

PUBLIC DISCLOSURE COPY

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2019

Open to Public Inspection

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

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

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

Department of the Treasury
Internal Revenue Service

A For the 2019 calendar year, or tax year beginning **2019**, and ending **2020**

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 \$ **224,976,730**

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	1	Briefly describe the organization's mission or most significant activities: YMCA OF THE USA (Y-USA) IS THE NATIONAL RESOURCE OFFICE FOR THE NATION'S 2,700 YS, WHICH STRENGTHEN COMMUNITY BY NURTURING THE POTENTIAL OF KIDS, PROMOTING HEALTHY LIVING FOR ALL, AND FOSTERING SOCIAL RESPONSIBILITY.		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	25
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	25
	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	407
	6	Total number of volunteers (estimate if necessary)	6	3,400
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 39	7b	0	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 34,366,213	Current Year 43,437,498
	9	Program service revenue (Part VIII, line 2g)	83,052,150	84,415,118
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	15,419,155	6,605,798
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,789,690	2,958,931
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	134,627,208	137,417,345
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	31,595,813
14		Benefits paid to or for members (Part IX, column (A), line 4)		0
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	65,941,067	45,571,407
16a		Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b		Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,112,268		
17		Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	49,132,759	54,492,745
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	146,669,639	139,515,174	
19	Revenue less expenses. Subtract line 18 from line 12	(12,042,431)	(2,097,829)	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 151,779,650	End of Year 161,776,272
	21	Total liabilities (Part X, line 26)	30,694,723	30,120,704
	22	Net assets or fund balances. Subtract line 21 from line 20	121,084,927	131,655,568

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 **5/14/2020**
 Type or print name and title **NANCY L. OWENS, SR. VP & CHIEF FINANCIAL OFFICER**

Paid Preparer Use Only

Print/Type preparer's name **BRIDGET T. ROCHE** Preparer's signature *Bridget Roche* Date **4/13/2020** Check if self-employed PTIN **P00666837**
 Firm's name ▶ **GRANT THORNTON LLP** Firm's EIN ▶ **36-6055558**
 Firm's address ▶ **171 N. CLARK STREET, SUITE 200, CHICAGO, IL 60601** Phone no. **(312) 856-0200**

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form **990** (2019)

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] 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 [X] No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 52,495,920 including grants of \$ 16,629,998) (Revenue \$ 41,329,469)
SOCIAL RESPONSIBILITY: THE Y RESPONDS TO PRESSING SOCIAL ISSUES NATIONWIDE-AND WORLDWIDE-BY ACTIVATING RESOURCES AND UNITING PEOPLE FROM DIVERSE BACKGROUNDS FOR INDIVIDUAL AND COLLECTIVE ACTION. IN 2019, TO STRENGTHEN THE CAPACITY OF YS TO ENGAGE, ADVOCATE FOR, AND SERVE ALL MEMBERS OF OUR CHANGING COMMUNITIES, PARTICULARLY THOSE WHO ARE MOST MARGINALIZED, Y-USA EXPANDED ITS DIVERSITY, INCLUSION AND GLOBAL INNOVATION NETWORK TO 89 Y ASSOCIATIONS (SERVING HUNDREDS OF COMMUNITIES, INCLUDING 22 OF THE 25 MOST POPULOUS U.S. CITIES). THANKS TO THE LEARNINGS AND BEST PRACTICES EMERGING FROM INCLUSION PROJECTS TARGETING SPECIFIC DEMOGRAPHICS, YMCAS ACROSS THE NATION HAVE INCREASED THE ENGAGEMENT AND SUPPORT OF HISTORICALLY UNDERSERVED AND MARGINALIZED POPULATIONS. THROUGH 18 Y ASSOCIATIONS, 35 YMCA NEW AMERICAN WELCOME CENTER SITES ENGAGED MORE THAN 300,000 NEW IMMIGRANT AND RECEIVING COMMUNITIES THROUGH A MYRIAD OF SUPPORT SERVICES, REFERRALS AND COMMUNITY ENGAGEMENT EXPERIENCES. ADDITIONALLY, 174 Y ASSOCIATIONS HOSTED WELCOMING WEEK EVENTS TO CONNECT (CONTINUED ON SCHEDULE O)

4b (Code:) (Expenses \$ 46,718,610 including grants of \$ 18,122,560) (Revenue \$ 25,004,384)
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. IN 2019, 62 Y ASSOCIATIONS ENGAGED HUNDREDS OF DIVERSE YOUNG PEOPLE TO PARTICIPATE IN YMCA175, A GLOBAL YOUTH EVENT HELD IN LONDON, ENGLAND TO CELEBRATE THE Y'S 175TH ANNIVERSARY. THE U.S. DELEGATION JOINED YOUTH Y LEADERS FROM 100 COUNTRIES TO STRENGTHEN THEIR CROSS-CULTURAL UNDERSTANDING, DISCUSS THE MOST PRESSING SOCIAL CHALLENGES AND IDENTIFY SOLUTIONS TO IMPLEMENT LOCALLY. YS ACROSS THE NATION REACH 11 PERCENT OF ALL CHILDREN UNDER 17 AND ARE COMMITTED TO OFFERING PROGRAMS AND SERVICES THAT CONTRIBUTE TO THEIR HOLISTIC WELL-BEING. YMCA ACADEMIC READINESS PROGRAMS LIKE Y ACHIEVERS OR THE VARIETY OF STEM PROGRAMS OFFERED AT YS HELP YOUNG PEOPLE ACCESS THE SUPPORT NEEDED TO REACH THEIR FULL POTENTIAL. TO ADDRESS THE CRITICAL SOCIAL (CONTINUED ON SCHEDULE O)

4c (Code:) (Expenses \$ 26,516,284 including grants of \$ 4,698,464) (Revenue \$ 18,081,265)
HEALTHY LIVING: THE Y IS COMMITTED TO IMPROVING THE NATION'S HEALTH, WHICH IS WHY WE ARE DEDICATED TO PROMOTING WELLNESS, HELPING PEOPLE REDUCE THEIR RISK FOR CHRONIC DISEASES, AND PROVIDING ACCESS TO TOOLS AND SUPPORT TO HELP INDIVIDUALS RECLAIM AND SUSTAIN POSITIVE HEALTH OUTCOMES. IN 2019, TO ADDRESS THE CRITICAL SOCIAL ISSUE OF MORE THAN 80 MILLION AMERICANS LIVING WITH HIGH BLOOD PRESSURE, AN ADDITIONAL 37 Y ASSOCIATIONS WERE ONBOARDED TO DELIVER THE YMCA'S BLOOD PRESSURE SELF-MONITORING PROGRAM. CURRENTLY, 204 ASSOCIATIONS DELIVER THIS PROGRAM IN 651 SITES NATIONWIDE. TO HELP INDIVIDUALS LIVING WITH ARTHRITIS, AN ADDITIONAL 23 Y ASSOCIATIONS OFFERED THE ENHANCE@FITNESS PROGRAM, BRINGING THE TOTAL NUMBER OF ASSOCIATIONS TO 235. IN 2019 THE Y SERVED 4,587 INDIVIDUALS THROUGH THE ENHANCE@FITNESS PROGRAM, BRINGING THE TOTAL SERVED TO NEARLY 34,000. THE Y RECEIVED GENEROUS SUPPORT FROM THE CENTERS FOR DISEASE CONTROL AND PREVENTION TO SUPPORT THE EXPANSION OF BOTH PROGRAMS. COMMUNITY DELIVERED PROGRAMS LIKE THESE BRING HEALTH CARE TO NON-CLINICAL SETTINGS, MAKING PREVENTIVE SERVICES MORE ACCESSIBLE TO ALL NATIONWIDE.

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

4e Total program service expenses 125,730,814

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3 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"/>
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 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"/>
8 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"/>
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10 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"/>
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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"/>
c Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e 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"/>
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12a 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 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"/>
13 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"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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"/>
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
18 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"/>
19 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"/>
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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"/>
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <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
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	<input type="checkbox"/>	<input type="checkbox"/>
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	<input type="checkbox"/>	<input type="checkbox"/>
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	<input type="checkbox"/>	<input type="checkbox"/>
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c 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 type="checkbox"/>	<input checked="" type="checkbox"/>
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	<input checked="" type="checkbox"/>	<input 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
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c 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"/>	<input type="checkbox"/>

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 407		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	✓	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		✓
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	✓	
b	If "Yes," enter the name of the foreign country ▶ <u>IS</u> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		✓
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	✓
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	✓
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	✓

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 25		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 25		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		<input checked="" type="checkbox"/>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		<input checked="" type="checkbox"/>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<input checked="" type="checkbox"/>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		<input checked="" type="checkbox"/>
6	Did the organization have members or stockholders?		<input checked="" type="checkbox"/>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		<input checked="" type="checkbox"/>
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"/>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	<input checked="" type="checkbox"/>	
b	Each committee with authority to act on behalf of the governing body?	<input checked="" type="checkbox"/>	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		<input checked="" type="checkbox"/>

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		<input checked="" type="checkbox"/>
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?		
11a	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	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	<input checked="" type="checkbox"/>	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<input checked="" type="checkbox"/>	
c	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"/>	
13	Did the organization have a written whistleblower policy?	<input checked="" type="checkbox"/>	
14	Did the organization have a written document retention and destruction policy?	<input checked="" type="checkbox"/>	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	<input checked="" type="checkbox"/>	
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	<input checked="" type="checkbox"/>	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		<input checked="" type="checkbox"/>
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) PAMELA DAVIES CHAIR-ELECT	3.0	✓		✓				0	0	0
(2) MATTHEW HYDE CHAIR	4.0	✓		✓				0	0	0
(3) CARLA MORADI TREASURER	4.0	✓		✓				0	0	0
(4) JANICE REALS ELLIG SECRETARY	4.0	✓		✓				0	0	0
(5) VALERIE ASHBY, PH.D. BOARD MEMBER	2.0	✓						0	0	0
(6) JOHN BAIRD BOARD MEMBER	2.0	✓						0	0	0
(7) DAVID A BARAHONA BOARD MEMBER	2.0	✓						0	0	0
(8) JED BERNSTEIN BOARD MEMBER	2.0	✓						0	0	0
(9) KEVIN BOLDING BOARD MEMBER	2.0	✓						0	0	0
(10) JENNIE CARLSON BOARD MEMBER THROUGH 08/2019	2.0	✓						0	0	0
(11) CARLA CHAVARRIA BOARD MEMBER	2.0	✓						0	0	0
(12) GARY COBBS BOARD MEMBER	2.0	✓						0	0	0
(13) JOHN G CONLEY BOARD MEMBER	2.0	✓						0	0	0
(14) ANNE DERBER BOARD MEMBER THROUGH 03/2019	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) DIANE DEWBREY BOARD MEMBER	2.0	<input checked="" type="checkbox"/>						0	0	0
(16) MICHAEL C EICHER BOARD MEMBER THROUGH 02/2019	2.0	<input checked="" type="checkbox"/>						0	0	0
(17) HUGH A FITZPATRICK BOARD MEMBER THROUGH 02/2019	2.0	<input checked="" type="checkbox"/>						0	0	0
(18) MATTHEW FURMAN BOARD MEMBER	2.0	<input checked="" type="checkbox"/>						0	0	0
(19) WALTER GLOVER BOARD MEMBER	2.0	<input checked="" type="checkbox"/>						0	0	0
(20) VALARIE GOMEZ BOARD MEMBER	2.0	<input checked="" type="checkbox"/>						0	0	0
(21) GLEN GUNDERSON BOARD MEMBER	2.0	<input checked="" type="checkbox"/>						0	0	0
(22) TRENT HAYWOOD, MD BOARD MEMBER	2.0	<input checked="" type="checkbox"/>						0	0	0
(23) JAMES JOHNSON, JR. PH.D. BOARD MEMBER	2.0	<input checked="" type="checkbox"/>						0	0	0
(24) HON. RICHARD A JONES BOARD MEMBER THROUGH 02/2019	2.0	<input checked="" type="checkbox"/>						0	0	0
(25) (SEE STATEMENT)										
1b Subtotal								0	0	0
c Total from continuation sheets to Part VII, Section A								3,647,379	0	399,007
d Total (add lines 1b and 1c)								3,647,379	0	399,007

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 **▶** 144

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
KELLY SCOTT AND MADISON, 23983 NETWORK PLACE, CHICAGO, IL 60673-1239	MEDIA PLANNING AND BUYING	1,520,528
PRAESIDIUM, INC., 624 SIX FLAGS DRIVE, SUITE 110, ARLINGTON, TX 76011	CHILD SAFETY INITIATIVE	1,115,950
CATALYST PUBLIC RELATIONS, LLC, 1360 EAST 9TH STREET, SUITE 100, CLEVELAND, OH 44114-1782	PUBLIC RELATIONS STRATEGY AND ACTIVATION	1,028,612
THE BRIDGESPAN GROUP, 2 COPLEY PLACE, 7TH FLOOR, SUITE 3700B, BOSTON, MA 02116	STRATEGIC PLAN CONSULTING AND IMPLEMENTATION	785,000
BAV GROUP, 3 COLUMBUS CIRCLE, NEW YORK, NY 10019	BRAND HEALTH RESEARCH	730,905

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 **▶** 75

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514		
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a 0					
	b	Membership dues	1b 0					
	c	Fundraising events	1c 0					
	d	Related organizations	1d 0					
	e	Government grants (contributions)	1e 6,868,470					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 36,569,028					
	g	Noncash contributions included in lines 1a-1f	1g \$ 1,562					
	h	Total. Add lines 1a-1f		43,437,498				
	Program Service Revenue			Business Code				
2a		SOCIAL RESPONSIBILITY	813410	41,329,469	41,329,469			
b		YOUTH DEVELOPMENT	813410	25,004,384	25,004,384			
c		HEALTHY LIVING	813410	18,081,265	18,081,265			
d								
e								
f		All other program service revenue		0	0	0		
g	Total. Add lines 2a-2f		84,415,118					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		963,035	0	0	963,035	
	4	Income from investment of tax-exempt bond proceeds		0	0	0	0	
	5	Royalties		404,973	0	0	404,973	
	6a	Gross rents	(i) Real	0				
			(ii) Personal	0				
			6b	Less: rental expenses	0			
			6c	Rental income or (loss)	0			
	d	Net rental income or (loss)		0	0	0	0	
	7a	Gross amount from sales of assets other than inventory	(i) Securities	93,202,148				
			(ii) Other	0				
			7b	Less: cost or other basis and sales expenses	87,559,385			
			7c	Gain or (loss)	5,642,763			
	d	Net gain or (loss)		5,642,763	0	0	5,642,763	
	8a	Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c). See Part IV, line 18	8a 0					
	b	Less: direct expenses	8b 0					
	c	Net income or (loss) from fundraising events		0		0	0	
	9a	Gross income from gaming activities. See Part IV, line 19	9a 0					
9b 0								
c Net income or (loss) from gaming activities				0	0	0	0	
10a	Gross sales of inventory, less returns and allowances	10a 0						
		10b 0						
		c Net income or (loss) from sales of inventory		0	0	0	0	
Miscellaneous Revenue			Business Code					
	11a	VENDOR BOOTH REVENUE	900004	1,315,605	0	0	1,315,605	
	b	REIMB. OF FROM VARIOUS Y ORGS.	900099	588,592	0	0	588,592	
	c	REBATE REVENUE	900099	295,814	0	0	295,814	
	d	All other revenue	900099	353,947	0	0	353,947	
e	Total. Add lines 11a-11d		2,553,958					
12	Total revenue. See instructions		137,417,345	84,415,118	0	9,564,729		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	37,568,874	37,568,874		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	25,048	25,048		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	1,857,100	1,857,100		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	1,611,175	535,529	810,593	265,053
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7	Other salaries and wages	33,492,258	29,972,456	2,393,013	1,126,789
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	3,682,349	3,193,760	355,292	133,297
9	Other employee benefits	4,121,648	3,378,041	638,571	105,036
10	Payroll taxes	2,663,977	2,197,680	385,651	80,646
11	Fees for services (nonemployees):				
a	Management	0	0	0	0
b	Legal	474,362	264,171	210,191	0
c	Accounting	396,817	0	396,817	0
d	Lobbying	395,000	395,000	0	0
e	Professional fundraising services. See Part IV, line 17	0			0
f	Investment management fees	406,616	0	406,616	0
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	23,065,424	20,640,805	2,424,619	0
12	Advertising and promotion	6,292,951	6,292,951	0	0
13	Office expenses	2,419,796	1,778,910	602,869	38,017
14	Information technology	3,622,476	3,346,960	275,516	0
15	Royalties	0	0	0	0
16	Occupancy	2,741,977	2,192,014	454,734	95,229
17	Travel	5,638,688	4,727,349	643,138	268,201
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings	4,662,582	4,465,284	197,298	0
20	Interest	303,301	249,308	53,993	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization	2,004,491	1,703,098	301,393	0
23	Insurance	827,520	703,095	124,425	0
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	<u>ORGANIZATIONAL DUES</u>	723,943	60,643	663,300	0
b	<u>PROV. FOR UNCOLLECTIBLES</u>	506,683	182,738	323,945	0
c	-----	0	0	0	0
d	-----				
e	All other expenses	10,118	0	10,118	0
25	Total functional expenses. Add lines 1 through 24e	139,515,174	125,730,814	11,672,092	2,112,268
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	500	1	500
	2 Savings and temporary cash investments	18,644,038	2	35,519,333
	3 Pledges and grants receivable, net	21,414,934	3	20,448,557
	4 Accounts receivable, net	9,658,533	4	2,587,436
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	0
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	1,245,031	9	1,180,266
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	35,001,083		
	b Less: accumulated depreciation	26,986,750		
	11 Investments—publicly traded securities	8,523,448	10c	8,014,333
	12 Investments—other securities. See Part IV, line 11	59,245,651	11	54,989,305
	13 Investments—program-related. See Part IV, line 11	24,455,401	12	29,921,918
	14 Intangible assets	1,000	13	1,000
	15 Other assets. See Part IV, line 11		14	
16 Total assets. Add lines 1 through 15 (must equal line 33)	8,591,114	15	9,113,624	
	151,779,650	16	161,776,272	
Liabilities	17 Accounts payable and accrued expenses	14,798,104	17	18,672,339
	18 Grants payable	0	18	0
	19 Deferred revenue	1,169,520	19	639,748
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	9,500,000	24	6,000,000
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D	5,227,099	25	4,808,617
	26 Total liabilities. Add lines 17 through 25	30,694,723	26	30,120,704
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	30,314,391	27	41,024,388
	28 Net assets with donor restrictions	90,770,536	28	90,631,180
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	121,084,927	32	131,655,568	
33 Total liabilities and net assets/fund balances	151,779,650	33	161,776,272	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	137,417,345
2	Total expenses (must equal Part IX, column (A), line 25)	2	139,515,174
3	Revenue less expenses. Subtract line 2 from line 1	3	(2,097,829)
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	121,084,927
5	Net unrealized gains (losses) on investments	5	12,668,470
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	131,655,568

