 150, COLUMBUS, OH 43219	31-4379594	501 (C)(3)	137,529				PROGRAM SUPPORT
(323) YMCA OF GREATER DAYTON ATTN: DEBBIE NERDERMAN, 118 W FIRST ST, SUITE 300, DAYTON, OH 45402	31-0537517	501 (C)(3)	161,958				PROGRAM SUPPORT
(324) YMCA OF GREATER CINCINNATI 1105 ELM ST, CINCINNATI, OH 45202-7513	31-0537178	501 (C)(3)	189,796				PROGRAM SUPPORT
(325) CADILLAC AREA YMCA 9845 CAMPUS DRIVE, CADILLAC, MI 49601	30-0013507	501 (C)(3)	131,958				PROGRAM SUPPORT
(326) LIGONIER VALLEY YMCA EXECUTIVE DIRECTOR / PRESIDENT, 110 W. CHURCH ST., LIGONIER, PA 15658-1223	25-1428011	501 (C)(3)	107,271				PROGRAM SUPPORT
(327) INDIANA COUNTY YMCA 60 N BEN FRANKLIN RD, INDIANA, PA 15701	25-1191545	501 (C)(3)	25,153				PROGRAM SUPPORT

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(328) RICHARD G. SNYDER YMCA CAMPUS EXECUTIVE DIRECTOR / PRESIDENT, 138 N WATER ST, KITTANNING, PA 16201-1516	25-1034424	501 (C)(3)	107,271				PROGRAM SUPPORT
(329) BEAVER COUNTY YMCA EXECUTIVE DIRECTOR / PRESIDENT, 2236 THIRD AVE, NEW BRIGHTON, PA 15066-3205	25-0993391	501 (C)(3)	157,271				PROGRAM SUPPORT
(330) TITUSVILLE YMCA 505 W. WALNUT STREET, TITUSVILLE, PA 16354-1654	25-0969498	501 (C)(3)	5,000				PROGRAM SUPPORT
(331) YMCA OF GREATER PITTSBURGH ATTN: UNIVERSITY YMCA-LILA DE KLAVER, 420 FT. DUQUESNE BLVD. STE 625, PITTSBURGH, PA 15222	25-0969497	501 (C)(3)	284,250				PROGRAM SUPPORT
(332) MEADVILLE YMCA 356 CHESTNUT ST, MEADVILLE, PA 16335-3285	25-0969495	501 (C)(3)	15,395				PROGRAM SUPPORT
(333) YMCA OF GREATER ERIE ACCOUNTS RECEIVABLE, 31 W 10TH ST, ERIE, PA 16501-1488	25-0965621	501 (C)(3)	19,021				PROGRAM SUPPORT
(334) BERWICK AREA YMCA EXECUTIVE DIRECTOR / PRESIDENT, 231 W 3RD ST, BERWICK, PA 18603-3629	24-0813665	501 (C)(3)	85,955				PROGRAM SUPPORT
(335) YMCA OF CENTRE COUNTY MR. HOWARD LONG, CEO, 125 WEST HIGH ST, BELLEFONTE, PA 16823-1697	24-0802437	501 (C)(3)	40,000				PROGRAM SUPPORT
(336) GREATER VALLEY YMCA 1524 WEST LINDEN STREET SUITE 209, ALLENTOWN, PA 18102	24-0798706	501 (C)(3)	180,227				PROGRAM SUPPORT
(337) GREATER PITTSTON YMCA EXECUTIVE DIRECTOR / PRESIDENT, 10 N MAIN ST, PITTSTON, PA 18640-1806	24-0796039	501 (C)(3)	20,000				PROGRAM SUPPORT
(338) RIVER VALLEY REGIONAL YMCA 641 WALNUT STREET, WILLIAMSPORT, PA 17701	24-0795698	501 (C)(3)	108,771				PROGRAM SUPPORT
(339) WILKES-BARRE FAMILY YMCA 382 CAMP KRESGE LANE, WHITE HAVEN, PA 18661	24-0795638	501 (C)(3)	15,000				PROGRAM SUPPORT
(340) GREATER SUSQUEHANNA VALLEY YMCA 1150 N 4TH ST, PO BOX 390, SUNBURY, PA 17801	24-0795634	501 (C)(3)	25,080				PROGRAM SUPPORT
(341) GREATER SCRANTON YMCA 706 N BLAKELY ST, DUNMORE, PA 18512	24-0795516	501 (C)(3)	20,000				PROGRAM SUPPORT
(342) HOPEWELL VALLEY YMCA 62 S. MAIN ST., PENNINGTON, NJ 08534	23-7380624	501 (C)(3)	5,000				PROGRAM SUPPORT
(343) YMCA CAMP TECUMSEH INC. 12635 W TECUMSEH BEND RD, BROOKSTON, IN 47923-7012	23-7331099	501 (C)(3)	80,000				PROGRAM SUPPORT
(344) OAHE YMCA INC. 900 E CHURCH ST, PIERRE, SD 57501-2219	23-7169291	501 (C)(3)	21,000				PROGRAM SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(345) GREATER NAPLES YMCA EXECUTIVE DIRECTOR / PRESIDENT, 5450 YMCA RD, NAPLES, FL 34109-5944	23-7039993	501 (C)(3)	13,000				PROGRAM SUPPORT
(346) SOUTH MOUNTAIN YMCA CAMPS 201 CUSHION PEAK RD, REINHOLDS, PA 17569	23-2239399	501 (C)(3)	60,000				PROGRAM SUPPORT
(347) BLOOMSBURG AREA YMCA EXECUTIVE DIRECTOR / PRESIDENT, 30 E 7TH ST, BLOOMSBURG, PA 17815-2728	23-2085257	501 (C)(3)	15,702				PROGRAM SUPPORT
(348) CENTRAL BUCKS FAMILY YMCA 2500 LOWER STATE RD, DOYLESTOWN, PA 18901-2634	23-1903158	501 (C)(3)	161,826				PROGRAM SUPPORT
(349) HARRISBURG AREA METROPOLITAN YMCA 112 MARKET STREET, STE 422, HARRISBURG, PA 17101	23-1665437	501 (C)(3)	9,065				PROGRAM SUPPORT
(350) NORTH PENN YMCA 2506 NORTH BROAD STREET, SUITE 208, COLMAR, PA 18915	23-1489848	501 (C)(3)	20,000				PROGRAM SUPPORT
(351) YMCA OF GREATER BRANDYWINE ONE EAST CHESTNUT ST, WEST CHESTER, PA 19380	23-1365994	501 (C)(3)	45,000				PROGRAM SUPPORT
(352) YORK & YORK COUNTY YMCA 90 N. NEWBERRY STREET, YORK, PA 17401	23-1352600	501 (C)(3)	41,500				PROGRAM SUPPORT
(353) PHILADELPHIA FREEDOM VALLEY YMCA 400 FAYETTE STREET SUITE 250, CONSHOHOCKEN, PA 19428	23-1243965	501 (C)(3)	294,727				PROGRAM SUPPORT
(354) CENTRAL LINCOLN COUNTY YMCA EXECUTIVE DIRECTOR / PRESIDENT, 525 MAIN STREET, DAMARISCOTTA, ME 04543- 9801	22-2978129	501 (C)(3)	68,620				PROGRAM SUPPORT
(355) OCEAN COUNTY YMCA EXECUTIVE DIRECTOR / PRESIDENT, 1088 WEST WHITTY RD, TOMS RIVER, NJ 08755- 3278	22-1901046	501 (C)(3)	20,000				PROGRAM SUPPORT
(356) CAMP RALPH S. MASON YMCA EXECUTIVE DIRECTOR / PRESIDENT, 23 BIRCH RIDGE RD, HARDWICK, NJ 07825- 9502	22-1625643	501 (C)(3)	60,000				PROGRAM SUPPORT
(357) FROST VALLEY YMCA 2000 FROST VALLEY RD, CLARYVILLE, NY 12725	22-1625176	501 (C)(3)	112,850				PROGRAM SUPPORT
(358) SOMERSET COUNTY YMCA 140 MOUNT AIRY ROAD, BASKING RIDGE, NJ 07920	22-1559439	501 (C)(3)	20,000				PROGRAM SUPPORT