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		✓
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	✓	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	✓	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	✓	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why 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) WRIGHT L LASSITER, III ----- BOARD MEMBER THROUGH 04/2019	2.0 -----	✓						0	0	0
(26) GEORGE LEIS ----- BOARD MEMBER	2.0 -----	✓						0	0	0
(27) STEVEN J MALCOLM ----- BOARD MEMBER	2.0 -----	✓						0	0	0
(28) CHRISTOPHER PADILLA ----- BOARD MEMBER	2.0 -----	✓						0	0	0
(29) CICI ROJAS ----- BOARD MEMBER	2.0 -----	✓						0	0	0
(30) LILIANA GIL VALLETTA ----- BOARD MEMBER	2.0 -----	✓						0	0	0
(31) CARRIE WALL ----- BOARD MEMBER THROUGH 02/2019	2.0 -----	✓						0	0	0
(32) JULIE WATKINS ----- BOARD MEMBER	2.0 -----	✓						0	0	0
(33) KEVIN WASHINGTON ----- PRESIDENT AND CEO	50.0 -----			✓				733,130	0	53,008
(34) PAUL MCENTIRE ----- EXECUTIVE VICE PRESIDENT, CHIEF OPERATING OFFICER	50.0 -----					✓		584,130	0	51,325
(35) KEVIN LUTZ ----- SENIOR VICE PRESIDENT, CHIEF INFORMATION OFFICER	50.0 -----					✓		464,522	0	49,973
(36) JAQUELINE GORDON ----- EXECUTIVE VICE PRESIDENT, CHIEF HUMAN RESOURCES OFFICER	50.0 -----					✓		441,760	0	49,716
(37) NANCY L OWENS ----- SENIOR VICE PRESIDENT, CHIEF FINANCIAL OFFICER	50.0 -----			✓				374,725	0	48,958
(38) REBECCA BOWEN ----- EXECUTIVE VICE PRESIDENT, CHIEF ADVANCEMENT OFFICER	50.0 -----					✓		369,719	0	48,902
(39) KARYN BOSTON ----- EXECUTIVE VICE PRESIDENT & GENERAL COUNSEL	50.0 -----			✓				352,645	0	48,709
(40) SHAWN BORZELLERI ----- SENIOR VICE PRESIDENT, SERVICE DELIVERY PROGRAM DEVELOPMENT OFFICER	50.0 -----					✓		326,748	0	48,416

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ.

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

Name of the organization NATIONAL COUNCIL OF YMCAS OF THE USA	Employer identification number 36-3258696
---	---

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33¹/₃% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	51,659,936	46,110,629	29,334,181	31,442,073	22,036,865	180,583,684
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	69,629,903	79,701,816	79,417,908	83,052,150	84,415,118	396,216,895
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 Total. Add lines 1 through 5	121,289,839	125,812,445	108,752,089	114,494,223	106,451,983	576,800,579
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	78,308	93,394	126,284	104,183	91,300	493,469
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	0	0	0	0	0	0
c Add lines 7a and 7b	78,308	93,394	126,284	104,183	91,300	493,469
8 Public support. (Subtract line 7c from line 6.)						576,307,110

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6	121,289,839	125,812,445	108,752,089	114,494,223	106,451,983	576,800,579
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	16,195,623	13,639,805	16,130,232	4,249,175	22,768,641	72,983,476
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0	0	0	0	0	0
c Add lines 10a and 10b	16,195,623	13,639,805	16,130,232	4,249,175	22,768,641	72,983,476
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	1,359,941	2,316,963	2,891,214	1,491,530	2,553,958	10,613,606
13 Total support. (Add lines 9, 10c, 11, and 12.)	138,845,403	141,769,213	127,773,535	120,234,928	131,774,582	660,397,661
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	87.27 %
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	88.75 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	11.05 %
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	9.72 %
19a 33 1/3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
b 33 1/3% support tests—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ <input type="checkbox"/>		

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
5b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
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 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
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

- 1** Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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

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

Section D—Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

Part VI

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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	(1) REIMBURSEMENT FROM OTHER YMCA ORGS.	656,552	645,155	1,260,533	711,978	588,592	3,862,810
	(2) VENDOR BOOTH REVENUE	347,150	1,153,100	413,291	499,702	1,315,605	3,728,848
	(3) REBATES	232,879	518,708	207,259	257,395	295,814	1,512,055
	(4) REIMBURSEMENT OF PRIOR YEAR ITEMS	123,360	0	10,131	22,455	85,652	241,598
	(5) ARBITRATION AWARD	0	0	1,000,000	0	268,295	1,268,295

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2019

Name of the organization
NATIONAL COUNCIL OF YMCAS OF THE USA

Employer identification number
36-3258696

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

- 501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

Name of organization NATIONAL COUNCIL OF YMCAS OF THE USA	Employer identification number 36-3258696
---	---

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	----- ----- -----	\$ 25,177,215	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	----- ----- -----	\$ 6,000,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	----- ----- -----	\$ 5,128,254	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	----- ----- -----	\$ 1,000,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	----- ----- -----	\$ 922,804	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	----- ----- -----	\$ 750,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

NATIONAL COUNCIL OF YMCAS OF THE USA

Employer identification number

36-3258696

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	----- ----- -----	\$ ----- 350,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	----- ----- -----	\$ ----- 304,636	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	----- ----- -----	\$ ----- 300,320	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	----- ----- -----	\$ ----- 286,293	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	----- ----- -----	\$ ----- 225,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	----- ----- -----	\$ ----- 200,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NATIONAL COUNCIL OF YMCAS OF THE USA	Employer identification number 36-3258696
---	---

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	----- ----- -----	\$ 199,932	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	----- ----- -----	\$ 176,470	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	----- ----- -----	\$ 154,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	----- ----- -----	\$ 123,489	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	----- ----- -----	\$ 100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	----- ----- -----	\$ 100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

NATIONAL COUNCIL OF YMCAS OF THE USA

Employer identification number

36-3258696

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	----- ----- -----	\$ 71,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	----- ----- -----	\$ 54,328	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	----- ----- -----	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	----- ----- -----	\$ 40,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	----- ----- -----	\$ 35,145	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	----- ----- -----	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NATIONAL COUNCIL OF YMCAS OF THE USA	Employer identification number 36-3258696
---	---

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	----- ----- -----	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	----- ----- -----	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	----- ----- -----	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	----- ----- -----	\$ 19,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	----- ----- -----	\$ 14,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	----- ----- -----	\$ 12,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NATIONAL COUNCIL OF YMCAS OF THE USA	Employer identification number 36-3258696
---	---

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	----- ----- -----	\$ 11,726	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	----- ----- -----	\$ 11,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	----- ----- -----	\$ 11,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	----- ----- -----	\$ 11,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	----- ----- -----	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	----- ----- -----	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NATIONAL COUNCIL OF YMCAS OF THE USA	Employer identification number 36-3258696
---	---

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	----- ----- -----	\$ ----- 7,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38	----- ----- -----	\$ ----- 6,800	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39	----- ----- -----	\$ ----- 6,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40	----- ----- -----	\$ ----- 5,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41	----- ----- -----	\$ ----- 5,200	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42	----- ----- -----	\$ ----- 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NATIONAL COUNCIL OF YMCAS OF THE USA	Employer identification number 36-3258696
---	---

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	----- ----- -----	\$ ----- 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44	----- ----- -----	\$ ----- 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization
NATIONAL COUNCIL OF YMCAS OF THE USA

Employer identification number
36-3258696

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

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

Name of organization NATIONAL COUNCIL OF YMCAS OF THE USA	Employer identification number 36-3258696
---	---

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2019

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 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 NATIONAL COUNCIL OF YMCAS OF THE USA	Employer identification number 36-3258696
---	---

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

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

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

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

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

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grassroots lobbying)	0													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	395,000													
c	Total lobbying expenditures (add lines 1a and 1b)	395,000													
d	Other exempt purpose expenditures	125,335,814													
e	Total exempt purpose expenditures (add lines 1c and 1d)	125,730,814													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000													
<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.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000													
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0													
i	Subtract line 1f from line 1c. If zero or less, enter -0-	0													
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column (e))					6,000,000
c Total lobbying expenditures	390,000	390,000	400,000	395,000	1,575,000
d Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures	0	0	0	0	0

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

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

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

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

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization: NATIONAL COUNCIL OF YMCAS OF THE USA; Employer identification number: 36-3258696

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

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

Form for Part II Conservation Easements, including questions 1-9 and a table for lines 2a-2d regarding conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets, including questions 1a-2b regarding art collections.

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 |
|---|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f 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
1a Beginning of year balance	87,552,513	98,559,417	85,226,226	83,381,593	84,200,182
b Contributions	0	0	0	0	2,547,903
c Net investment earnings, gains, and losses	18,654,578	(4,446,633)	17,701,977	6,005,806	1,081,588
d Grants or scholarships	3,920,000	3,960,000	3,800,000	3,630,000	3,900,000
e Other expenditures for facilities and programs	17,000,000	2,000,000	0	0	0
f Administrative expenses	406,615	600,271	568,786	531,173	548,080
g End of year balance	84,880,476	87,552,513	98,559,417	85,226,226	83,381,593

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment **▶** 51.70 %
 - b** Permanent endowment **▶** 12.50 %
 - c** Term endowment **▶** 35.80 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|------------------------------------|--------------------------|-------------------------------------|
| (i) Unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- 3b**
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0	346,123	0	346,123
b Buildings	0	1,419,424	1,419,424	0
c Leasehold improvements	0	7,379,643	4,572,039	2,807,604
d Equipment	0	25,855,893	20,995,287	4,860,606
e Other	0	0	0	0
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				8,014,333

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) COMMINGLED FUNDS	16,626,090	END OF YEAR MARKET VALUE
(B) LIMITED PARTNERSHIPS	13,295,828	END OF YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	29,921,918	

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) UNEMPLOYMENT TRUST	89,484
(2) INTEREST IN PERPETUAL TRUSTS	8,774,140
(3) DOMAIN NAME	250,000
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	9,113,624

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED RENT	4,808,617
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	4,808,617

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) for adjustments. Total revenue per audited financial statements is 208,036,776. Adjustments include net unrealized gains (12,668,470) and donated services (58,357,577). Total revenue after adjustments is 137,417,345.

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) for adjustments. Total expenses and losses per audited financial statements is 197,466,135. Adjustments include donated services (58,357,577) and prior year adjustments. Total expenses after adjustments is 139,515,174.

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

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

2019

Open to Public Inspection

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.**
▶ **Attach to Form 990.**

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

Department of the Treasury
Internal Revenue Service

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		303,157
(2) EAST ASIA AND THE PACIFIC	0	0	GRANTMAKING		71,823
(3) EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	GRANTMAKING		431,413
(4) MIDDLE EAST AND NORTH AFRICA	0	0	GRANTMAKING		92,767
(5) NORTH AMERICA (CANADA & MEXICO ONLY)	0	0	GRANTMAKING		127,117
(6) RUSSIA AND NEIGHBORING STATES	0	0	GRANTMAKING		64,000
(7) SOUTH AMERICA	0	0	GRANTMAKING		240,732
(8) SOUTH ASIA	0	0	GRANTMAKING		22,151
(9) SUB-SAHARAN AFRICA	0	0	GRANTMAKING		503,940
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal	0	0			1,857,100
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	0			1,857,100

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	348,375	WIRE TRANSFER			
(2)			SUB-SAHARAN AFRICA	PROGRAM SUPPORT	147,461	WIRE TRANSFER			
(3)			SUB-SAHARAN AFRICA	PROGRAM SUPPORT	137,078	WIRE TRANSFER			
(4)			CENTRAL AMERICA AND THE CARIBBEAN	PROGRAM SUPPORT	115,400	WIRE TRANSFER			
(5)			NORTH AMERICA (CANADA & MEXICO ONLY)	PROGRAM SUPPORT	108,367	WIRE TRANSFER			
(6)			CENTRAL AMERICA AND THE CARIBBEAN	PROGRAM SUPPORT	107,553	WIRE TRANSFER			
(7)			SOUTH AMERICA	PROGRAM SUPPORT	93,098	WIRE TRANSFER			
(8)			SUB-SAHARAN AFRICA	PROGRAM SUPPORT	91,123	WIRE TRANSFER			
(9)			MIDDLE EAST AND NORTH AFRICA	PROGRAM SUPPORT	67,000	WIRE TRANSFER			
(10)			EAST ASIA AND THE PACIFIC	PROGRAM SUPPORT	62,856	WIRE TRANSFER			
(11)			SUB-SAHARAN AFRICA	PROGRAM SUPPORT	55,000	WIRE TRANSFER			
(12)			EUROPE (INCLUDING ICELAND AND GREENLAND)	PROGRAM SUPPORT	38,428	WIRE TRANSFER			
(13)			RUSSIA AND NEIGHBORING STATES	PROGRAM SUPPORT	30,000	WIRE TRANSFER			
(14)			SOUTH AMERICA	PROGRAM SUPPORT	29,500	WIRE TRANSFER			
(15)			SUB-SAHARAN AFRICA	PROGRAM SUPPORT	28,277	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 tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶ 37

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)		MIDDLE EAST AND NORTH AFRICA	PROGRAM SUPPORT	25,768	WIRE TRANSFER			
(17)		CENTRAL AMERICA AND THE CARIBBEAN	PROGRAM SUPPORT	25,000	WIRE TRANSFER			
(18)		SOUTH AMERICA	PROGRAM SUPPORT	24,500	WIRE TRANSFER			
(19)		EUROPE (INCLUDING ICELAND AND GREENLAND)	PROGRAM SUPPORT	23,360	WIRE TRANSFER			
(20)		CENTRAL AMERICA AND THE CARIBBEAN	PROGRAM SUPPORT	21,000	WIRE TRANSFER			
(21)		EUROPE (INCLUDING ICELAND AND GREENLAND)	PROGRAM SUPPORT	20,000	WIRE TRANSFER			
(22)		RUSSIA AND NEIGHBORING STATES	PROGRAM SUPPORT	20,000	WIRE TRANSFER			
(23)		SOUTH AMERICA	PROGRAM SUPPORT	20,000	WIRE TRANSFER			
(24)		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	20,000	WIRE TRANSFER			
(25)		SOUTH AMERICA	PROGRAM SUPPORT	19,500	WIRE TRANSFER			
(26)		NORTH AMERICA (CANADA & MEXICO ONLY)	PROGRAM SUPPORT	18,750	WIRE TRANSFER			
(27)		SOUTH AMERICA	PROGRAM SUPPORT	18,383	WIRE TRANSFER			
(28)		SOUTH ASIA	PROGRAM SUPPORT	17,151	WIRE TRANSFER			
(29)		CENTRAL AMERICA AND THE CARIBBEAN	PROGRAM SUPPORT	16,205	WIRE TRANSFER			
(30)		SOUTH AMERICA	PROGRAM SUPPORT	16,000	WIRE TRANSFER			
(31)		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	15,000	WIRE TRANSFER			
(32)		RUSSIA AND NEIGHBORING STATES	PROGRAM SUPPORT	14,000	WIRE TRANSFER			
(33)		CENTRAL AMERICA AND THE CARIBBEAN	PROGRAM SUPPORT	10,000	WIRE TRANSFER			
(34)		SOUTH AMERICA	PROGRAM SUPPORT	10,000	WIRE TRANSFER			
(35)		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	10,000	WIRE TRANSFER			
(36)		CENTRAL AMERICA AND THE CARIBBEAN	PROGRAM SUPPORT	8,000	WIRE TRANSFER			
(37)		SOUTH AMERICA	PROGRAM SUPPORT	6,000	WIRE TRANSFER			