(359) YMCA NEWARK AND VICINITY 600 BROAD ST, NEWARK, NJ 07102-4504	22-1552820	501 (C)(3)	28,347				PROGRAM SUPPORT
(360) RARITAN VALLEY YMCA EXECUTIVE DIRECTOR / PRESIDENT, 144 TICES LANE, EAST BRUNSWICK, NJ 08816- 3524	22-1494457	501 (C)(3)	107,271				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
(361) YMCA OF METUCHEN 483 MIDDLESEX AVE, METUCHEN, NJ 08840-2399	22-1487616	501 (C)(3)	107,271				PROGRAM SUPPORT
(362) RARITAN BAY AREA YMCA PO BOX 148, PERTH AMBOY, NJ 08862	22-1487390	501 (C)(3)	25,000				PROGRAM SUPPORT
(363) METROPOLITAN YMCA OF THE ORANGES 139 E MCCLELLAN AVE, LIVINGSTON, NJ 07039	22-1487387	501 (C)(3)	273,958				PROGRAM SUPPORT
(364) YMCA OF EASTERN UNION COUNTY ATTN: DENNIS J. MCNANY, 144 MADISON AVE, ELIZABETH, NJ 07201-2420	22-1487381	501 (C)(3)	103,908				PROGRAM SUPPORT
(365) CAMP OCKANICKON YMCA EXECUTIVE DIRECTOR / PRESIDENT, 1303 STOKES RD, MEDFORD, NJ 08055-8632	21-0635054	501 (C)(3)	80,000				PROGRAM SUPPORT
(366) TRENTON AREA FAMILY YMCA EXECUTIVE DIRECTOR / PRESIDENT, 431 PENNINGTON AVE, TRENTON, NJ 08618- 3104	21-0635052	501 (C)(3)	30,000				PROGRAM SUPPORT
(367) WILLIAMS YMCA OF AVERY COUNTY PO BOX 707, LINVILLE, NC 28646	20-4910495	501 (C)(3)	47,892				PROGRAM SUPPORT
(368) YMCA OF GEORGIA'S PIEDMONT, INC EXECUTIVE DIRECTOR / PRESIDENT, 50 BRAD AKINS DR, WINDER, GA 30680-8347	20-1759275	501 (C)(3)	120,271				PROGRAM SUPPORT
(369) YMCA OF GREATER ROCHESTER 444 EAST MAIN ST, ROCHESTER, NY 14604	16-0743242	501 (C)(3)	168,449				PROGRAM SUPPORT
(370) JAMESTOWN YMCA 101 E 4TH ST, JAMESTOWN, NY 14701-5301	16-0743238	501 (C)(3)	25,000				PROGRAM SUPPORT
(371) HORNELL AREA FAMILY YMCA 18 CENTER ST, HORNELL, NY 14843	16-0743237	501 (C)(3)	5,000				PROGRAM SUPPORT
(372) YMCA BUFFALO NIAGARA 150 TECH DRIVE, AMHERST, NY 14221	16-0743231	501 (C)(3)	10,000				PROGRAM SUPPORT
(373) FULTON YMCA EXECUTIVE DIRECTOR / PRESIDENT, 715 W BROADWAY, FULTON, NY 13069-2107	15-0619561	501 (C)(3)	122,727				PROGRAM SUPPORT
(374) WATERTOWN FAMILY YMCA 585 RAND DRIVE, WATERTOWN, NY 13601	15-0559207	501 (C)(3)	22,000				PROGRAM SUPPORT
(375) ITHACA & TOMPKINS COUNTY YMCA EXECUTIVE DIRECTOR / PRESIDENT, 50 GRAHAM ROAD WEST, ITHACA, NY 14850- 1085	15-0545415	501 (C)(3)	122,727				PROGRAM SUPPORT
(376) GREATER SYRACUSE YMCA 340 MONTGOMERY ST, SYRACUSE, NY 13202-2015	15-0532278	501 (C)(3)	8,713				PROGRAM SUPPORT
(377) OSWEGO YMCA 265 W. 1ST STREET, OSWEGO, NY 13126	15-0532272	501 (C)(3)	5,000				PROGRAM SUPPORT
(378) ONEONTA FAMILY YMCA EXECUTIVE DIRECTOR / PRESIDENT, 20-26 FORD AVE, ONEONTA, NY 13820-1891	15-0532270	501 (C)(3)	5,000				PROGRAM SUPPORT
(379) YMCA OF CAPITAL DISTRICT ATTN: DAVID BROWN, 900 DELAWARE AVE, DELMAR, NY 12054	14-1726531	501 (C)(3)	131,958				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
(380) SILVER BAY YMCA OF THE ADIRONDACKS EXECUTIVE DIRECTOR / PRESIDENT, 87 SILVER BAY RD, SILVER BAY, NY 12874-1908	13-5604788	501 (C)(3)	80,000				PROGRAM SUPPORT
(381) BOYS AND GIRLS CLUB OF AMERICA 1275 PEACHTREE STREET NE, ATLANTA, GA 30309	13-5562976	501 (C)(3)	15,000				PROGRAM SUPPORT
(382) BURLINGTON AREA YMCA 2410 MOUNT PLEASANT ST, BURLINGTON, IA 52601-2764	13-4289848	501 (C)(3)	7,500				PROGRAM SUPPORT
(383) NEW ROCHELLE YMCA EXECUTIVE DIRECTOR / PRESIDENT, 50 WEYMAN AVE, NEW ROCHELLE, NY 10805-1411	13-1740542	501 (C)(3)	20,000				PROGRAM SUPPORT
(384) YMCA OF YONKERS INC. 17 RIVERDALE AVE, YONKERS, NY 10701-3646	13-1740520	501 (C)(3)	25,000				PROGRAM SUPPORT
(385) ROCKLAND COUNTY YMCA 35 S BROADWAY, NYACK, NY 10960-3189	13-1740513	501 (C)(3)	122,727				PROGRAM SUPPORT
(386) CAMP SLOANE YMCA INC. 124 INDIAN MOUNTAIN ROAD, LAKEVILLE, CT 06039	13-1739939	501 (C)(3)	40,000				PROGRAM SUPPORT
(387) YMCA OF GREATER NEW YORK ATTN: ROSALIE WHITE, 5 W 63RD STREET, 6TH FLOOR, NEW YORK, NY 10023	13-1624228	501 (C)(3)	287,559				PROGRAM SUPPORT
(388) INTERNATIONAL BRANCH YMCA 5 W 63RD ST 2ND FL, NEW YORK, NY 10023	13-1624228	501 (C)(3)	7,901				PROGRAM SUPPORT
(389) KIPS BAY BOYS AND GIRLS CLUB 1930 RANDALL AVE., BRONX, NY 10473	13-1623850	501 (C)(3)	15,000				PROGRAM SUPPORT
(390) REGIONAL YMCA OF WESTERN CONNECTICUT INC 214 FEDERAL RD UNIT B21, BROOKFIELD, CT 06804	06-6051610	501 (C)(3)	16,742				PROGRAM SUPPORT
(391) YMCA OF METROPOLITAN HARTFORD 50 STATE HOUSE SQUARE, SECOND FLOOR, HARTFORD, CT 06103	06-0881325	501 (C)(3)	155,317				PROGRAM SUPPORT
(392) CAMP HAZEN YMCA 204 W MAIN ST, CHESTER, CT 06412-1013	06-0860014	501 (C)(3)	60,000				PROGRAM SUPPORT
(393) CENTRAL CONNECTICUT COAST YMCA 1240 CHAPEL ST, NEW HAVEN, CT 06511-4506	06-0662195	501 (C)(3)	114,772				PROGRAM SUPPORT
(394) GREATER WATERBURY YMCA 136 W MAIN ST, WATERBURY, CT 06702-2099	06-0646988	501 (C)(3)	107,271				PROGRAM SUPPORT
(395) MERIDEN-NEW BRITAIN-BERLIN YMCA EXECUTIVE DIRECTOR / PRESIDENT, 110 W MAIN ST, MERIDEN, CT 06451-4142	06-0646977	501 (C)(3)	114,772				PROGRAM SUPPORT
(396) CONNECTICUT STATE ALLIANCE C/O YMCA OF GREATER HARTFORD, 50 STATE HOUSE SQUARE, 2ND FLOOR, HARTFORD, CT 06103	06-0646905	501 (C)(3)	20,667				PROGRAM SUPPORT