Part V

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

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization

NATIONAL COUNCIL OF YMCAS OF THE USA

Employer identification number

36-3258696

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) (SEE STATEMENT)	91-1883466	501 (C)(3)	1,954,117				ARMED SEVICES WORK
(2) (SEE STATEMENT)	59-0638514	501 (C)(3)	287,310				PROGRAM SUPPORT
(3) YMCA OF GREATER ROCHESTER 444 EAST MAIN ST, ROCHESTER, NY 14604	16-0743242	501 (C)(3)	246,077				PROGRAM SUPPORT
(4) (SEE STATEMENT)	94-0997140	501 (C)(3)	229,846				PROGRAM SUPPORT
(5) (SEE STATEMENT)	74-1109737	501 (C)(3)	217,047				PROGRAM SUPPORT
(6) BIRMINGHAM METROPOLITAN YMCA 3551 MONTGOMERY HW, BIRMINGHAM, AL 35209	63-0299894	501 (C)(3)	210,440				PROGRAM SUPPORT
(7) YMCA OF GREATER CINCINNATI 1105 ELM ST, CINCINNATI, OH 45202-7513	31-0537178	501 (C)(3)	208,980				PROGRAM SUPPORT
(8) (SEE STATEMENT)	91-0482710	501 (C)(3)	207,887				PROGRAM SUPPORT
(9) YMCA OF BOISE INC. 1177 W. STATE STREET, BOISE, ID 83702	82-0200908	501 (C)(3)	196,050				PROGRAM SUPPORT
(10) (SEE STATEMENT)	45-2563299	501 (C)(3)	193,899				PROGRAM SUPPORT
(11) YMCA OF CENTRAL MARYLAND 303 W. CHESAPEAKE AVE., BALTIMORE, MD 21204	52-0591699	501 (C)(3)	185,551				PROGRAM SUPPORT
(12) (SEE STATEMENT)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 681

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

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 SCHOLARSHIPS	27	25,048			
2					
3					
4					
5					
6					
7					

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

(SEE STATEMENT)

Part II

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(12) SOUTH SHORE YMCA KAREN ADLER, 91 LONGWATER CIRCLE, SUITE 101, NORWELL, MA 02061	04-2105881	501 (C)(3)	182,479				PROGRAM SUPPORT
(13) YMCA OF METROPOLITAN DENVER 2625 S COLORADO BLVD, ATTN: GENE DEMANINCOR, DENVER, CO 80222-5108	84-0402696	501 (C)(3)	177,820				PROGRAM SUPPORT
(14) YMCA OF GREATER LOUISVILLE 545 SOUTH 2ND STREET, LOUISVILLE, KY 40202	61-0444843	501 (C)(3)	177,002				PROGRAM SUPPORT
(15) VALLEY OF THE SUN YMCA 350 N 1ST AVE, PHOENIX, AZ 85003-1513	86-0096799	501 (C)(3)	176,754				PROGRAM SUPPORT
(16) 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)	164,547				PROGRAM SUPPORT
(17) CAMP MANITO-WISH YMCA INC. EXECUTIVE DIRECTOR / PRESIDENT, PO BOX 246, BOULDER JUNCTION, WI 54512- 0246	39-1136315	501 (C)(3)	164,068				PROGRAM SUPPORT
(18) YMCA CAMP HIGH HARBOUR AT LAKE ALLATOONA 40 OLD SANDTOWN RD, CARTERSVILLE, GA 30121	58-0566253	501 (C)(3)	162,500				PROGRAM SUPPORT
(19) YMCA OF NORTHWEST NORTH CAROLINA 301 N MAIN ST., STE. 1900, WINSTON SALEM, NC 27101-2402	56-0530015	501 (C)(3)	158,545				PROGRAM SUPPORT
(20) YMCA OF SAN DIEGO COUNTY 3708 RUFFIN RD, SAN DIEGO, CA 92123- 1641	95-2039198	501 (C)(3)	154,873				PROGRAM SUPPORT
(21) FROST VALLEY YMCA 2000 FROST VALLEY RD, CLARYVILLE, NY 12725	22-1625176	501 (C)(3)	153,476				PROGRAM SUPPORT
(22) JAMESTOWN YMCA 101 E 4TH ST, JAMESTOWN, NY 14701-5301	16-0743238	501 (C)(3)	151,462				PROGRAM SUPPORT
(23) YMCA OF GREATER TOLEDO 1500 N SUPERIOR ST, 2ND FLOOR, TOLEDO, OH 43604	34-4428262	501 (C)(3)	148,998				PROGRAM SUPPORT
(24) YMCA OF PIERCE AND KITSAP COUNTIES 4717 S 19TH ST STE 201, ATTN: ACCOUNTS RECIEVABLE, TACOMA, WA 98405	91-0565562	501 (C)(3)	144,750				PROGRAM SUPPORT
(25) OLD COLONY YMCA 320 MAIN STREET, BROCKTON, MA 02301- 5323	04-2125014	501 (C)(3)	139,767				PROGRAM SUPPORT
(26) YMCA OF RAPID CITY SOUTH DAKOTA 815 KANSAS CITY ST, RAPID CITY, SD 57701-2605	46-0227218	501 (C)(3)	138,603				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
(27) YMCA OF GREENVILLE 723 CLEVELAND ST, GREENVILLE, SC 29601	57-0314424	501 (C)(3)	136,566				PROGRAM SUPPORT
(28) THE GRANITE YMCA EXECUTIVE DIRECTOR / PRESIDENT, 30 MECHANIC ST, MANCHESTER, NH 03101-1972	02-0222248	501 (C)(3)	135,519				PROGRAM SUPPORT
(29) YMCA OF GREATER SAN ANTONIO 231 E RHAPSODY, SAN ANTONIO, TX 78216	74-1109634	501 (C)(3)	134,276				PROGRAM SUPPORT
(30) YMCA OF THE TRIANGLE AREA 801 CORPORATE CENTER DR, SUITE 200, RALEIGH, NC 27607-5073	56-0591307	501 (C)(3)	133,260				PROGRAM SUPPORT
(31) YMCA OF CENTRAL KENTUCKY 381 WEST LOUDON AVENUE, LEXINGTON, KY 40508-1409	61-0444842	501 (C)(3)	132,546				PROGRAM SUPPORT
(32) YMCA OF METROPOLITAN FORT WORTH 540 LAMAR STREET, FORT WORTH, TX 76102-3717	75-0827471	501 (C)(3)	131,877				PROGRAM SUPPORT
(33) YMCA OF METROPOLITAN DALLAS 1621 WEST WALNUT HILL LANE, IRVING, TX 75038	75-0800696	501 (C)(3)	130,852				PROGRAM SUPPORT
(34) YMCA CAMP OLSON 4160 LITTLE BOY RD NE, LONGVILLE, MN 56655	41-0967781	501 (C)(3)	129,202				PROGRAM SUPPORT
(35) YMCA OF METROPOLITAN LANSING ATTN: ROSEMARIE MARMAN, 119 N WASHINGTON SQUARE, LANSING, MI 48933	38-1359576	501 (C)(3)	128,171				PROGRAM SUPPORT
(36) YMCA OF EAU CLAIRE WISCONSIN EXECUTIVE DIRECTOR / PRESIDENT, 700 GRAHAM AVE, EAU CLAIRE, WI 54701-3896	39-0806351	501 (C)(3)	126,557				PROGRAM SUPPORT
(37) UPPER PALMETTO YMCA 151 S OAKLAND AVE, ROCK HILL, SC 29730	57-0335422	501 (C)(3)	126,469				PROGRAM SUPPORT
(38) DULUTH AREA FAMILY YMCA 302 W 1ST ST, DULUTH, MN 55802-1694	41-0693931	501 (C)(3)	124,515				PROGRAM SUPPORT
(39) YMCA OF GREATER INDIANAPOLIS 615 N ALABAMA ST, SUITE 200, INDIANAPOLIS, IN 46204-1359	35-0868211	501 (C)(3)	122,520				PROGRAM SUPPORT
(40) WILKES-BARRE FAMILY YMCA 382 CAMP KRESGE LANE, WHITE HAVEN, PA 18661	24-0795638	501 (C)(3)	121,612				PROGRAM SUPPORT
(41) GATEWAY REGION YMCA 2815 SCOTT AVE SUITE D, ST LOUIS, MO 63103	43-0653616	501 (C)(3)	120,733				PROGRAM SUPPORT
(42) YMCA OF GREATER NEW YORK ATTN: ROSALIE WHITE, 5 W 63RD STREET, 6TH FLOOR, NEW YORK, NY 10023	13-1624228	501 (C)(3)	119,873				PROGRAM SUPPORT
(43) YMCA OF THE EAST BAY 2111 MARTIN LUTHER KING WAY, BERKLEY, CA 94704	94-1156635	501 (C)(3)	115,919				PROGRAM SUPPORT
(44) YMCA OF HONOLULU 1335 KALIHI STREET, HONOLULU, HI 96819	99-0073533	501 (C)(3)	114,121				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
(45) AUSTIN METROPOLITAN YMCA 3208 RED RIVER, SUITE 200, AUSTIN, TX 78705	74-1193464	501 (C)(3)	113,478				PROGRAM SUPPORT
(46) YMCA OF GREATER BOSTON 316 HUNTINGTON AVE, BOSTON, MA 02115-5019	04-2103551	501 (C)(3)	112,355				PROGRAM SUPPORT
(47) YMCA OF METROPOLITAN CHATTANOOGA 301 W 6TH ST, CHATTANOOGA, TN 37402-1110	62-0475699	501 (C)(3)	112,204				PROGRAM SUPPORT
(48) YMCA OF GREATER CLEVELAND 1801 SUPERIOR AVE SUITE 130, CLEVELAND, OH 44114	34-0714728	501 (C)(3)	111,494				PROGRAM SUPPORT
(49) YMCA OF METROPOLITAN DETROIT 1401 BROADWAY ST, SUITE 3A, DETROIT, MI 48226	38-1358055	501 (C)(3)	109,662				PROGRAM SUPPORT
(50) SHEBOYGAN COUNTY YMCA 812 BROUGHTON DRIVE, SHEBOYGAN, WI 53081	39-0830271	501 (C)(3)	109,100				PROGRAM SUPPORT
(51) METROPOLITAN YMCA OF THE ORANGES 139 E MCCLELLAN AVE, LIVINGSTON, NJ 07039	22-1487387	501 (C)(3)	108,262				PROGRAM SUPPORT
(52) TAMPA METROPOLITAN AREA YMCA EXECUTIVE DIRECTOR / PRESIDENT, 110 E OAK AVE, TAMPA, FL 33602	59-1742909	501 (C)(3)	107,977				PROGRAM SUPPORT
(53) YMCA OF SILICON VALLEY 80 SARATOGA AVE., SANTA CLARA, CA 95051	94-1156318	501 (C)(3)	107,770				PROGRAM SUPPORT
(54) YMCA OF CASS AND CLAY COUNTIES 400 1ST AVE S, FARGO, ND 58103	45-0232096	501 (C)(3)	104,792				PROGRAM SUPPORT
(55) HARRISBURG AREA METROPOLITAN YMCA 112 MARKET STREET, STE 422, HARRISBURG, PA 17101	23-1665437	501 (C)(3)	104,423				PROGRAM SUPPORT
(56) YMCA OF DELAWARE 100 W. 10TH STREET, SUITE 1100, WILMINGTON, DE 19801-6605	51-0065748	501 (C)(3)	101,976				PROGRAM SUPPORT
(57) YMCA CAMP BELKNAP INC. EXECUTIVE DIRECTOR / PRESIDENT, RR 109 BOX 1546, WOLFEBORO, NH 03894-1546	04-3356887	501 (C)(3)	101,004				PROGRAM SUPPORT
(58) YMCA SOUTHCOAST 128 UNION STREET SUITE 304, NEW BEDFORD, MA 02740	04-2104749	501 (C)(3)	100,479				PROGRAM SUPPORT
(59) YMCA OF GREATER OKLAHOMA CITY P.O. BOX 2582, OKLAHOMA CITY, OK 73101	73-0579270	501 (C)(3)	100,160				PROGRAM SUPPORT
(60) CAMP WOODSTOCK BRANCH YMCA EXECUTIVE DIRECTOR / PRESIDENT, 42 CAMP RD, WOODSTOCK VALLEY, CT 06282	06-0881325	501 (C)(3)	100,000				PROGRAM SUPPORT
(61) YMCA OF GRAYS HARBOR 2500 SIMPSON AVE, HOQUIAM, WA 98550	91-1984900	501 (C)(3)	96,646				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
(62) YMCA OF GREATER BRANDYWINE ONE EAST CHESTNUT ST, WEST CHESTER, PA 19380	23-1365994	501 (C)(3)	96,366				PROGRAM SUPPORT
(63) YMCA OF THE INLAND NORTHWEST 1126 N MONROE, SPOKANE, WA 99201	91-0827958	501 (C)(3)	95,711				PROGRAM SUPPORT
(64) YMCA OF GREATER MONTGOMERY 820 S LAWRENCE ST., ATTN: SAM ADAMS, MONTGOMERY, AL 36104	63-0288885	501 (C)(3)	94,924				PROGRAM SUPPORT
(65) MUSKEGON YMCA 1115 THIRD STREET, MUSKEGON, MI 49441	38-2000172	501 (C)(3)	94,423				PROGRAM SUPPORT
(66) MERRIMACK VALLEY YMCA INC. 360 MERRIMACK STREET SUIT 270, LAWERENCE, MA 01843	04-2104378	501 (C)(3)	91,747				PROGRAM SUPPORT
(67) THE WEST COOK YMCAS EXECUTIVE DIRECTOR / PRESIDENT, 255 S MARION ST, OAK PARK, IL 60302-3103	36-2179780	501 (C)(3)	89,100				PROGRAM SUPPORT
(68) YMCA OF GREATER DAYTON ATTN: DEBBIE NERDERMAN, 118 W FIRST ST, SUITE 300, DAYTON, OH 45402	31-0537517	501 (C)(3)	87,381				PROGRAM SUPPORT
(69) YMCA OF METROPOLITAN HARTFORD 50 STATE HOUSE SQUARE, SECOND FLOOR, HARTFORD, CT 06103	06-0881325	501 (C)(3)	86,594				PROGRAM SUPPORT
(70) YMCA OF METROPOLITAN WASHINGTON 1112 16TH ST NW, SUITTE 720, WASHINGTON, DC 20036-4824	53-0207403	501 (C)(3)	86,566				PROGRAM SUPPORT
(71) YMCA OF HOT SPRINGS ARKANSAS INC. EXECUTIVE DIRECTOR / PRESIDENT, 130 WERNER ST, HOT SPRINGS, AR 71913-6443	71-0236925	501 (C)(3)	86,368				PROGRAM SUPPORT
(72) YMCA NEWARK AND VICINITY 600 BROAD ST, NEWARK, NJ 07102-4504	22-1552820	501 (C)(3)	86,101				PROGRAM SUPPORT
(73) YMCA OF CENTRAL OHIO 1907 LEONARD AVE STE 150, COLUMBUS, OH 43219	31-4379594	501 (C)(3)	85,572				PROGRAM SUPPORT
(74) YMCA OF METROPOLITAN ATLANTA INC. 569 MARTIN LUTHER KING JR. DRIVE NW, ATLANTA, GA 30314	58-0566253	501 (C)(3)	85,155				PROGRAM SUPPORT
(75) YMCA OF SAGINAW 1915 FORDNEY ST, SAGINAW, MI 48601- 2809	38-1360594	501 (C)(3)	84,131				PROGRAM SUPPORT
(76) MCGAW YMCA EXECUTIVE DIRECTOR / PRESIDENT, 1000 GROVE ST, EVANSTON, IL 60201-4294	36-2169194	501 (C)(3)	84,005				PROGRAM SUPPORT
(77) YMCA OF GREATER PITTSBURGH ATTN: UNIVERSITY YMCA-LILA DE KLAVER, 420 FT. DUQUESNE BLVD. STE 625, PITTSBURGH, PA 15222	25-0969497	501 (C)(3)	83,159				PROGRAM SUPPORT
(78) YMCA OF WESTERN NORTH CAROLINA INC. 40 NORTH MERRIMON AVE STE 309, ASHEVILLE, NC 28804	56-0530013	501 (C)(3)	82,639				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
(79) SUMMERVILLE FAMILY YMCA 140 S CEDAR ST, SUMMERVILLE, SC 29483-6014	57-0643100	501 (C)(3)	82,450				PROGRAM SUPPORT
(80) YMCA OF GREATER CHARLOTTE 5900 QUAIL HOLLOW ROAD, CHARLOTTE, NC 28210	56-1045299	501 (C)(3)	81,895				PROGRAM SUPPORT
(81) YMCA OF GREATER NASHUA 10 COTTON ROAD STE1, NASHUA, NH 03063	02-0222250	501 (C)(3)	81,233				PROGRAM SUPPORT
(82) YMCA OF MIDDLE TENNESSEE 1000 CHURCH STREET, NASHVILLE, TN 37203	62-0476243	501 (C)(3)	81,137				PROGRAM SUPPORT
(83) YMCA OF GREATER TULSA 420 S MAIN ST., STE 200, TULSA, OK 74103	73-0579269	501 (C)(3)	80,939				PROGRAM SUPPORT
(84) YMCA OF GREATER GRAND RAPIDS 475 LAKE MICHIGAN DR NW, GRAND RAPIDS, MI 49504-5600	38-1358058	501 (C)(3)	80,797				PROGRAM SUPPORT
(85) METROPOLITAN AUGUSTA YMCA 1058 CLAUSEN RD SUITE 100, AUGUSTA, GA 30907	58-0566254	501 (C)(3)	80,416				PROGRAM SUPPORT
(86) MONROE FAMILY YMCA EXECUTIVE DIRECTOR / PRESIDENT, 1111 W ELM AVE, MONROE, MI 48162-2801	38-1508585	501 (C)(3)	80,315				PROGRAM SUPPORT
(87) GREATER SYRACUSE YMCA 340 MONTGOMERY ST, SYRACUSE, NY 13202-2015	15-0532278	501 (C)(3)	79,316				PROGRAM SUPPORT
(88) OCEAN COMMUNITY YMCA EXECUTIVE DIRECTOR / PRESIDENT, 95 HIGH ST, WESTERLY, RI 02891-1812	05-0268126	501 (C)(3)	76,485				PROGRAM SUPPORT
(89) YMCA OF METROPOLITAN LOS ANGELES 625 SOUTH NEW HAMPSHIRE AVE, LOS ANGELES, CA 90005	95-1644052	501 (C)(3)	75,690				PROGRAM SUPPORT
(90) LA CROSSE AREA FAMILY YMCA 1140 MAIN ST, LA CROSSE, WI 54601-4124	39-0806172	501 (C)(3)	73,184				PROGRAM SUPPORT
(91) METROWEST YMCA INC. EXECUTIVE DIRECTOR / PRESIDENT, 280 OLD CONNECTICUT PATH, FRAMINGHAM, MA 01701-4539	04-2281530	501 (C)(3)	72,843				PROGRAM SUPPORT
(92) GIRLS INCORPORATED OF METRO DENVER 1499 JULIAN ST., DENVER, CO 80204	74-2277668	501 (C)(3)	72,250				PROGRAM SUPPORT
(93) YMCA OF GREATER FORT WAYNE 347 W. BERRY ST., SUITE 500, FORT WAYNE, IN 46802	35-0886850	501 (C)(3)	72,042				PROGRAM SUPPORT
(94) BERWICK AREA YMCA EXECUTIVE DIRECTOR / PRESIDENT, 231 W 3RD ST, BERWICK, PA 18603-3629	24-0813665	501 (C)(3)	71,276				PROGRAM SUPPORT
(95) YMCA OF METROPOLITAN CHICAGO 1030 W. VAN BUREN ST., CHICAGO, IL 60607	36-2179782	501 (C)(3)	71,175				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
(96) YMCA OF SOUTH HAMPTON ROADS 633 BATTLE BLVD, CHESAPEAKE, VA 23322	54-0445205	501 (C)(3)	70,381				PROGRAM SUPPORT
(97) YMCA CAMP ST. CROIX 532 COUNTY ROAD F, HUDSON, WI 54016	45-2563299	501 (C)(3)	70,000				PROGRAM SUPPORT
(98) YMCA OF SUPERIOR CALIFORNIA 2021 W STREET, SACRAMENTO, CA 95818	94-1156634	501 (C)(3)	69,290				PROGRAM SUPPORT
(99) BOOTHBAY REGION YMCA 261 TOWNSEND AVE, PO BOX 500, BOOTHBAY HARBOR, ME 04538-0500	01-0237912	501 (C)(3)	67,979				PROGRAM SUPPORT
(100) YMCA OF SOUTHEASTERN NORTH CAROLINA P.O.BOX 3467, WILMINGTON, NC 28406	56-0532317	501 (C)(3)	67,921				PROGRAM SUPPORT
(101) PROVIDENCE METROPOLITAN YMCA ATTN: DIANE GEBHART, 371 PINE STREET, STE 302, PROVIDENCE, RI 02903	05-0258878	501 (C)(3)	67,686				PROGRAM SUPPORT
(102) YMCA OF CENTRAL MASSACHUSETTS 766 MAIN ST, ATTN: PAM SUPRENANT, WORCESTER, MA 01610	04-2105885	501 (C)(3)	67,158				PROGRAM SUPPORT
(103) YMCA OF CENTRAL STARK COUNTY ATTN CRAIG GREENLEE, 1201 30TH STREET NW, SUITE 200, CANTON, OH 44709-1705	34-0714392	501 (C)(3)	66,979				PROGRAM SUPPORT
(104) HOCKOMOCK AREA YMCA EXECUTIVE DIRECTOR / PRESIDENT, 300 ELMWOOD ST, NORTH ATTLEBORO, MA 02760-1304	04-2131749	501 (C)(3)	66,934				PROGRAM SUPPORT