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(397) CAMP MOHAWK YMCA INC. EXECUTIVE DIRECTOR / PRESIDENT, 246 GREAT HILL RD, PO BOX 1209, LITCHFIELD, CT 06759-1209	06-0646565	501 (C)(3)	40,000				PROGRAM SUPPORT
(398) OCEAN COMMUNITY YMCA EXECUTIVE DIRECTOR / PRESIDENT, 95 HIGH ST, WESTERLY, RI 02891-1812	05-0268126	501 (C)(3)	32,617				PROGRAM SUPPORT
(399) PAWTUCKET & CENTRAL FALLS METRO BD. YMCA EXECUTIVE DIRECTOR / PRESIDENT, 660 ROOSEVELT AVE, PAWTUCKET, RI 02860	05-0259114	501 (C)(3)	7,500				PROGRAM SUPPORT
(400) NEWPORT COUNTY YMCA 792 VALLEY RD, MIDDLETOWN, RI 02842- 7095	05-0258916	501 (C)(3)	84,285				PROGRAM SUPPORT
(401) PROVIDENCE METROPOLITAN YMCA ATTN: DIANE GEBHART, 371 PINE STREET, STE 302, PROVIDENCE, RI 02903	05-0258878	501 (C)(3)	25,000				PROGRAM SUPPORT
(402) YMCA CAMP CONISTON EXECUTIVE DIRECTOR / PRESIDENT, PO BOX 185, GRANTHAM, NH 03753-0185	04-3357821	501 (C)(3)	60,000				PROGRAM SUPPORT
(403) YMCA CAMP BELKNAP INC. EXECUTIVE DIRECTOR / PRESIDENT, RR 109 BOX 1546, WOLFEBORO, NH 03894- 1546	04-3356887	501 (C)(3)	60,000				PROGRAM SUPPORT
(404) MASSACHUSETTS ALLIANCE OF YMCAS 6 BEACON STREET, SUITE 312, BOSTON, MA 02108	04-3176393	501 (C)(4)	62,500				PROGRAM SUPPORT
(405) CAPE COD YOUNG MEN'S CHRISTIAN ASSOCIATION 2245 IYANNOUGH, WEST BARNSTABLE, MA 02668	04-2394925	501 (C)(3)	50,000				PROGRAM SUPPORT
(406) METROWEST YMCA INC. EXECUTIVE DIRECTOR / PRESIDENT, 280 OLD CONNECTICUT PATH, FRAMINGHAM, MA 01701-4539	04-2281530	501 (C)(3)	78,250				PROGRAM SUPPORT
(407) GREATER HOLYOKE YMCA 171 PINE STREET, HOLYOKE, MA 01040- 4065	04-2192693	501 (C)(3)	123,271				PROGRAM SUPPORT
(408) HOCKOMOCK AREA YMCA EXECUTIVE DIRECTOR / PRESIDENT, 300 ELMWOOD ST, NORTH ATTLEBORO, MA 02760-1304	04-2131749	501 (C)(3)	92,702				PROGRAM SUPPORT
(409) YMCA OF GREATER WESTFIELD INC. EXECUTIVE DIRECTOR / PRESIDENT, 67 COURT ST, WESTFIELD, MA 01085-3530	04-2126585	501 (C)(3)	107,271				PROGRAM SUPPORT
(410) OLD COLONY YMCA 320 MAIN STREET, BROCKTON, MA 02301- 5323	04-2125014	501 (C)(3)	281,845				PROGRAM SUPPORT
(411) BECKET-CHIMNEY CORNERS YMCA CAMPS & OUTDOOR CTR. EXECUTIVE DIRECTOR / PRESIDENT, 748 HAMILTON RD, BECKET, MA 01223-9686	04-2105946	501 (C)(3)	80,000				PROGRAM SUPPORT

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(412) YMCA OF CENTRAL MASSACHUSETTS 766 MAIN ST, ATTN: PAM SUPRENANT, WORCESTER, MA 01610	04-2105885	501 (C)(3)	182,271				PROGRAM SUPPORT
(413) YMCA OF METRO NORTH, INC. EXECUTIVE DIRECTOR / PRESIDENT, 20 NEPTUNE BLVD, LYNN, MA 01902-4421	04-2105883	501 (C)(3)	35,506				PROGRAM SUPPORT
(414) SOUTH SHORE YMCA KAREN ADLER, 91 LONGWATER CIRCLE, SUITE 101, NORWELL, MA 02061	04-2105881	501 (C)(3)	69,067				PROGRAM SUPPORT
(415) MALDEN YMCA 99 DARTMOUTH ST, MALDEN, MA 02148- 4906	04-2105874	501 (C)(3)	137,271				PROGRAM SUPPORT
(416) WEST SUBURBAN YMCA EXECUTIVE DIRECTOR / PRESIDENT, 276 CHURCH ST, NEWTON, MA 02458-1992	04-2104783	501 (C)(3)	20,000				PROGRAM SUPPORT
(417) YMCA SOUTHCOAST 128 UNION STREET SUITE 304, NEW BEDFORD, MA 02740	04-2104749	501 (C)(3)	7,000				PROGRAM SUPPORT
(418) MERRIMACK VALLEY YMCA INC. 360 MERRIMACK STREET SUIT 270, LAWERENCE, MA 01843	04-2104378	501 (C)(3)	25,000				PROGRAM SUPPORT
(419) SOMERVILLE YMCA EXECUTIVE DIRECTOR / PRESIDENT, 101 HIGHLAND AVE, SOMERVILLE, MA 02143- 1661	04-2103853	501 (C)(3)	5,000				PROGRAM SUPPORT
(420) ATHOL YMCA EXECUTIVE DIRECTOR / PRESIDENT, 545 MAIN ST, ATHOL, MA 01331-1886	04-2103727	501 (C)(3)	140,468				PROGRAM SUPPORT
(421) YMCA OF GREATER BOSTON 316 HUNTINGTON AVE, BOSTON, MA 02115-5019	04-2103551	501 (C)(3)	217,402				PROGRAM SUPPORT
(422) YMCA OF GREATER SPRINGFIELD INC. PO BOX 15329, SPRINGFIELD, MA 01115- 5329	04-1859893	501 (C)(3)	100,000				PROGRAM SUPPORT
(423) YMCA OF GREATER NASHUA 10 COTTON ROAD, STE 1, NASHUA, NH 03063	02-0222250	501 (C)(3)	123,651				PROGRAM SUPPORT
(424) THE GRANITE YMCA EXECUTIVE DIRECTOR / PRESIDENT, 30 MECHANIC ST, MANCHESTER, NH 03101- 1972	02-0222248	501 (C)(3)	142,145				PROGRAM SUPPORT
(425) TAKODAH YMCA 32 LAKE ST., SWANZEY, NH 03431	02-0222246	501 (C)(3)	60,000				PROGRAM SUPPORT
(426) ALLIANCE OF NEW YORK STATE YMCAS 465 NEW KARNER RD, 1ST FLOOR, ALBANY, NY 12205	01-0567018	501 (C)(3)	35,991				PROGRAM SUPPORT
(427) YMCA OF GREATER WATERVILLE EXECUTIVE DIRECTOR / PRESIDENT, 126 NORTH ST, WATERVILLE, ME 04901-4954	01-0283465	501 (C)(3)	151,958				PROGRAM SUPPORT