(105) ROME-FLOYD COUNTY YMCA 810 E 2ND AVE, ROME, GA 30161	58-0814549	501 (C)(3)	65,207				PROGRAM SUPPORT
(106) WILLIAMS YMCA OF AVERY COUNTY PO BOX 707, LINVILLE, NC 28646	20-4910495	501 (C)(3)	65,186				PROGRAM SUPPORT
(107) YMCA OF COLUMBIA-WILLAMETTE 9500 SW BARBUR BLVD STE 200, PORTLAND, OR 97219-5426	93-0386981	501 (C)(3)	65,135				PROGRAM SUPPORT
(108) KIPS BAY BOYS AND GIRLS CLUB 1930 RANDALL AVE., BRONX, NY 10473	13-1623850	501 (C)(3)	65,000				PROGRAM SUPPORT
(109) CAMP RALPH S. MASON YMCA EXECUTIVE DIRECTOR / PRESIDENT, 23 BIRCH RIDGE RD, HARDWICK, NJ 07825- 9502	22-1625643	501 (C)(3)	64,765				PROGRAM SUPPORT
(110) MALDEN YMCA 99 DARTMOUTH ST, MALDEN, MA 02148- 4906	04-2105874	501 (C)(3)	64,619				PROGRAM SUPPORT
(111) YMCA OF THE REDWOODS 16275 HIGHWAY 9, BOULDER CREEK, CA 95006	94-1156318	501 (C)(3)	63,250				PROGRAM SUPPORT
(112) LANCASTER FAMILY YMCA 252 HARRISBURG AVE, LANCASTER, PA 17603-2937	23-1243970	501 (C)(3)	63,222				PROGRAM SUPPORT
(113) YMCA OF BOULDER VALLEY 2800 DAGNY WAY, LAFAYETTE, CO 80026	84-0459944	501 (C)(3)	63,092				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
(114) YMCA OF GREATER RICHMOND EXECUTIVE DIRECTOR / PRESIDENT, 2 WEST FRANKLIN ST, RICHMOND, VA 23220- 5006	54-0505986	501 (C)(3)	63,055				PROGRAM SUPPORT
(115) PHILADELPHIA FREEDOM VALLEY YMCA 400 FAYETTE STREET SUITE 250, CONSHOHOCKEN, PA 19428	23-1243965	501 (C)(3)	62,866				PROGRAM SUPPORT
(116) YMCA OF METROPOLITAN HUNTSVILLE AL 120 HOLMES AVENUE, SUITE 405, HUNTSVILLE, AL 35801	58-2058795	501 (C)(3)	62,801				PROGRAM SUPPORT
(117) CAMP U-NAH-LI-YA YMCA CENTER EXECUTIVE DIRECTOR / PRESIDENT, 13654 S SHORE DR, SURING, WI 54174-9331	39-0813466	501 (C)(3)	62,500				PROGRAM SUPPORT
(118) DOW BAY AREA FAMILY YMCA EXECUTIVE DIRECTOR / PRESIDENT, 225 WASHINGTON AVENUE, BAY CITY, MI 48708-6432	38-1358415	501 (C)(3)	62,427				PROGRAM SUPPORT
(119) YMCA OF PUEBLO 3200 E. SPAULDING AVENUE, PUEBLO, CO 81008-2279	84-0404925	501 (C)(3)	61,859				PROGRAM SUPPORT
(120) YMCA OF GREATER WHITTIER EXECUTIVE DIRECTOR / PRESIDENT, 12510 E HADLEY ST 2ND FL, WHITTIER, CA 90601- 3942	95-1684795	501 (C)(3)	60,956				PROGRAM SUPPORT
(121) KANDIYOHI COUNTY AREA FAMILY YMCA KARLA NELSON, P.O. BOX 757, WILLMAR, MN 56201	41-1908049	501 (C)(3)	60,883				PROGRAM SUPPORT
(122) YMCA OF ROCK RIVER VALLEY 220 EAST STATE STREET, ROCKFORD, IL 61104	36-2174838	501 (C)(3)	60,782				PROGRAM SUPPORT
(123) HOPKINSVILLE/CHRISTIAN COUNTY FAMILY YMCA EXECUTIVE DIRECTOR / PRESIDENT, 7805 EAGLE WAY BYPASS, HOPKINSVILLE, KY 42240-0549	61-1297293	501 (C)(3)	58,832				PROGRAM SUPPORT
(124) YMCA OF GREATER LONG BEACH 820 LONG BEACH BLVD, LONG BEACH, CA 90813	95-1643396	501 (C)(3)	58,655				PROGRAM SUPPORT
(125) YMCA OF GREATER FLINT 411 E 3RD ST, FLINT, MI 48503	38-1358056	501 (C)(3)	58,630				PROGRAM SUPPORT
(126) YMCA OF METROPOLITAN MILWAUKEE INC. 161 W WISCONSIN AVE STE 4000, MILWAUKEE, WI 53203-2607	39-0806314	501 (C)(3)	57,611				PROGRAM SUPPORT
(127) YMCA OF THE PIKES PEAK REGION 316 N. TEJON STREET, COLORADO SPRINGS, CO 80903	84-0404266	501 (C)(3)	57,085				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
(128) BEAUFORT-JASPER YMCA OF THE LOWCOUNTRY EXECUTIVE DIRECTOR / PRESIDENT, 1801 RICHMOND AVE, PORT ROYAL, SC 29935-2014	57-0910326	501 (C)(3)	57,006				PROGRAM SUPPORT
(129) CAMPING SERVICES YMCA EXECUTIVE DIRECTOR / PRESIDENT, 909 4TH AVE, SEATTLE, WA 98104-1108	91-0482710	501 (C)(3)	55,000				PROGRAM SUPPORT
(130) YMCA OF GREATER ERIE ACCOUNTS RECEIVABLE, 31 W 10TH ST, ERIE, PA 16501-1488	25-0965621	501 (C)(3)	54,873				PROGRAM SUPPORT
(131) GENERAL CONVENTION OF SIOUX YMCAS PO BOX 218, 1 B STREET, DUPREE, SD 57623-0218	46-0336514	501 (C)(3)	54,757				PROGRAM SUPPORT
(132) GREATER SCRANTON YMCA 706 N BLAKELY ST, DUNMORE, PA 18512	24-0795516	501 (C)(3)	54,070				PROGRAM SUPPORT
(133) WATERTOWN FAMILY YMCA 585 RAND DRIVE, WATERTOWN, NY 13601	15-0559207	501 (C)(3)	53,784				PROGRAM SUPPORT
(134) ARLINGTON-MANSFIELD AREA YMCA 1148 W. PIONEER PARKWAY, SUITE H, ARLINGTON, TX 76013-6243	75-1000839	501 (C)(3)	53,240				PROGRAM SUPPORT
(135) YMCA OF BURBANK CALIFORNIA 321 E MAGNOLIA BLVD, BURBANK, CA 91502-1132	95-1664139	501 (C)(3)	52,951				PROGRAM SUPPORT
(136) YMCA OF GREATER OMAHA 430 S 20TH ST, OMAHA, NE 68102	47-0376586	501 (C)(3)	52,108				PROGRAM SUPPORT
(137) PAWTUCKET & CENTRAL FALLS METRO BD. YMCA EXECUTIVE DIRECTOR / PRESIDENT, 660 ROOSEVELT AVE, PAWTUCKET, RI 02860	05-0259114	501 (C)(3)	51,826				PROGRAM SUPPORT
(138) YMCA OF SOUTH FLORIDA, INC 900 SE 3RD AVE, FORT LAUDERDALE, FL 33316	59-0624464	501 (C)(3)	51,247				PROGRAM SUPPORT
(139) YMCA OF RYE NY EXECUTIVE DIRECTOR / PRESIDENT, 21 LOCUST AVE, RYE, NY 10580-2959	13-1740515	501 (C)(3)	51,078				PROGRAM SUPPORT
(140) YMCA OF METRO NORTH, INC. EXECUTIVE DIRECTOR / PRESIDENT, 20 NEPTUNE BLVD, LYNN, MA 01902-4421	04-2105883	501 (C)(3)	50,714				PROGRAM SUPPORT
(141) PT. BONITA OUTDOOR BRANCH YMCA 981 FORT BARRY, GGNRA, SAUSALITO, CA 94965	94-0997140	501 (C)(3)	50,000				PROGRAM SUPPORT
(142) CAMP EDWARDS BRANCH YMCA EXECUTIVE DIRECTOR / PRESIDENT, N8901 ARMY LAKE ROAD, EAST TROY, WI 53120-0016	36-2169193	501 (C)(3)	50,000				PROGRAM SUPPORT
(143) CAMP KON-O-KWEE BRANCH YMCA 126 NAGEL ROAD, FOMBELL, PA 16123-1198	25-0969497	501 (C)(3)	50,000				PROGRAM SUPPORT
(144) YMCA OF GREATER DES MOINES IOWA 501 GRAND AVE., DES MOINES, IA 50309	42-0680438	501 (C)(3)	49,628				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
(145) BEAVER COUNTY YMCA EXECUTIVE DIRECTOR / PRESIDENT, 2236 THIRD AVE, NEW BRIGHTON, PA 15066- 3205	25-0993391	501 (C)(3)	49,575				PROGRAM SUPPORT
(146) STEVENS POINT AREA YMCA EXECUTIVE DIRECTOR / PRESIDENT, 1000 DIVISION ST, STEVENS POINT, WI 54481- 2700	39-1102612	501 (C)(3)	49,454				PROGRAM SUPPORT
(147) ABERDEEN FAMILY YMCA 5 SOUTH STATE STREET, ABERDEEN, SD 57401	46-0255779	501 (C)(3)	49,440				PROGRAM SUPPORT
(148) FAMILY YMCA OF GLENS FALLS AREA EXECUTIVE DIRECTOR / PRESIDENT, 600 GLEN ST, GLENS FALLS, NY 12801-2020	14-1340008	501 (C)(3)	49,137				PROGRAM SUPPORT
(149) BANGOR YMCA 17 SECOND STREET, BANGOR, ME 04401- 4799	01-0211485	501 (C)(3)	49,007				PROGRAM SUPPORT
(150) YMCA OF MEMPHIS & THE MID-SOUTH PO BOX 111313, MEMPHIS, TN 38111	62-0476304	501 (C)(3)	48,876				PROGRAM SUPPORT
(151) CHANNEL ISLANDS YMCA 105 EAST CARRILLO STREET, SANTA BARBARA, CA 93101	95-1643379	501 (C)(3)	48,764				PROGRAM SUPPORT
(152) CENTRAL LINCOLN COUNTY YMCA EXECUTIVE DIRECTOR / PRESIDENT, 525 MAIN STREET, DAMARISCOTTA, ME 04543- 9801	22-2978129	501 (C)(3)	48,410				PROGRAM SUPPORT
(153) MASSACHUSETTS ALLIANCE OF YMCAS 6 BEACON STREET, SUITE 312, BOSTON, MA 02108	04-3176393	501 (C)(4)	47,900				PROGRAM SUPPORT
(154) YMCA OF GREATER KALAMAZOO 2900 W CENTRE AVE, PORTAGE, MI 49024	38-1360592	501 (C)(3)	47,884				PROGRAM SUPPORT
(155) YMCA CAMP CONISTON EXECUTIVE DIRECTOR / PRESIDENT, PO BOX 185, GRANTHAM, NH 03753-0185	04-3357821	501 (C)(3)	47,692				PROGRAM SUPPORT
(156) YMCA OF GREATER WATERVILLE EXECUTIVE DIRECTOR / PRESIDENT, 126 NORTH ST, WATERVILLE, ME 04901-4954	01-0283465	501 (C)(3)	47,461				PROGRAM SUPPORT
(157) YMCA OF BROOME COUNTY 61 SUSQUEHANNA ST, BINGHAMTON, NY 13901-3705	15-0532282	501 (C)(3)	47,448				PROGRAM SUPPORT
(158) KENOSHA YMCA 7101 53RD ST, KENOSHA, WI 53144	39-0826296	501 (C)(3)	47,392				PROGRAM SUPPORT
(159) YMCA OF THE NORTH SHORE 245 CABOT ST, BEVERLY, MA 01915	04-2104913	501 (C)(3)	46,935				PROGRAM SUPPORT
(160) WABASH COUNTY YMCA 500 S. CASS ST., WABASH, IN 46992	35-0733765	501 (C)(3)	46,851				PROGRAM SUPPORT
(161) WHATCOM FAMILY YMCA EXECUTIVE DIRECTOR / PRESIDENT, 1256 N STATE ST, BELLINGHAM, WA 98225-5016	91-0482690	501 (C)(3)	46,848				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
(162) CAMP WOOD YMCA 1101 CAMP WOOD ROAD, ELMDALE, KS 66850-9801	48-0908238	501 (C)(3)	46,668				PROGRAM SUPPORT
(163) YORK & YORK COUNTY YMCA 90 N. NEWBERRY STREET, YORK, PA 17401	23-1352600	501 (C)(3)	46,374				PROGRAM SUPPORT
(164) YMCA CAMP DU NORD 3606 NORTH ARM ROAD, ELY, MN 55731	45-2563299	501 (C)(3)	46,250				PROGRAM SUPPORT
(165) YMCA OF THE SUNCOAST 2469 ENTERPRISE ROAD, CLEARWATER, FL 33763-1607	59-0810731	501 (C)(3)	46,150				PROGRAM SUPPORT
(166) YMCA OF EASTERN UNION COUNTY ATTN: DENNIS J. MCNANY, 144 MADISON AVE, ELIZABETH, NJ 07201-2420	22-1487381	501 (C)(3)	45,573				PROGRAM SUPPORT
(167) CHILTON COUNTY YMCA EXECUTIVE DIRECTOR / PRESIDENT, 405 OLLIE AVE, CLANTON, AL 35045-2240	63-0921199	501 (C)(3)	45,351				PROGRAM SUPPORT
(168) YMCA OF GREATER NEW ORLEANS 320 METAIRIE HAMMOND HWY, SUITE 321, METAIRIE, LA 70005	72-0423890	501 (C)(3)	44,698				PROGRAM SUPPORT
(169) YMCA OF SNOHOMISH COUNTY EXECUTIVE DIRECTOR / PRESIDENT, 2720 ROCKEFELLER AVE, EVERETT, WA 98201- 3523	91-0565561	501 (C)(3)	43,422				PROGRAM SUPPORT
(170) ATHENS-MCMINN FAMILY YMCA PO BOX 376, ATHENS, TN 37371	62-0586361	501 (C)(3)	43,317				PROGRAM SUPPORT
(171) RAPPAHANNOCK AREA YMCA EXECUTIVE DIRECTOR / PRESIDENT, 212 BUTLER RD, FALMOUTH, VA 22405-2441	54-0965826	501 (C)(3)	42,844				PROGRAM SUPPORT
(172) YMCA OF EAST TENNESSEE 12133 S. NORTHSHORE DRIVE, KNOXVILLE, TN 37922	62-0475700	501 (C)(3)	42,623				PROGRAM SUPPORT
(173) GREATER BURLINGTON YMCA 266 COLLEGE ST, BURLINGTON, VT 05401- 8318	03-0185810	501 (C)(3)	42,535				PROGRAM SUPPORT
(174) YMCA OF GREATER WAUKESHA COUNTY 3610 MICHELLE WITMER DRIVE STE 100, NEW BERLIN, WI 53151	39-0847658	501 (C)(3)	42,427				PROGRAM SUPPORT
(175) YMCA OF GREENSBORO 620 GREEN VALLEY ROAD, SUITE 210, GREENSBORO, NC 27408-1331	56-0543243	501 (C)(3)	42,372				PROGRAM SUPPORT
(176) MARTINSVILLE & HENRY COUNTY FAMILY YMCA EXECUTIVE DIRECTOR / PRESIDENT, 3 STARLING AVE, MARTINSVILLE, VA 24112- 2921	54-0839746	501 (C)(3)	41,978				PROGRAM SUPPORT
(177) UNIONTOWN AREA YMCA EXECUTIVE DIRECTOR / PRESIDENT, ONE YMCA DR, UNIONTOWN, PA 15401-4174	25-0965631	501 (C)(3)	41,825				PROGRAM SUPPORT
(178) YMCA OF NORTHERN UTAH 3216 HIGHLAND DR 200, SALT LAKE CITY, UT 84106	87-0212472	501 (C)(3)	41,797				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
(179) WEST SUBURBAN YMCA EXECUTIVE DIRECTOR / PRESIDENT, 276 CHURCH ST, NEWTON, MA 02458-1992	04-2104783	501 (C)(3)	41,548				PROGRAM SUPPORT
(180) YMCA OF CENTRAL TEXAS 6800 HARVEY DR, PO BOX 20515, WACO, TX 76702	74-2668685	501 (C)(3)	41,227				PROGRAM SUPPORT
(181) ANN ARBOR YMCA 400 W. WASHINGTON ST., ANN ARBOR, MI 48103	38-1525162	501 (C)(3)	40,644				PROGRAM SUPPORT
(182) YMCA OF SOUTHERN NEVADA EXECUTIVE DIRECTOR / PRESIDENT, 4141 MEADOWS LN, LAS VEGAS, NV 89107-3105	88-0059266	501 (C)(3)	40,499				PROGRAM SUPPORT
(183) OAHE YMCA INC. 900 E CHURCH ST, PIERRE, SD 57501-2219	23-7169291	501 (C)(3)	40,427				PROGRAM SUPPORT
(184) CAMP TWIN LAKES YMCA 204 EAST LITTLE ELM TRAIL, CEDAR PARK, TX 78613	74-2206558	501 (C)(3)	40,000				PROGRAM SUPPORT
(185) YMCA OF HELENA INC. EXECUTIVE DIRECTOR / PRESIDENT, 1200 N LAST CHANCE GULCH, HELENA, MT 59601-2995	81-0231815	501 (C)(3)	39,723				PROGRAM SUPPORT
(186) CUMBERLAND CAPE ATLANTIC YMCA EXECUTIVE DIRECTOR / PRESIDENT, 1159 E LANDIS AVE, VINELAND, NJ 08360-4220	21-0635053	501 (C)(3)	39,603				PROGRAM SUPPORT
(187) BOYS & GIRLS CLUBS OF GREATER ST. LOUIS INC. 2901 N. GRAND AVE, SAINT LOUIS, MO 63107-2608	43-6061693	501 (C)(3)	39,000				PROGRAM SUPPORT
(188) YMCA CAMPING SERVICES EXECUTIVE DIRECTOR / PRESIDENT, PO BOX 2440, JULIAN, CA 92036-2440	95-2039198	501 (C)(3)	38,750				PROGRAM SUPPORT
(189) YMCA CAMP WILLSON EXECUTIVE DIRECTOR / PRESIDENT, 2732 COUNTY RD 11, BELLEFONTAINE, OH 43311-9306	31-4379594	501 (C)(3)	38,750				PROGRAM SUPPORT
(190) STERLING-ROCK FALLS FAMILY YMCA EXECUTIVE DIRECTOR / PRESIDENT, 2505 YMCA WAY, STERLING, IL 61081-9063	36-2225496	501 (C)(3)	38,235				PROGRAM SUPPORT
(191) BEDFORD AREA FAMILY YMCA EXECUTIVE DIRECTOR / PRESIDENT, PO BOX 1026, BEDFORD, VA 24523-1026	54-1140513	501 (C)(3)	38,197				PROGRAM SUPPORT
(192) YMCA OF YONKERS INC. 17 RIVERDALE AVE, YONKERS, NY 10701- 3646	13-1740520	501 (C)(3)	37,306				PROGRAM SUPPORT
(193) CENTRAL BUCKS FAMILY YMCA 2500 LOWER STATE RD, DOYLESTOWN, PA 18901-2634	23-1903158	501 (C)(3)	37,103				PROGRAM SUPPORT
(194) YMCA OF COASTAL CAROLINA 5000 CLAIRE CHAPIN EPPS DR, MYRTLE BEACH, SC 29577	57-0747196	501 (C)(3)	36,905				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