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(428) BOOTHBAY REGION YMCA 261 TOWNSEND AVE, PO BOX 500, BOOTHBAY HARBOR, ME 04538-0500	01-0237912	501 (C)(3)	67,500				PROGRAM SUPPORT
(429) BATH AREA FAMILY YMCA EXECUTIVE DIRECTOR / PRESIDENT, 303 CENTRE ST, BATH, ME 04530-2089	01-0211812	501 (C)(3)	156,958				PROGRAM SUPPORT
(430) YMCA OF SOUTHERN MAINE 70 FOREST AVE, PORTLAND, ME 04104- 1078	01-0211568	501 (C)(3)	13,568				PROGRAM SUPPORT
(431) AUBURN-LEWISTON YMCA 62 TURNER ST, AUBURN, ME 04210-5953	01-0211567	501 (C)(3)	134,772				PROGRAM SUPPORT
(432) STATE YMCA OF MAINE 305 WINTHROP CENTER RD, WINTHROP, ME 04364-9761	01-0186800	501 (C)(3)	5,000				PROGRAM SUPPORT
(433) ARMED SERVICES YMCA OF THE USA 14040 CENTRAL LOOP, SUITE B, WOODBRIDGE, VA 22193	91-1883466	501(C)(3)	21,526,450				PROGRAM SUPPORT

Return Reference - Identifier	Explanation
SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS.	<p>WHEN Y-USA ISSUES GRANTS TO A LOCAL YMCA, THERE ARE TWO METHODS THROUGH WHICH IT MONITORS THE USE OF GRANT FUNDS. FIRST, FOR CERTAIN GRANTS, Y-USA PROGRAM STAFF REGULARLY COMMUNICATE WITH THE LOCAL YMCA GRANTEE AS IT CONDUCTS THE WORK FUNDED. SECOND, Y-USA TYPICALLY REQUIRES A REPORT ON USE OF FUNDING FROM THE LOCAL YMCA GRANTEE. THIS REPORT IS REQUESTED AND STORED THROUGH OUR DATA MANAGEMENT SYSTEMS. REPORTS REQUEST INFORMATION ABOUT HOW THE YMCA USED THE GRANT FUNDS, INCLUDING ACTIVITIES CONDUCTED, PROGRESS TOWARD OBJECTIVES AND OUTCOMES. IN SOME CASES, Y-USA REQUIRES A DETAILED ACCOUNTING OF HOW THE YMCA ALLOCATED THE GRANT FUNDS AND WHETHER ANY OF THESE FUNDS REMAIN. ADDITIONALLY, APPLICANT'S YMCA MUST BE IN COMPLIANCE WITH ARTICLE II, SECTION 2 OF THE NATIONAL COUNCIL OF YMCAS CONSTITUTION (QUALIFICATION FOR MEMBERSHIP).</p> <p>Y-USA AND ITS TALENT MANAGEMENT DEPARTMENT HAVE AVAILABLE A VARIETY OF SCHOLARSHIP OPPORTUNITIES FOR UNDERGRADUATE AND POSTGRADUATE STUDIES. A SELECTION COMMITTEE COMPRISED OF Y-USA AND Y MOVEMENT STAFF REVIEW SCHOLARSHIP APPLICATIONS AND MAKE AWARD DECISIONS. AWARD AMOUNTS ARE DEPENDENT ON AVAILABLE FUNDING EACH YEAR; THERE IS NO GUARANTEED OR SET AMOUNT FOR EACH AWARD EACH YEAR. FUNDING IS AVAILABLE ON AN ANNUAL BASIS. APPLICANTS MAY APPLY EACH YEAR UNTIL COMPLETION OF THEIR DEGREE AND MAY APPLY FOR ANY SCHOLARSHIP FOR WHICH THEY ARE ELIGIBLE. APPLICATIONS ARE SUBMITTED ONLINE VIA THE Y-USA SCHOLARSHIP APPLICATION. APPLICANT'S YMCA MUST BE IN COMPLIANCE WITH ARTICLE II, SECTION 2 OF THE NATIONAL COUNCIL OF YMCAS CONSTITUTION (QUALIFICATION FOR MEMBERSHIP).</p>
SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	<p>CORONA-NORCO FAMILY YMCA EXECUTIVE DIRECTOR / PRESIDENT, 1331 RIVER RD, CORONA, CA 92880-1213</p>
SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	<p>YMCA OF THE FOOTHILLS EXECUTIVE DIRECTOR / PRESIDENT, 1930 FOOTHILL BLVD, LA CANADA FLINTRIDGE, CA 91011-1933</p>
SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	<p>YMCA OF GREATER WHITTIER EXECUTIVE DIRECTOR / PRESIDENT, 12510 E HADLEY ST 2ND FL, WHITTIER, CA 90601-3942</p>
SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	<p>YMCA OF METROPOLITAN LOS ANGELES 625 SOUTH NEW HAMPSHIRE AVE, LOS ANGELES, CA 90005</p>
SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	<p>CHANNEL ISLANDS YMCA 105 EAST CARRILLO STREET, SANTA BARBARA, CA 93101</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

**2020**

**Open to Public Inspection**

Employer identification number

36-3258696

**Part I Questions Regarding Compensation**

	Yes	No
<p><b>1a</b> 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.</p> <p> <input type="checkbox"/> First-class or charter travel                      <input type="checkbox"/> Housing allowance or residence for personal use  <input 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)                 </p>		
<p><b>b</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 . . . . .</p>	<b>1b</b>	
<p><b>2</b> 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? . . . . .</p>	<b>2</b>	
<p><b>3</b> Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <p> <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                 </p>		
<p><b>4</b> 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:</p>		
<p><b>a</b> Receive a severance payment or change-of-control payment? . . . . .</p>	<b>4a</b>	✓
<p><b>b</b> Participate in or receive payment from a supplemental nonqualified retirement plan? . . . . .</p>	<b>4b</b>	✓
<p><b>c</b> Participate in or receive payment from an equity-based compensation arrangement? . . . . .</p> <p>If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.</p>	<b>4c</b>	✓
<p><b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.</b></p>		
<p><b>5</b> 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:</p>		
<p><b>a</b> The organization? . . . . .</p>	<b>5a</b>	✓
<p><b>b</b> Any related organization? . . . . .</p> <p>If "Yes" on line 5a or 5b, describe in Part III.</p>	<b>5b</b>	✓
<p><b>6</b> 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:</p>		
<p><b>a</b> The organization? . . . . .</p>	<b>6a</b>	✓
<p><b>b</b> Any related organization? . . . . .</p> <p>If "Yes" on line 6a or 6b, describe in Part III.</p>	<b>6b</b>	✓
<p><b>7</b> 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 . . . . .</p>	<b>7</b>	✓
<p><b>8</b> 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 . . . . .</p>	<b>8</b>	✓
<p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . .</p>	<b>9</b>	