(195) OLD TOWN-ORONO YMCA EXECUTIVE DIRECTOR / PRESIDENT, 472 STILLWATER AVE, OLD TOWN, ME 04468- 2133	51-0201156	501 (C)(3)	36,737				PROGRAM SUPPORT
(196) YMCA OF GRANTS PASS OREGON 1000 REDWOOD AVE, PO BOX 5439, GRANTS PASS, OR 97527-0439	93-0848122	501 (C)(3)	36,704				PROGRAM SUPPORT
(197) CADILLAC AREA YMCA 9845 CAMPUS DRIVE, CADILLAC, MI 49601	30-0013507	501 (C)(3)	36,367				PROGRAM SUPPORT
(198) SOUTH CAROLINA ALLIANCE OF YMCAS 1612 MARION ST., SUITE 100, COLUMBIA, SC 29201	47-3049199	501 (C)(3)	36,214				PROGRAM SUPPORT
(199) MANITOWOC-TWO RIVERS AREA YMCA PO BOX 471, 205 MARITIME DRIVE, MANITOWOC, WI 54221-0471	39-1028773	501 (C)(3)	36,138				PROGRAM SUPPORT
(200) FRANK P. PHILLIPS MEMORIAL YMCA EXECUTIVE DIRECTOR / PRESIDENT, 602 2ND AVE N, COLUMBUS, MS 39701-4540	64-6025994	501 (C)(3)	36,030				PROGRAM SUPPORT
(201) MIAMI COUNTY YMCA EXECUTIVE DIRECTOR / PRESIDENT, 34 E 6TH ST, PERU, IN 46970-2350	35-0893512	501 (C)(3)	36,016				PROGRAM SUPPORT
(202) YMCA OF WEST CENTRAL FLORIDA EXECUTIVE DIRECTOR / PRESIDENT, 3620 CLEVELAND HEIGHTS BLVD, LAKE LAND, FL 33803-4963	59-1158144	501 (C)(3)	35,936				PROGRAM SUPPORT
(203) REGIONAL YMCA OF WESTERN CONNECTICUT INC 214 FEDERAL RD UNIT B21, BROOKFIELD, CT 06804	06-6051610	501 (C)(3)	35,680				PROGRAM SUPPORT
(204) MISSOURI VALLEY FAMILY YMCA P.O. BOX 549, BISMARCK, ND 58502	45-0305520	501 (C)(3)	35,214				PROGRAM SUPPORT
(205) YMCA OF METUCHEN 483 MIDDLESEX AVE, METUCHEN, NJ 08840-2399	22-1487616	501 (C)(3)	35,166				PROGRAM SUPPORT
(206) DECATUR COUNTY FAMILY YMCA INC. 1301 W KATHY'S WAY, GREENSBURG, IN 47240-3408	35-0919345	501 (C)(3)	34,923				PROGRAM SUPPORT
(207) YMCA OF MINOT NORTH DAKOTA PO BOX 69, 3515 16TH ST SW, MINOT, ND 58702-0069	45-0237612	501 (C)(3)	34,880				PROGRAM SUPPORT
(208) MERCER COUNTY FAMILY YMCA EXECUTIVE DIRECTOR / PRESIDENT, 401 SW 2ND AVE, ALEDO, IL 61231-1904	36-3832360	501 (C)(3)	34,750				PROGRAM SUPPORT
(209) RICHARD G. SNYDER YMCA CAMPUS EXECUTIVE DIRECTOR / PRESIDENT, 138 N WATER ST, KITTANNING, PA 16201-1516	25-1034424	501 (C)(3)	34,605				PROGRAM SUPPORT
(210) YMCA OF THE ROCKIES 2515 TUNNEL RD, ESTES PARK, CO 80511	84-0404913	501 (C)(3)	34,556				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
(211) YMCA OF FANWOOD - SCOTCH PLAINS EXECUTIVE DIRECTOR / PRESIDENT, ATTN: SHERI COGNETTI, 1340 MARTINE AVE, SCOTCH PLAINS, NJ 07076-2524	22-1589199	501 (C)(3)	34,270				PROGRAM SUPPORT
(212) CAPE COD YOUNG MEN'S CHRISTIAN ASSOCIATION 2245 IYANNOUGH, WEST BARNSTABLE, MA 02668	04-2394925	501 (C)(3)	34,143				PROGRAM SUPPORT
(213) GREATER KINGSPORT FAMILY YMCA 1840 MEADOWVIEW PKWY, KINGSPORT, TN 37660	58-1564232	501 (C)(3)	34,102				PROGRAM SUPPORT
(214) GRAND RIVER AREA FAMILY YMCA INC. EXECUTIVE DIRECTOR / PRESIDENT, 1725 LOCUST ST, CHILLICOTHE, MO 64601-1405	43-1493664	501 (C)(3)	33,976				PROGRAM SUPPORT
(215) CAMP HAZEN YMCA 204 W MAIN ST, CHESTER, CT 06412-1013	06-0860014	501 (C)(3)	33,789				PROGRAM SUPPORT
(216) CAMP KITAKI BRANCH YMCA 570 FALLBROOK BLVD, SUITE 210, LINCOLN, NE 68521	47-0376578	501 (C)(3)	33,750				PROGRAM SUPPORT
(217) YMCA OF WICHITA KANSAS 402 N. MARKET, WICHITA, KS 67202	48-0554440	501 (C)(3)	33,613				PROGRAM SUPPORT
(218) YMCA OF THE FOX CITIES INC 218 E LAWRENCE ST, APPLETON, WI 54911-5724	39-0806191	501 (C)(3)	33,602				PROGRAM SUPPORT
(219) YMCA OF ST. JOSEPH MISSOURI 315 S SIXTH ST, ST JOSEPH, MO 64501-2291	44-0552491	501 (C)(3)	33,563				PROGRAM SUPPORT
(220) DOOR COUNTY YMCA EXECUTIVE DIRECTOR / PRESIDENT, 1900 MICHIGAN ST, STURGEON BAY, WI 54235-3706	39-1738982	501 (C)(3)	33,496				PROGRAM SUPPORT
(221) PALESTINE YMCA 5500 N LOOP 256, PALESTINE, TX 75801-4832	75-0975622	501 (C)(3)	33,472				PROGRAM SUPPORT
(222) SOMERSET COUNTY YMCA 140 MOUNT AIRY ROAD, BASKING RIDGE, NJ 07920	22-1559439	501 (C)(3)	32,938				PROGRAM SUPPORT
(223) YMCA CAMP HIGH HARBOUR AT LAKE BURTON 200 MAIN ST STE 108, GAINESVILLE, GA 30501	58-0566253	501 (C)(3)	32,500				PROGRAM SUPPORT
(224) FAMILY YMCA OF MARION AND POLK COUNTIES 685 COURT ST NE, SALEM, OR 97301-3844	93-0386982	501 (C)(3)	32,443				PROGRAM SUPPORT
(225) YMCA OF SOUTHERN MAINE 70 FOREST AVE, PORTLAND, ME 04104-1078	01-0211568	501 (C)(3)	32,260				PROGRAM SUPPORT
(226) YMCA OF KOKOMO INDIANA EXECUTIVE DIRECTOR / PRESIDENT, 200 N UNION ST, KOKOMO, IN 46901-4697	35-0893511	501 (C)(3)	32,046				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
(227) CENTRAL FLORIDA METRO YMCA 433 N MILLS AVE, ORLANDO, FL 32803-5798	59-0624430	501 (C)(3)	32,004				PROGRAM SUPPORT
(228) YMCA OF DUBUQUE IOWA EXECUTIVE DIRECTOR / PRESIDENT, 35 N BOOTH ST, DUBUQUE, IA 52001-7397	42-0934471	501 (C)(3)	31,770				PROGRAM SUPPORT
(229) TWO RIVERS YMCA 2040 53RD ST, MOLINE, IL 61265-3698	36-2169199	501 (C)(3)	31,662				PROGRAM SUPPORT
(230) YMCA OF PATERSON NJ EXECUTIVE DIRECTOR / PRESIDENT, 128 WARD ST, PATERSON, NJ 07505-1997	22-1487389	501 (C)(3)	31,577				PROGRAM SUPPORT
(231) YMCA OF LONG ISLAND 121 DOSORIS LANE, GLEN COVE, NY 11542-1216	11-1649914	501 (C)(3)	31,403				PROGRAM SUPPORT
(232) CENTRAL COAST YMCA 500 LINCOLN AVENUE, SALINAS, CA 93901- 2705	77-0202335	501 (C)(3)	31,315				PROGRAM SUPPORT
(233) CAMP WARREN BRANCH YMCA 3726 MILLER TRUNK ROAD, EVELETH, MN 55734	45-2563299	501 (C)(3)	31,250				PROGRAM SUPPORT
(234) TRI-TOWN YMCA 1464 S MAIN ST, ENTRANCE #7, LOMBARD, IL 60148-4554	36-2643097	501 (C)(3)	30,622				PROGRAM SUPPORT
(235) YMCA OF ANCHORAGE ALASKA 5353 LAKE OTIS PKWY, ANCHORAGE, AK 99507-1709	92-0034878	501 (C)(3)	30,334				PROGRAM SUPPORT
(236) YMCA OF GREATER EL PASO TX & RIO GRANDE VALLEY 810 WYOMING, EL PASO, TX 79902	74-1109880	501 (C)(3)	30,068				PROGRAM SUPPORT
(237) PIKEVILLE AREA FAMILY YMCA EXECUTIVE DIRECTOR / PRESIDENT, 424 BOB AMOS DR, PIKEVILLE, KY 41501-2035	61-1177162	501 (C)(3)	29,795				PROGRAM SUPPORT
(238) GREATER JOLIET AREA YMCA 749 HOUBOLT RD, JOLIET, IL 60431-9319	36-2169197	501 (C)(3)	29,458				PROGRAM SUPPORT
(239) CAMP JORN YMCA INC. 13591 ZENNER LANE, MANITOWISH WATERS, WI 54545	54-2184387	501 (C)(3)	29,360				PROGRAM SUPPORT
(240) YMCA OF ORANGE COUNTY 2300 UNIVERSITY DR., NEWPORT BEACH, CA 92660	95-1644055	501 (C)(3)	29,243				PROGRAM SUPPORT
(241) NORTHERN MIDDLESEX COUNTY YMCA 99 UNION ST, MIDDLETOWN, CT 06457-3430	06-0646981	501 (C)(3)	29,037				PROGRAM SUPPORT
(242) SCOTT COUNTY FAMILY YMCA EXECUTIVE DIRECTOR / PRESIDENT, 606 W 2ND ST, DAVENPORT, IA 52801-1095	42-0703278	501 (C)(3)	29,011				PROGRAM SUPPORT
(243) THE SKY FAMILY YMCA, INC. EXECUTIVE DIRECTOR / PRESIDENT, 701 CENTER RD, VENICE, FL 34285-4813	59-1629660	501 (C)(3)	28,910				PROGRAM SUPPORT
(244) SHERMAN LAKE YMCA OUTDOOR CENTER EXECUTIVE DIRECTOR / PRESIDENT, 6225 N 39TH ST, AUGUSTA, MI 49012-9722	38-3167869	501 (C)(3)	28,831				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
(245) YMCA CAMP HI-ROCK EXECUTIVE DIRECTOR / PRESIDENT, 162 EAST STREET, MOUNT WASHINGTON, MA 01258	06-0662195	501 (C)(3)	28,750				PROGRAM SUPPORT
(246) CAMP OHIYESA EXECUTIVE DIRECTOR / PRESIDENT, 7300 HICKORY RIDGE RD, HOLLY, MI 48442-9172	38-1358055	501 (C)(3)	28,750				PROGRAM SUPPORT
(247) YMCA CAMP COLLINS EXECUTIVE DIRECTOR / PRESIDENT, 3001 SE OXBOW PKWY, GRESHAM, OR 97080-8916	93-0386981	501 (C)(3)	28,750				PROGRAM SUPPORT
(248) BRAINERD FAMILY YMCA INC. EXECUTIVE DIRECTOR / PRESIDENT, 602 OAK ST, BRAINERD, MN 56401-3611	41-0693938	501 (C)(3)	28,520				PROGRAM SUPPORT
(249) CENTRAL CONNECTICUT COAST YMCA 1240 CHAPEL ST, NEW HAVEN, CT 06511-4506	06-0662195	501 (C)(3)	28,461				PROGRAM SUPPORT
(250) YMCA OF SUMTER 510 MILLER ROAD, SUMTER, SC 29150	57-0314417	501 (C)(3)	28,387				PROGRAM SUPPORT
(251) ALBANY YMCA 1701 GILLIONVILLE RD, ALBANY, GA 31707-3797	58-0610051	501 (C)(3)	28,296				PROGRAM SUPPORT
(252) NORTH SUBURBAN YMCA EXECUTIVE DIRECTOR / PRESIDENT, 2705 TECHNY RD, NORTHBROOK, IL 60062-5963	36-2546842	501 (C)(3)	28,055				PROGRAM SUPPORT
(253) YMCA OF HUNTINGTON WEST VIRGINIA EXECUTIVE DIRECTOR / PRESIDENT, 935 10TH AVE, HUNTINGTON, WV 25701-3398	55-0397261	501 (C)(3)	27,993				PROGRAM SUPPORT
(254) YMCA OF MARSHALLTOWN IOWA 108 WASHINGTON STREET, MARSHALLTOWN, IA 50158	42-1478611	501 (C)(3)	27,958				PROGRAM SUPPORT
(255) YMCA BUFFALO NIAGARA 150 TECH DRIVE, AMHERST, NY 14221	16-0743231	501 (C)(3)	27,589				PROGRAM SUPPORT
(256) GOLDEN STATE YMCA 320 N. AKERS STREET, VISALIA, CA 93291-5119	94-1459198	501 (C)(3)	27,431				PROGRAM SUPPORT
(257) THE FAMILY YMCA 1450 IRIS ST, LOS ALAMOS, NM 87544-3114	85-0130054	501 (C)(3)	27,159				PROGRAM SUPPORT
(258) YMCA OF AUSTIN MINNESOTA EXECUTIVE DIRECTOR / PRESIDENT, 704 1ST DR NW, AUSTIN, MN 55912-3099	41-0718359	501 (C)(3)	27,106				PROGRAM SUPPORT
(259) GOLDSBORO FAMILY YMCA EXECUTIVE DIRECTOR / PRESIDENT, 1105 PKWY DR, GOLDSBORO, NC 27532-0355	56-1285595	501 (C)(3)	27,040				PROGRAM SUPPORT
(260) CLALLAM COUNTY YMCA INC. OLYMPIC PENNINSULA YMCA, 302 S FRANCIS ST, PORT ANGELES, WA 98362	91-0652924	501 (C)(3)	26,857				PROGRAM SUPPORT
(261) GEORGIA MOUNTAINS YMCA 2455 HOWARD RD, STE. 201, GAINESVILLE, GA 30501	58-2203268	501 (C)(3)	26,846				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
(262) YMCA OF BARRY COUNTY EXECUTIVE DIRECTOR / PRESIDENT, PO BOX 252, HASTINGS, MI 49058-0252	38-1358059	501 (C)(3)	26,811				PROGRAM SUPPORT
(263) CAMP MOHAWK YMCA INC. EXECUTIVE DIRECTOR / PRESIDENT, 246 GREAT HILL RD, PO BOX 1209, LITCHFIELD, CT 06759-1209	06-0646565	501 (C)(3)	26,794				PROGRAM SUPPORT
(264) WENATCHEE VALLEY YMCA 217 ORONDO AVE, WENATCHEE, WA 98801	91-0578224	501 (C)(3)	26,603				PROGRAM SUPPORT
(265) ALAMANCE COUNTY COMMUNITY YMCA EXECUTIVE DIRECTOR / PRESIDENT, 1346 S MAIN ST, BURLINGTON, NC 27215-5604	56-0611575	501 (C)(3)	26,592				PROGRAM SUPPORT
(266) GREATER GREEN BAY YMCA INC. EXECUTIVE DIRECTOR / PRESIDENT, 235 N JEFFERSON ST, GREEN BAY, WI 54301-5126	39-0813466	501 (C)(3)	26,561				PROGRAM SUPPORT
(267) WASHINGTON COUNTY FAMILY YMCA 1709 NORTH SHELBY ST., SALEM, IN 47167	35-2097432	501 (C)(3)	26,548				PROGRAM SUPPORT
(268) INDIANA COUNTY YMCA 60 N BEN FRANKLIN RD, INDIANA, PA 15701	25-1191545	501 (C)(3)	26,406				PROGRAM SUPPORT
(269) KIMBALL CAMP YMCA NATURE CENTER 4502 BERLIN DRIVE, READING, MI 49274	38-1358416	501 (C)(3)	26,378				PROGRAM SUPPORT
(270) TRENTON AREA FAMILY YMCA EXECUTIVE DIRECTOR / PRESIDENT, 431 PENNINGTON AVE, TRENTON, NJ 08618-3104	21-0635052	501 (C)(3)	26,310				PROGRAM SUPPORT
(271) TWIN PIKE FAMILY YMCA INC. 614 KELLY LN, LOUISIANA, MO 63353-2409	43-1675923	501 (C)(3)	26,303				PROGRAM SUPPORT
(272) CAMP CARSON YMCA 2034 E. LAKE ROAD, PRINCETON, IN 47670	35-0869074	501 (C)(3)	26,250				PROGRAM SUPPORT
(273) YMCA CAMP WAPSIE EXECUTIVE DIRECTOR / PRESIDENT, 2174 WAPSI Y RD, COGGON, IA 52218-9710	42-0680306	501 (C)(3)	26,250				PROGRAM SUPPORT
(274) CAMP ICAGHOWAN BRANCH YMCA 889A 115TH STREET, AMERY, MN 54001	45-2563299	501 (C)(3)	26,250				PROGRAM SUPPORT
(275) CAMP MENOGYN BRANCH YMCA 55 MENOGYN TRAIL, GRAND MARAIS, MN 55604	45-2563299	501 (C)(3)	26,250				PROGRAM SUPPORT
(276) YMCA CAMP WIDJIWAGAN 651 NICOLETT MALL SUITE 500, MINNEAPOLIS, MN 55402	45-2563299	501 (C)(3)	26,250				PROGRAM SUPPORT
(277) CAMP MACLEAN YMCA EXECUTIVE DIRECTOR / PRESIDENT, 31401 DURAND AVE, BURLINGTON, WI 53105-9401	36-2179782	501 (C)(3)	26,250				PROGRAM SUPPORT
(278) BARBARA B. JORDAN YMCA INC. EXECUTIVE DIRECTOR / PRESIDENT, 2039 E MORGAN ST, MARTINSVILLE, IN 46151-1372	35-2019312	501 (C)(3)	26,237				PROGRAM SUPPORT
(279) SHIAWASSEE FAMILY YMCA 515 W MAIN ST, OWOSSO, MI 48867-2608	38-1359577	501 (C)(3)	26,138				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
(280) YMCA OF PORTAGE TOWNSHIP INC. EXECUTIVE DIRECTOR / PRESIDENT, 3100 WILLOWCREEK RD, PORTAGE, IN 46368-4424	35-1404478	501 (C)(3)	26,011				PROGRAM SUPPORT
(281) YMCA OF YOUNGSTOWN OHIO EXECUTIVE DIRECTOR / PRESIDENT, 17 N CHAMPION ST, YOUNGSTOWN, OH 44503-1602	34-0714730	501 (C)(3)	25,966				PROGRAM SUPPORT
(282) TUSCALOOSA METROPOLITAN YMCA 2300 13TH STREET, TUSCALOOSA, AL 35401	63-0302189	501 (C)(3)	25,686				PROGRAM SUPPORT
(283) YMCA OF GREATER SPARTANBURG 151 RIBALT, SPARTENBURG, SC 29302	57-0314425	501 (C)(3)	25,608				PROGRAM SUPPORT
(284) GREATER PEORIA FAMILY YMCA 7000 N FLEMING LN, PEORIA, IL 61614-1236	37-0662605	501 (C)(3)	25,530				PROGRAM SUPPORT