**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	(i)	739,355	0	0	34,200	20,085	793,640	0
	PRESIDENT AND CEO	(ii)	0	0	0	0	0	0	0
<b>2</b>	PAUL MCENTIRE	(i)	595,696	0	0	34,200	18,418	648,314	0
	EXECUTIVE VICE PRESIDENT, CHIEF OPERATING OFFICER	(ii)	0	0	0	0	0	0	0
<b>3</b>	DAVID BYRD	(i)	389,629	0	0	34,200	16,028	439,857	0
	SENIOR VICE PRESIDENT, MOVEMENT ADVANCEMENT	(ii)	0	0	0	0	0	0	0
<b>4</b>	REBECCA BOWEN	(i)	382,370	0	0	34,200	15,943	432,513	0
	EXECUTIVE VICE PRESIDENT, CHIEF ADVANCEMENT OFFICER	(ii)	0	0	0	0	0	0	0
<b>5</b>	KARYN KIRK	(i)	374,107	0	0	34,200	15,848	424,155	0
	EXECUTIVE VICE PRESIDENT & GENERAL COUNSEL	(ii)	0	0	0	0	0	0	0
<b>6</b>	NANCY L OWENS	(i)	358,406	0	0	34,200	15,666	408,272	0
	SENIOR VICE PRESIDENT, CHIEF FINANCIAL OFFICER	(ii)	0	0	0	0	0	0	0
<b>7</b>	ROBERT DENTON	(i)	326,564	0	0	34,200	15,296	376,060	0
	SENIOR VICE PRESIDENT, CHIEF GOVERNMENT AFFAIRS OFFICER	(ii)	0	0	0	0	0	0	0
<b>8</b>	SHAWN BORZELLERI	(i)	325,620	0	0	34,200	15,285	375,105	0
	SENIOR VICE PRESIDENT, SERVICE DELIVERY PROGRAM DEVELOPMENT OFFICER	(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)							

**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

**2020**

Open to Public Inspection

Name of the Organization  
**NATIONAL COUNCIL OF YMCAS OF THE USA**

Employer Identification Number  
**36-3258696**

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 4A - PROGRAM SERVICE DESCRIPTION	OFFER HOUSING TO THE INCREASING NUMBER OF PEOPLE FACING HOMELESSNESS AS A RESULT OF THE ECONOMIC CRISIS. YS ALSO FOUND WAYS TO STAY CONNECTED WITH THE SENIOR MEMBERS OF THEIR COMMUNITIES BY CONDUCTING WELLNESS CHECK-INS ON THOSE FACING SOCIAL ISOLATION WHILE COMMUNITIES WERE LOCKED DOWN. YS ALSO PARTNERED WITH THE AMERICAN RED CROSS TO HOST BLOOD DRIVES TO HELP BOOST SUPPLY WHEN PEOPLE WERE HESITANT TO LEAVE THEIR HOMES. AS COMMUNITIES BEGAN TO REOPEN, YS EXPANDED THESE SERVICES TO HELP REACH THE BROADER POPULATION
FORM 990, PART III, LINE 4B - PROGRAM SERVICE DESCRIPTION	CAMP. AS SUMMER TRANSITIONED TO BACK-TO-SCHOOL, THE Y REALIZED CHILD CARE AND REMOTE SCHOOLING WOULD CONTINUE TO BE A BIG CONCERN FOR PARENTS. TO ADDRESS THIS CONCERN, HUNDREDS OF Y FACILITIES WERE TRANSFORMED TO OFFER VIRTUAL LEARNING SPACES TO SCHOOL-AGED CHILDREN. THESE SPACES PROVIDED THE OPPORTUNITY FOR CHILDREN TO PARTICIPATE IN SUPERVISED REMOTE SCHOOLING SO THEIR PARENTS COULD RETURN TO WORK. AS COMMUNITIES REOPEN, YS ARE OFFERING YOUTH SPORTS PROGRAMS WHICH PROVIDE A HEALTHY OUTLET FOR CHILDREN TO GAIN NEW SKILLS, DEVELOP A SENSE OF TEAMWORK AND CONNECT WITH POSITIVE ROLE MODELS. EVEN IN A VIRTUAL WORLD, THE Y'S YOUTH AND GOVERNMENT PROGRAM CONTINUED TO PROVIDE THOUSANDS OF TEENS NATIONWIDE WITH THE OPPORTUNITY TO IMMERSE THEMSELVES IN EXPERIENTIAL CIVIC ENGAGEMENT AND PRACTICE DEMOCRACY IN THEIR COMMUNITIES.
FORM 990, PART III, LINE 4C - PROGRAM SERVICE DESCRIPTION	AGAIN, YS ROSE TO THE CHALLENGES THAT COVID-19 PRESENTED AND FOUND NEW WAYS TO PROVIDE SAFETY AROUND WATER AND SWIM INSTRUCTION WHILE PRACTICING SAFETY PROTOCOLS.
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 04/16/2021, A COPY WAS PROVIDED TO EACH MEMBER OF THE BOARD OF DIRECTORS WHERE IT WAS APPROVED ON 04/29/2021 PRIOR TO FILING.
FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY	ANNUALLY, Y-USA PROVIDES ITS DIRECTORS, OFFICERS, NATIONAL BOARD COMMITTEE MEMBERS AND SELECT STAFF WITH THE CONFLICT OF INTEREST POLICY AND FORM DISCLOSURE. EACH PERSON IS REQUIRED TO COMPLETE THE STATEMENT OF DISCLOSURE AND RETURN IT TO THE OFFICE OF THE GENERAL COUNSEL. THE RESULTS ARE THEN SHARED WITH Y-USA'S AUDIT COMMITTEE, AND FOLLOW UP IS CONDUCTED AS NECESSARY. POTENTIAL CONFLICTS THAT ARISE BETWEEN DISCLOSURE STATEMENTS ARE TO BE DISCLOSED TO THE OFFICE OF THE GENERAL COUNSEL OR THE CHIEF COMPLIANCE OFFICER IMMEDIATELY. EACH OCCURRENCE IS SEPARATELY REVIEWED AND MANAGED, SUCH AS HAVING BOARD MEMBERS RECUSE THEMSELVES OR HAVING EMPLOYEES LIMIT THE NATURE OF THEIR OUTSIDE WORK TO AVOID ANY YMCA-RELATED WORK.
FORM 990, PART VI, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	Y-USA'S HUMAN RESOURCES STAFF PERFORMED A MARKET DATA STUDY IN DECEMBER 2019 TO DETERMINE IF OUR PAY WAS EQUITABLE FOR THE CEO AND CABINET POSITIONS. WE USED AT LEAST FOUR DATA SOURCES. ALONG WITH THE PERFORMANCE RATING OF THE STAFF, WE CALCULATED THE MERIT INCREASE USING THE SAME CRITERIA USED FOR ALL Y-USA STAFF. THE EXECUTIVE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS OF Y-USA MET WITH THE CEO AND THE EXECUTIVE V.P. OF HUMAN RESOURCES. UNANIMOUS APPROVAL WAS GIVEN. ALL COMPENSATION DECISIONS AND REPORTS ARE CONTEMPORANEOUSLY DOCUMENTED IN THE MINUTES OF THE MEETING WHEN THE EXECUTIVE COMPENSATION COMMITTEE OF THE NATIONAL BOARD OF DIRECTORS MAKES THOSE DECISIONS.
FORM 990, PART VI, LINE 15B - PROCESS TO ESTABLISH COMPENSATION OF OTHER OFFICERS OR KEY EMPLOYEES	THE AFOREMENTIONED PROCESS TO ESTABLISH COMPENSATION WAS USED FOR Y-USA'S OFFICERS AS WELL AS ALL OTHER MEMBERS OF Y-USA'S LEADERSHIP GROUP.
FORM 990, PART VI, LINE 17 - STATES WITH WHICH A COPY OF THIS FORM 990 IS REQUIRED TO BE FILED	CA, CO, CT, DC, FL, GA, HI, IL, IN, KS, KY, MA, MD, ME, MI, MN, MS, MT, ND, NH, NJ, NM, NV, NY, OH, OK, OR, PA, RI, SC, TN, TX, UT, VA, WA, WI, WV
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	OUR AUDITED FINANCIAL STATEMENTS AND FORM 1023 ARE LOCATED ON OUR WEB SITE. OUR CONSTITUTION, BY-LAWS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST.