(285) CAMP HANES YMCA EXECUTIVE DIRECTOR / PRESIDENT, 1225 CAMP HANES RD, KING, NC 27021-7545	56-0530015	501 (C)(3)	25,125				PROGRAM SUPPORT
(286) OSAGE PRAIRIE YMCA INC. EXECUTIVE DIRECTOR / PRESIDENT, 500 W HIGHLAND AVE, NEVADA, MO 64772-1067	43-1706486	501 (C)(3)	24,936				PROGRAM SUPPORT
(287) YMCA OF THE EAST VALLEY 500 E. CITRUS AVENUE, REDLANDS, CA 92373-5248	95-1684787	501 (C)(3)	24,759				PROGRAM SUPPORT
(288) YMCA OF THE CAPITAL AREA EXECUTIVE DIRECTOR / PRESIDENT, 1735 THOMAS DELPIT DR., BATON ROUGE, LA 70802	72-0408994	501 (C)(3)	24,748				PROGRAM SUPPORT
(289) JACKSON METROPOLITAN YMCA 690 LIBERTY ROAD, FLOWOOD, MS 39232	64-0303099	501 (C)(3)	24,563				PROGRAM SUPPORT
(290) YMCA CAMP GREENVILLE 4399 YMCA CAMP RD UNIT 12, CLEVELAND, SC 29635	57-0314424	501 (C)(3)	24,500				PROGRAM SUPPORT
(291) DICKSON COUNTY FAMILY YMCA 225 HENSLEE DRIVE, DICKSON, TN 37055	47-1215122	501 (C)(3)	24,400				PROGRAM SUPPORT
(292) YMCA OF CANTON EXECUTIVE DIRECTOR / PRESIDENT, 1325 E ASH ST, CANTON, IL 61520-1504	37-0748000	501 (C)(3)	24,373				PROGRAM SUPPORT
(293) YMCA OF SOUTHWESTERN INDIANA 222 NW 6TH STREET, EVANSVILLE, IN 47708-1308	35-0869074	501 (C)(3)	24,287				PROGRAM SUPPORT
(294) DRYADES YMCA 2220 ORETHA CASTLE HALEY BLVD, PO BOX 56217, NEW ORLEANS, LA 70113	72-0428019	501 (C)(3)	24,286				PROGRAM SUPPORT
(295) YMCA OF CATAWBA VALLEY 701 1ST STREET NW, HICKORY, NC 28601	56-0928743	501 (C)(3)	24,261				PROGRAM SUPPORT
(296) YMCA OF SOUTH PALM BEACH COUNTY 6631 PALMETTO CIR S, BOCA RATON, FL 33433-3549	59-1416281	501 (C)(3)	24,233				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
(297) YMCA OF SPRINGFIELD 701 S 4TH ST, P.O. BOX 155, SPRINGFIELD, IL 62705-0155	37-0661263	501 (C)(3)	24,182				PROGRAM SUPPORT
(298) GASTON COUNTY FAMILY YMCA 201 S CLAY ST, GASTONIA, NC 28052	56-0655420	501 (C)(3)	23,965				PROGRAM SUPPORT
(299) CAMP FOSTER YMCA EXECUTIVE DIRECTOR / PRESIDENT, PO BOX 296, SPIRIT LAKE, IA 51360-0296	42-0958909	501 (C)(3)	23,768				PROGRAM SUPPORT
(300) NEW YORK YMCA CAMP 160 BIG POND ROAD, HUGEUNOT, NY 12746-0622	13-1624228	501 (C)(3)	23,750				PROGRAM SUPPORT
(301) YMCA OF SOUTHERN ARIZONA 60 W ALAMEDA ST, PO BOX 1111, TUCSON, AZ 85702	86-0101237	501 (C)(3)	23,746				PROGRAM SUPPORT
(302) THE LICKING COUNTY FAMILY YMCA 470 W CHURCH ST, NEWARK, OH 43055-4293	31-6053101	501 (C)(3)	23,695				PROGRAM SUPPORT
(303) YMCA OF HASTINGS NEBRASKA 1220 W. 18TH ST, HASTINGS, NE 68901	47-0376607	501 (C)(3)	23,670				PROGRAM SUPPORT
(304) STAUNTON-AUGUSTA YMCA EXECUTIVE DIRECTOR / PRESIDENT, 708 N COALTER ST, STAUNTON, VA 24402-2746	54-0506438	501 (C)(3)	23,643				PROGRAM SUPPORT
(305) YMCA OF GREATER ST. PETERSBURG 3200 1ST AVENUE SOUTH, ST. PETERSBURG, FL 33712	59-0624468	501 (C)(3)	23,300				PROGRAM SUPPORT
(306) DOWNTOWN SPOKANE YMCA 930 N MONROE ST, SPOKANE, WA 99201	91-0827958	501 (C)(3)	23,250				PROGRAM SUPPORT
(307) FAMILY YMCA OF BLACK HAWK COUNTY EXECUTIVE DIRECTOR / PRESIDENT, 669 S HACKETT RD, WATERLOO, IA 50701-5632	42-0681109	501 (C)(3)	23,244				PROGRAM SUPPORT
(308) YMCA OF CAPITAL DISTRICT ATTN: DAVID BROWN, 900 DELAWARE AVE, DELMAR, NY 12054	14-1726531	501 (C)(3)	22,845				PROGRAM SUPPORT
(309) LEBANON VALLEY FAMILY YMCA MR. TOM BUZY, CVO, 201 N 7TH ST, LEBANON, PA 17046-5007	23-1243980	501 (C)(3)	22,798				PROGRAM SUPPORT
(310) GREATER VALLEY YMCA 1524 WEST LINDEN STREET SUITE 209, ALLENTOWN, PA 18102	24-0798706	501 (C)(3)	22,760				PROGRAM SUPPORT
(311) YMCA OF IDAHO FALLS INC. EXECUTIVE DIRECTOR / PRESIDENT, 155 N CORNER ST, IDAHO FALLS, ID 83402-4031	82-0222174	501 (C)(3)	22,426				PROGRAM SUPPORT
(312) YMCA OF GEORGIA'S PIEDMONT, INC EXECUTIVE DIRECTOR / PRESIDENT, 50 BRAD AKINS DR, WINDER, GA 30680-8347	20-1759275	501 (C)(3)	22,230				PROGRAM SUPPORT
(313) YMCA OF LA PORTE INDIANA EXECUTIVE DIRECTOR / PRESIDENT, 901 MICHIGAN AVE, LA PORTE, IN 46350-3504	35-0886851	501 (C)(3)	22,229				PROGRAM SUPPORT
(314) YMCA OF OTTUMWA IOWA EXECUTIVE DIRECTOR / PRESIDENT, 611 N HANCOCK ST, OTTUMWA, IA 52501-4278	42-0725202	501 (C)(3)	22,142				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
(315) YMCA OF FREDERICK COUNTY MD INC. 1000 N. MARKET STREET, FREDERICK, MD 21701-4628	52-0607953	501 (C)(3)	22,115				PROGRAM SUPPORT
(316) JOPLIN FAMILY YMCA 510 WALL ST, P.O. BOX 227, JOPLIN, MO 64802-0227	44-0552026	501 (C)(3)	22,093				PROGRAM SUPPORT
(317) YMCA OF KNOX COUNTY EXECUTIVE DIRECTOR / PRESIDENT, 1324 W CARL SANDBURG DR, GALESBURG, IL 61401-1348	37-0661260	501 (C)(3)	21,884				PROGRAM SUPPORT
(318) YMCA OF CORRY EXECUTIVE DIRECTOR / PRESIDENT, 906 N CENTER ST, CORRY, PA 16407-1293	25-1032621	501 (C)(3)	21,744				PROGRAM SUPPORT
(319) NEWPORT COUNTY YMCA 792 VALLEY RD, MIDDLETOWN, RI 02842-7095	05-0258916	501 (C)(3)	21,716				PROGRAM SUPPORT
(320) YMCA OF DEKALB COUNTY INC. 533 NORTH STREET, AUBURN, IN 46706-1828	35-0868958	501 (C)(3)	21,710				PROGRAM SUPPORT
(321) KENTUCKY YMCA YOUTH ASSOCIATION INC. 91 C MICHAEL DAVENPORT BLVD, FRANKFORT, KY 40601	61-0444841	501 (C)(3)	21,649				PROGRAM SUPPORT
(322) MON VALLEY YMCA 101 TAYLOR RUN RD, MONONGAHELA, PA 15063	25-1118619	501 (C)(3)	21,599				PROGRAM SUPPORT
(323) SHASTA COUNTY YMCA 1155 N COURT ST, REDDING, CA 96001-0437	94-1212141	501 (C)(3)	21,526				PROGRAM SUPPORT
(324) FLORENCE FAMILY YMCA 1700 RUTHERFORD DR, FLORENCE, SC 29505-3138	57-0516770	501 (C)(3)	21,442				PROGRAM SUPPORT
(325) PENNSLYVANIA STATE ALLIANCE 805 N FRONT STREET SUITE1, HARRISBURG, PA 17102	36-3258696	501 (C)(3)	21,400				PROGRAM SUPPORT
(326) LOCK HAVEN AREA YMCA EXECUTIVE DIRECTOR / PRESIDENT, 145 E WATER ST, LOCK HAVEN, PA 17745-1343	24-0798644	501 (C)(3)	21,127				PROGRAM SUPPORT
(327) TUSCARAWAS COUNTY YMCA INC. EXECUTIVE DIRECTOR / PRESIDENT, 600 MONROE ST, DOVER, OH 44622-2047	34-0714797	501 (C)(3)	21,099				PROGRAM SUPPORT
(328) YMCA OF NORTHWEST ILLINOIS EXECUTIVE DIRECTOR / PRESIDENT, 2998 W PEARL CITY RD, FREEPORT, IL 61032-9338	36-2169195	501 (C)(3)	20,928				PROGRAM SUPPORT
(329) YMCA OF ANAHEIM EXECUTIVE DIRECTOR / PRESIDENT, 240 S EUCLID ST, ANAHEIM, CA 92802-1047	95-1709299	501 (C)(3)	20,902				PROGRAM SUPPORT
(330) CONNECTICUT STATE ALLIANCE C/O YMCA OF GREATER HARTFORD, 50 STATE HOUSE SQUARE, 2ND FLOOR, HARTFORD, CT 06103	06-0646905	501 (C)(3)	20,896				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
(331) LAKELAND HILLS FAMILY YMCA EXECUTIVE DIRECTOR / PRESIDENT, 100 FANNY RD, MOUNTAIN LAKES, NJ 07046- 1021	22-1559438	501 (C)(3)	20,868				PROGRAM SUPPORT
(332) NEW CANAAN COMMUNITY YMCA 564 SOUTH AVE, NEW CANAAN, CT 06840- 6322	06-0763077	501 (C)(3)	20,815				PROGRAM SUPPORT
(333) VOLUSIA/FLAGLER FAMILY YMCA ASSOCIATION OFFICE, 761 E. INTERNATIONAL SPEEDWAY BLVD, DELAND, FL 32721-1940	59-3284968	501 (C)(3)	20,717				PROGRAM SUPPORT
(334) YMCA OF DARIEN COMMUNITY INC EXECUTIVE DIRECTOR / PRESIDENT, 2420 POST RD, DARIEN, CT 06820-5624	06-0859795	501 (C)(3)	20,581				PROGRAM SUPPORT
(335) CAMERON REGIONAL YMCA 1903 N WALNUT, ATTN: MARY JO ELBERGER, CAMERON, MO 64429	43-1933672	501 (C)(3)	20,470				PROGRAM SUPPORT
(336) ADAIR COUNTY FAMILY YMCA EXECUTIVE DIRECTOR / PRESIDENT, 1708 S JAMISON ST, KIRKSVILLE, MO 63501-3956	43-0811428	501 (C)(3)	20,434				PROGRAM SUPPORT
(337) YMCA OF JEFFERSON COUNTY 1304 BROADWAY, MT. VERNON, IL 62864	37-0863227	501 (C)(3)	20,339				PROGRAM SUPPORT
(338) MISSISSIPPI GULF COAST YMCA EXECUTIVE DIRECTOR / PRESIDENT, 1810 GOVERNMENT ST, OCEAN SPRINGS, MS 39564-3931	64-0584648	501 (C)(3)	20,268				PROGRAM SUPPORT
(339) GREATER WATERBURY YMCA 136 W MAIN ST, WATERBURY, CT 06702- 2099	06-0646988	501 (C)(3)	20,138				PROGRAM SUPPORT
(340) YMCA CAMP MILLER 89382 E FRONTAGE RD, STURGEON LAKE, MN 55783	41-0693931	501 (C)(3)	20,000				PROGRAM SUPPORT
(341) SPRINGFIELD COLLEGE ATTN: SARA LAWLOR, 263 ALDEN STREET, SPRINGFIELD, MA 01109-3797	04-2104329	501 (C)(3)	20,000				PROGRAM SUPPORT
(342) LEGACY YMCA 1501 4TH AVE SW, BESSEMER, AL 35022	63-0288881	501 (C)(3)	19,948				PROGRAM SUPPORT
(343) GREAT MIAMI VALLEY YMCA 105 N 2ND ST, HAMILTON, OH 45011	31-0536719	501 (C)(3)	19,826				PROGRAM SUPPORT
(344) TAKODAH YMCA 32 LAKE ST., SWANZEY, NH 03431	02-0222246	501 (C)(3)	19,708				PROGRAM SUPPORT
(345) YMCA OF AKRON OHIO INC. 50 S. MAIN ST., LL100, AKRON, OH 44308- 1037	34-0714727	501 (C)(3)	19,446				PROGRAM SUPPORT
(346) YMCA OF MUNCIE INDIANA INC. EXECUTIVE DIRECTOR / PRESIDENT, 500 S MULBERRY ST, MUNCIE, IN 47305-2446	35-0868215	501 (C)(3)	19,044				PROGRAM SUPPORT
(347) GREATER MISSOULA FAMILY YMCA 3000 S RUSSELL ST, MISSOULA, MT 59801- 8547	81-0300829	501 (C)(3)	18,985				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
(348) YMCA OF MONROE COUNTY INC. 2125 S HIGHLAND AVE, BLOOMINGTON, IN 47402-2598	35-1384859	501 (C)(3)	18,959				PROGRAM SUPPORT
(349) YMCA OF DANE COUNTY INC. 711 COTTAGE GROVE RD, MADISON, WI 53716	39-0806253	501 (C)(3)	18,882				PROGRAM SUPPORT
(350) MYSTIC LAKE CAMP BRANCH YMCA EXECUTIVE DIRECTOR / PRESIDENT, 9505 LUDINGTON DR, LAKE, MI 48632-9568	38-1359576	501 (C)(3)	18,750				PROGRAM SUPPORT
(351) CAMP HAYO-WENT-HA YMCA EXECUTIVE DIRECTOR / PRESIDENT, 919 N EAST TORCH LAKE DR, CENTRAL LAKE, MI 49622-9628	38-1358418	501 (C)(3)	18,750				PROGRAM SUPPORT
(352) YMCA OF THE OZARKS 13528 STATE HIGHWAY AA, POTOSI, MO 63664	43-0653616	501 (C)(3)	18,750				PROGRAM SUPPORT
(353) FITCH BRANCH YMCA 12600 ABELS ROAD, NORTH SPRINGFIELD, PA 16430	34-0714730	501 (C)(3)	18,750				PROGRAM SUPPORT
(354) J.A. HENRY BRANCH YMCA 301 W. 6TH ST, CHATTANOOGA, TN 37402	62-0475699	501 (C)(3)	18,750				PROGRAM SUPPORT
(355) HAMILTON AREA YMCA 1315 WHITEHORSE-MERCERVILLE ROAD, HAMILTON, NJ 08619-3815	21-0702879	501 (C)(3)	18,678				PROGRAM SUPPORT
(356) GREATER MARINETTE-MENOMINEE YMCA INC. 1600 WEST DR, MENOMINEE, MI 49858-2238	38-6119445	501 (C)(3)	18,562				PROGRAM SUPPORT
(357) STATELINE FAMILY YMCA OF БЕЛОИТ, INC. 1865 RIVERSIDE DR, БЕЛОИТ, WI 53511	39-0806449	501 (C)(3)	18,511				PROGRAM SUPPORT
(358) CLEVELAND COUNTY FAMILY YMCA P.O. BOX 2272, SHELBY, NC 28151	58-2016066	501 (C)(3)	18,455				PROGRAM SUPPORT
(359) TIFTAREA YMCA INC. 1657 S CARPENTER ROAD, TIFTON, GA 31793-2400	58-2383631	501 (C)(3)	18,400				PROGRAM SUPPORT
(360) LAKE COUNTY YMCA 933 MENTOR AVE, PAINESVILLE, OH 44077	34-0714796	501 (C)(3)	18,325				PROGRAM SUPPORT
(361) OCEAN COUNTY YMCA EXECUTIVE DIRECTOR / PRESIDENT, 1088 WEST WHITTY RD, TOMS RIVER, NJ 08755-3278	22-1901046	501 (C)(3)	18,223				PROGRAM SUPPORT
(362) PICKENS COUNTY YMCA 201 BURNS RD, EASLEY, SC 29640-3713	57-0405623	501 (C)(3)	18,082				PROGRAM SUPPORT
(363) YMCA OF FINDLAY OHIO EXECUTIVE DIRECTOR / PRESIDENT, 300 E LINCOLN ST, FINDLAY, OH 45840-4989	34-4428263	501 (C)(3)	17,917				PROGRAM SUPPORT
(364) KEENE FAMILY YMCA 200 SUMMIT ROAD, KEENE, NH 03431	02-0222247	501 (C)(3)	17,902				PROGRAM SUPPORT
(365) J. SMITH YOUNG FAMILY YMCA EXECUTIVE DIRECTOR / PRESIDENT, 119 W THIRD AVE, LEXINGTON, NC 27293-0210	56-0576153	501 (C)(3)	17,800				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
(366) ROCKY MOUNT FAMILY YMCA INC. 1000 INDEPENDENCE DRIVE, ROCKY MOUNT, NC 27803	56-0543251	501 (C)(3)	17,787				PROGRAM SUPPORT
(367) CAMP OCKANICKON YMCA EXECUTIVE DIRECTOR / PRESIDENT, 1303 STOKES RD, MEDFORD, NJ 08055-8632	21-0635054	501 (C)(3)	17,667				PROGRAM SUPPORT
(368) SAN LUIS OBISPO COUNTY YMCA EXECUTIVE DIRECTOR / PRESIDENT, 1020 SOUTHWOOD DR, SAN LUIS OBISPO, CA 93401-5813	95-2147727	501 (C)(3)	17,572				PROGRAM SUPPORT
(369) YMCA OF THE SANDHILLS EXECUTIVE DIRECTOR / PRESIDENT, 2717 FORT BRAGG RD, FAYETTEVILLE, NC 28303-4720	56-0582025	501 (C)(3)	17,398				PROGRAM SUPPORT
(370) CHAMPAIGN FAMILY YMCA 191 COMMUNITY DR, URBANA, OH 43078-0635	31-1506457	501 (C)(3)	17,324				PROGRAM SUPPORT
(371) PRINCETON FAMILY YMCA EXECUTIVE DIRECTOR / PRESIDENT, 59 PAUL ROBESON PL, #1, PRINCETON, NJ 08540-3798	21-0639890	501 (C)(3)	17,251				PROGRAM SUPPORT
(372) GLOW YMCA, INC. 209 E MAIN ST, BATAVIA, NY 14020-2288	16-0743230	501 (C)(3)	17,224				PROGRAM SUPPORT
(373) YMCA OF WESTERN STARK COUNTY 131 TREMONT AVE SE, MASSILLON, OH 44646-6698	34-0719180	501 (C)(3)	17,164				PROGRAM SUPPORT
(374) SUMMIT AREA YMCA 490 MORRIS AVE, SUMMIT, NJ 07901-2595	22-1487392	501 (C)(3)	17,108				PROGRAM SUPPORT
(375) YMCA OF THE SHOALS 2121 HELTON DR, FLORENCE, AL 35630-1448	63-0545200	501 (C)(3)	17,087				PROGRAM SUPPORT