Return Reference - Identifier	Explanation				
FORM 990, PART IX, LINE 11G - OTHER FEES FOR SERVICES	(a) Description	(b) Total Expenses	(c) Program Service Expenses	(d) Management and General Expenses	(e) Fundraising Expenses
	SERVICE DELIVERY AND TRAINING PARTNER YMCAS	11,821,481	11,821,481	0	
	TECHNICAL ASSISTANCE RELATED TO CHARACTER DEVELOPMENT LEARNING INSTITUTE	938,510	938,510	0	
	TECHNICAL ASSISTANCE RELATED TO OTHER HEALTHY LIVING PROGRAMS	738,743	738,743		
	CHILD SAFETY INITIATIVE	1,011,272	1,011,272		
	TECHNICAL ASSISTANCE RELATED TO OTHER SOC. RESPONSIBILITY PROGRAMS	436,565	436,565		
	OPEN Y PROGRAM DEVELOPMENT	1,080,000	0	1,080,000	
	TECHNICAL ASSISTANCE RELATED TO OTHER YOUTH DEVELOP. PROGRAMS	340,696	340,696	0	
	RESEARCH	332,922	332,922		
	NATIONAL EVENT SUPPORT & LOGISTICS	142,121	142,121		
	ALL OTHER	1,404,308	813,501	590,807	
	<b>Total</b>	<b>18,246,618</b>	<b>16,575,811</b>	<b>1,670,807</b>	<b>0</b>

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

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

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

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

Name of the organization  
**NATIONAL COUNCIL OF YMCAS OF THE USA**

Employer identification number  
**36-3258696**

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) NORTH AMERICAN YMCA DEVELOPMENT ORGANIZATION (20-0568333) 101 N WACKER DRIVE, CHICAGO, IL 60606	PHILANTHROPY	IL	461,993	491,055	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>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .		✓
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .		✓
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .		✓
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .		✓
<b>f</b> Dividends from related organization(s) . . . . .		✓
<b>g</b> Sale of assets to related organization(s) . . . . .		✓
<b>h</b> Purchase of assets from related organization(s) . . . . .		✓
<b>i</b> Exchange of assets with related organization(s) . . . . .		✓
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .		✓
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .		✓
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	✓	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .		✓
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .		✓
<b>o</b> Sharing of paid employees with related organization(s) . . . . .		✓
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .		✓
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	✓	
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	✓	
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .		✓

**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"/>	<input type="checkbox"/>