(376) YMCA OF THE GREATER TRI-VALLEY 301 W. BLOOMFIELD STREET, ROME, NY 13442	23-7045379	501 (C)(3)	17,086				PROGRAM SUPPORT
(377) SUPERIOR-DOUGLAS COUNTY FAMILY YMCA EXECUTIVE DIRECTOR / PRESIDENT, 9 N 21ST ST, SUPERIOR, WI 54880-5299	39-0813468	501 (C)(3)	17,072				PROGRAM SUPPORT
(378) GREATER SUSQUEHANNA VALLEY YMCA 1150 N 4TH ST, PO BOX 390, SUNBURY, PA 17801	24-0795634	501 (C)(3)	17,046				PROGRAM SUPPORT
(379) BLUE RIDGE ASSEMBLY YMCA 84 BLUE RIDGE CIR, BLACK MOUNTAIN, NC 28711-9722	56-0532130	501 (C)(3)	17,016				PROGRAM SUPPORT
(380) GREENFIELD YMCA 451 MAIN ST, GREENFIELD, MA 01301-3304	04-2149363	501 (C)(3)	16,837				PROGRAM SUPPORT
(381) MUSCATINE COMMUNITY YMCA 1823 LOGAN ST, MUSCATINE, IA 52761-2434	42-0680340	501 (C)(3)	16,666				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
(382) HENDERSON FAMILY YMCA EXECUTIVE DIRECTOR / PRESIDENT, 380 RUIIN CREEK RD, HENDERSON, NC 27536- 6698	58-1406066	501 (C)(3)	16,612				PROGRAM SUPPORT
(383) FLORIDA STATE ALLIANCE OF YMCAS 600 1ST AVE. N, SUITE 201, ST. PETERSBURG, FL 33701	59-1158144	501 (C)(3)	16,500				PROGRAM SUPPORT
(384) STATE YMCA OF MICHIGAN 919 N EAST TORCH LAKE DR, CENTRAL LAKE, MI 49622-9628	38-1358418	501 (C)(3)	16,497				PROGRAM SUPPORT
(385) VALLEY POINTS FAMILY YMCA 800 CONSTITUTION BLVD, NEW KENSINGTON, PA 15068	25-0965625	501 (C)(3)	16,451				PROGRAM SUPPORT
(386) MARION FAMILY YMCA 645 BARKS RD E, MARION, OH 43302	31-4380058	501 (C)(3)	16,450				PROGRAM SUPPORT
(387) YMCA OF THE NORTHWOODS EXECUTIVE DIRECTOR / PRESIDENT, 2003 E. WINNEBAGO ST, RHINELANDER, WI 54501-0471	39-1942168	501 (C)(3)	16,419				PROGRAM SUPPORT
(388) HOPKINS COUNTY FAMILY YMCA 150 YMCA DRIVE, MADISONVILLE, KY 42431-9019	61-0904719	501 (C)(3)	16,404				PROGRAM SUPPORT
(389) STANLY COUNTY FAMILY YMCA EXECUTIVE DIRECTOR / PRESIDENT, 427 N 1ST ST, ALBEMARLE, NC 28001-3906	58-1582063	501 (C)(3)	16,312				PROGRAM SUPPORT
(390) PARKVIEW HUNTINGTON FAMILY YMCA 1160 W 500 N, HUNTINGTON, IN 46750	35-0905959	501 (C)(3)	16,254				PROGRAM SUPPORT
(391) CAMP WAKONDA EXECUTIVE DIRECTOR / PRESIDENT, 22237 LAWRENCE 2080, ASH GROVE, MO 65604- 7147	44-0545283	501 (C)(3)	16,250				PROGRAM SUPPORT
(392) THE YMCA OF KLAMATH FALLS EXECUTIVE DIRECTOR / PRESIDENT, 1221 S ALAMEDA AVE, KLAMATH FALLS, OR 97603-3696	93-0386978	501 (C)(3)	16,223				PROGRAM SUPPORT
(393) POCONO FAMILY YMCA 809 MAIN ST, STROUDSBURG, PA 18360- 1697	24-0795519	501 (C)(3)	16,083				PROGRAM SUPPORT
(394) MCPHERSON FAMILY YMCA EXECUTIVE DIRECTOR / PRESIDENT, 220 N WALNUT ST, MCPHERSON, KS 67460-1066	48-0650061	501 (C)(3)	15,940				PROGRAM SUPPORT
(395) WAPAKONETA FAMILY YMCA EXECUTIVE DIRECTOR / PRESIDENT, 1100 DEFIANCE ST., WAPAKONETA, OH 45895- 1022	31-1568315	501 (C)(3)	15,898				PROGRAM SUPPORT
(396) GALLATIN VALLEY YMCA, INC PO BOX 10158, 514 S. 23RD, BOZEMAN, MT 59719	81-0542574	501 (C)(3)	15,844				PROGRAM SUPPORT
(397) HOBART FAMILY YMCA INC. EXECUTIVE DIRECTOR / PRESIDENT, ATTN: CHRIS FUGATE, 601 W 40TH PL, HOBART, IN 46342-2223	35-1382817	501 (C)(3)	15,812				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
(398) SMITHFIELD YMCA EXECUTIVE DIRECTOR / PRESIDENT, 15 DEERFIELD DR- POBOX 363, GREENVILLE, RI 02828-0363	23-7065619	501 (C)(3)	15,781				PROGRAM SUPPORT
(399) BLAIR FAMILY YMCA EXECUTIVE DIRECTOR / PRESIDENT, 1278 WILBUR ST, PO BOX 384, BLAIR, NE 68008- 2373	47-0782711	501 (C)(3)	15,780				PROGRAM SUPPORT
(400) CORONA-NORCO FAMILY YMCA EXECUTIVE DIRECTOR / PRESIDENT, 1331 RIVER RD, CORONA, CA 92880-1213	95-2879893	501 (C)(3)	15,629				PROGRAM SUPPORT
(401) BLOOMSBURG AREA YMCA EXECUTIVE DIRECTOR / PRESIDENT, 30 E 7TH ST, BLOOMSBURG, PA 17815-2728	23-2085257	501 (C)(3)	15,545				PROGRAM SUPPORT
(402) ALBERT LEA FAMILY YMCA 2021 W MAIN ST, ALBERT LEA, MN 56007- 4399	41-1000679	501 (C)(3)	15,513				PROGRAM SUPPORT
(403) WATSONVILLE FAMILY YMCA EXECUTIVE DIRECTOR / PRESIDENT, 27 SUDDEN ST, WATSONVILLE, CA 95076-4322	77-0202335	501 (C)(3)	15,484				PROGRAM SUPPORT
(404) SOUTHWESTERN MONTANA FAMILY YMCA, INC 75 SWENSON WAY, DILLON, MT 59725	81-0486053	501 (C)(3)	15,450				PROGRAM SUPPORT
(405) ATHOL YMCA EXECUTIVE DIRECTOR / PRESIDENT, 545 MAIN ST, ATHOL, MA 01331-1886	04-2103727	501 (C)(3)	15,447				PROGRAM SUPPORT
(406) CLEVELAND COUNTY FAMILY YMCA 1350 LEXINGTON AVE, NORMAN, OK 73069	73-1149824	501 (C)(3)	15,381				PROGRAM SUPPORT
(407) YMCA OF DYER COUNTY 120 MCGAUGHEY E, PO BOX 1502, DYERSBURG, TN 38025-1502	62-1616170	501 (C)(3)	15,358				PROGRAM SUPPORT
(408) YMCA OF THE UNIVERSITY OF ILLINOIS EXECUTIVE DIRECTOR / PRESIDENT, 1001 S WRIGHT ST, CHAMPAIGN, IL 61820-6225	37-0661257	501 (C)(3)	15,039				PROGRAM SUPPORT
(409) YMCA OF MICHIANA INC. EXECUTIVE DIRECTOR / PRESIDENT, 1201 NORTHSIDE BLVD, SOUTH BEND, IN 46615- 3921	35-0868216	501 (C)(3)	14,902				PROGRAM SUPPORT
(410) DEARBORN YMCA 321 N WARREN ST, MOBILE, AL 36603-5938	63-0302188	501 (C)(3)	14,837				PROGRAM SUPPORT
(411) YMCA OF MEDFORD 522 W 6TH ST, MEDFORD, OR 97501-2735	93-0391645	501 (C)(3)	14,767				PROGRAM SUPPORT
(412) HAMPSHIRE REGIONAL YMCA EXECUTIVE DIRECTOR / PRESIDENT, 286 PROSPECT ST, NORTHAMPTON, MA 01060- 2098	04-2105887	501 (C)(3)	14,750				PROGRAM SUPPORT
(413) YMCA OF RED WING MINNESOTA EXECUTIVE DIRECTOR / PRESIDENT, 434 MAIN ST, RED WING, MN 55066-2354	41-0695614	501 (C)(3)	14,186				PROGRAM SUPPORT
(414) BURLINGTON AREA YMCA 2410 MOUNT PLEASANT ST, BURLINGTON, IA 52601-2764	13-4289848	501 (C)(3)	14,103				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
(415) JUNIUS WARD JOHNSON YMCA EXECUTIVE DIRECTOR / PRESIDENT, 267 YMCA PLACE, VICKSBURG, MS 39180-2935	64-0303115	501 (C)(3)	14,087				PROGRAM SUPPORT
(416) ALLIANCE OF NEW YORK STATE YMCAS 465 NEW KARNER RD, 1ST FLOOR, ALBANY, NY 12205	14-1726531	501 (C)(3)	13,955				PROGRAM SUPPORT
(417) YMCA OF GREATER WILLIAMSON COUNTY 1812 N. MAYS, PO BOX 819, ROUND ROCK, TX 78680-0819	74-2206558	501 (C)(3)	13,747				PROGRAM SUPPORT
(418) ITHACA & TOMPKINS COUNTY YMCA EXECUTIVE DIRECTOR / PRESIDENT, 50 GRAHAM ROAD WEST, ITHACA, NY 14850- 1085	15-0545415	501 (C)(3)	13,724				PROGRAM SUPPORT
(419) YMCA OF VALPARAISO INDIANA INC. 1201 CUMBERLAND CROSSING DR, VALPARAISO, IN 46383	35-0876401	501 (C)(3)	13,661				PROGRAM SUPPORT
(420) GREATER HOLYOKE YMCA 171 PINE STREET, HOLYOKE, MA 01040- 4065	04-2192693	501 (C)(3)	13,573				PROGRAM SUPPORT
(421) RACINE FAMILY YMCA 245 MAIN STREET, RACINE, WI 53403	39-0807254	501 (C)(3)	13,566				PROGRAM SUPPORT
(422) EL PASO ARMED SERVICES YMCA EXECUTIVE DIRECTOR / PRESIDENT, 7060 COMINGTON ST, EL PASO, TX 79930-4200	91-1883466	501 (C)(3)	13,500				PROGRAM SUPPORT
(423) TELFORD COMMUNITY CENTER YMCA 1100 E MAIN ST, RICHMOND, KY 40475-2028	61-6000619	501 (C)(3)	12,762				PROGRAM SUPPORT
(424) BUTLER COUNTY FAMILY YMCA 2002 EHRMAN ROAD, CRANBERRY TOWNSHIP, PA 16067	25-0965619	501 (C)(3)	12,735				PROGRAM SUPPORT
(425) THE DENNY PRICE FAMILY YMCA OF ENID, OKLAHOMA EXECUTIVE DIRECTOR / PRESIDENT, 415 W CHEROKEE AVE, ENID, OK 73701-5502	73-0599309	501 (C)(3)	12,729				PROGRAM SUPPORT
(426) YMCA OF OTTAWA ILLINOIS EXECUTIVE DIRECTOR / PRESIDENT, 201 E JACKSON ST, OTTAWA, IL 61350-2297	36-2337893	501 (C)(3)	12,658				PROGRAM SUPPORT
(427) TRIANGLE RANCH CAMP BRANCH YMCA 34434 S Y CAMP ROAD, PO BOX 350, ORACLE, AZ 85623	86-0101237	501 (C)(3)	12,500				PROGRAM SUPPORT
(428) YMCA OF GREATER LONG BEACH/COMMUNITY DEVELOPMENT BRANCH 525 E. 7TH ST, LONG BEACH, CA 90813	95-1643396	501 (C)(3)	12,500				PROGRAM SUPPORT
(429) TORRANCE-SOUTH BAY FAMILY YMCA 2900 WEST SEPULVEDA BLVD, TORRANCE, CA 90505	95-1644052	501 (C)(3)	12,500				PROGRAM SUPPORT
(430) HILL FAMILY CENTER YMCA C/O 303 W. CHESAPEAKE AVE., BALTIMORE, MD 21204	52-0591699	501 (C)(3)	12,500				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
(431) CAMP ONYAHSA 5411 EAST LAKE RD, DEWITTVILLE, NY 14728	16-0743238	501 (C)(3)	12,500				PROGRAM SUPPORT
(432) CAMP W HERMAN WEAVER YMCA EXECUTIVE DIRECTOR / PRESIDENT, 4924 TAPAWINGO TRL, GREENSBORO, NC 27406-9072	56-0543243	501 (C)(3)	12,500				PROGRAM SUPPORT
(433) CAMP KERN BRANCH YMCA EXECUTIVE DIRECTOR / PRESIDENT, 5291 STATE ROUTE 350, OREGONIA, OH 45054-9746	31-0537517	501 (C)(3)	12,500				PROGRAM SUPPORT
(434) YMCA CAMP NAN A BO SHO EXECUTIVE DIRECTOR / PRESIDENT, 18369 OCONTO LN, LAKEWOOD, WI 54138-9662	39-0806191	501 (C)(3)	12,500				PROGRAM SUPPORT
(435) CAMP MINIKANI BRANCH YMCA 875 AMY BELLE RD, HUBERTUS, WI 53033-9657	39-0806314	501 (C)(3)	12,500				PROGRAM SUPPORT
(436) YMCA OF SOUTHWEST WASHINGTON EXECUTIVE DIRECTOR / PRESIDENT, 766 - 15TH AVE, LONGVIEW, WA 98632-7446	91-0565021	501 (C)(3)	12,452				PROGRAM SUPPORT
(437) YMCA OF COLUMBIA 1612 MARION STREET, COLUMBIA, SC 29201	57-0314423	501 (C)(3)	12,360				PROGRAM SUPPORT
(438) NORTHWESTERN CONNECTICUT YMCA 259 PROSPECT STREET, TORRINGTON, CT 06790-5315	22-2878484	501 (C)(3)	12,227				PROGRAM SUPPORT
(439) KENNEBEC VALLEY YMCA EXECUTIVE DIRECTOR / PRESIDENT, 31 UNION STREET, AUGUSTA, ME 04330-5617	01-0211811	501 (C)(3)	12,186				PROGRAM SUPPORT
(440) YMCA OF COASTAL GEORGIA INC. 6400 HABERSHAM STREET SUITE A, SAVANNAH, GA 31405	58-0603160	501 (C)(3)	12,171				PROGRAM SUPPORT
(441) VALDOSTA-LOWNDES COUNTY YMCA EXECUTIVE DIRECTOR / PRESIDENT, PO BOX 1301, VALDOSTA, GA 31603-1301	58-1052279	501 (C)(3)	12,171				PROGRAM SUPPORT
(442) YMCA AT VIRGINIA TECH 403 WASHINGTON ST SW, BLACKSBURG, VA 24060-4747	54-0505987	501 (C)(3)	12,039				PROGRAM SUPPORT
(443) MEADVILLE YMCA 356 CHESTNUT ST, MEADVILLE, PA 16335-3285	25-0969495	501 (C)(3)	11,993				PROGRAM SUPPORT
(444) THE YMCA OF CENTRAL NEW MEXICO 4901 INDIAN SCHOOL, RD, NE, ALBUQUERQUE, NM 87110	85-0105592	501 (C)(3)	11,987				PROGRAM SUPPORT
(445) YMCA OF THE FOOTHILLS EXECUTIVE DIRECTOR / PRESIDENT, 1930 FOOTHILL BLVD, LA CANADA FLINTRIDGE, CA 91011-1933	95-1976183	501 (C)(3)	11,786				PROGRAM SUPPORT
(446) YMCA OF DOUGLAS COUNTY EXECUTIVE DIRECTOR / PRESIDENT, 1151 NW STEWART PARKWAY, ROSEBURG, OR 97470-1902	93-0395593	501 (C)(3)	11,694				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
(447) YMCA OF CENTRAL VIRGINIA 801 WYNDHURST DRIVE, LYNCHBURG, VA 24502	54-0505924	501 (C)(3)	11,595				PROGRAM SUPPORT
(448) SANTA MONICA FAMILY YMCA 1332 6TH STREET, SANTA MONICA, CA 90401-1604	95-1643380	501 (C)(3)	11,594				PROGRAM SUPPORT
(449) KETTLE MORAIN YMCA INC. EXECUTIVE DIRECTOR / PRESIDENT, 1111 W. WASHINGTON ST, WEST BEND, WI 53095-2433	39-1175559	501 (C)(3)	11,592				PROGRAM SUPPORT
(450) CARBONDALE YMCA EXECUTIVE DIRECTOR / PRESIDENT, 82 N MAIN ST, CARBONDALE, PA 18407-1914	24-0795515	501 (C)(3)	11,576				PROGRAM SUPPORT
(451) YMCAS OF WAYCROSS GA INC. EXECUTIVE DIRECTOR / PRESIDENT, 1634 PLANT AVE, WAYCROSS, GA 31501-5247	58-0566129	501 (C)(3)	11,475				PROGRAM SUPPORT
(452) SARASOTA FAMILY YMCA, INC ONE SOUTH SCHOOL AVE STE 301, SARASOTA, FL 34237-8133	59-1618413	501 (C)(3)	11,424				PROGRAM SUPPORT
(453) YMCA OF BUCYRUS-TIFFIN EXECUTIVE DIRECTOR / PRESIDENT, 180 SUMMIT ST, TIFFIN, OH 44883-3199	34-4479386	501 (C)(3)	11,338				PROGRAM SUPPORT
(454) YMCA OF STAMFORD 10 BELL ST, STAMFORD, CT 06901	06-0646985	501 (C)(3)	11,316				PROGRAM SUPPORT
(455) RARITAN BAY AREA YMCA PO BOX 148, PERTH AMBOY, NJ 08862	22-1487390	501 (C)(3)	10,921				PROGRAM SUPPORT
(456) BOONSLICK HEARTLAND YMCA EXECUTIVE DIRECTOR / PRESIDENT, 757 3RD ST, BOONVILLE, MO 65233-0104	43-1798929	501 (C)(3)	10,902				PROGRAM SUPPORT
(457) YMCA OF BELVIDERE EXECUTIVE DIRECTOR / PRESIDENT, 220 W LOCUST ST, BELVIDERE, IL 61008-3677	36-2287520	501 (C)(3)	10,764				PROGRAM SUPPORT
(458) YMCA OF MANSFIELD OHIO EXECUTIVE DIRECTOR / PRESIDENT, 750 SCHOLL RD, MANSFIELD, OH 44907-1570	34-0714795	501 (C)(3)	10,672				PROGRAM SUPPORT
(459) DICKSON COUNTY FAMILY YMCA 225 HENSLEE DRIVE,, DICKSON, TN 37055	47-1215122	501 (C)(3)	10,584				PROGRAM SUPPORT
(460) AUBURN YMCA-WEIU 27 WILLIAM ST, AUBURN, NY 13021-3786	16-0978301	501 (C)(3)	10,551				PROGRAM SUPPORT
(461) PENINSULA METROPOLITAN YMCA 41 OLD OYSTER POINT RD. SUITE C, NEWPORT NEWS, VA 23602	54-0524905	501 (C)(3)	10,534				PROGRAM SUPPORT
(462) YMCA OF CUMBERLAND MD EXECUTIVE DIRECTOR / PRESIDENT, 601 KELLY RD, CUMBERLAND, MD 21502-2878	52-0591700	501 (C)(3)	10,376				PROGRAM SUPPORT
(463) BECKET-CHIMNEY CORNERS YMCA CAMPS & OUTDOOR CTR. EXECUTIVE DIRECTOR / PRESIDENT, 748 HAMILTON RD, BECKET, MA 01223-9686	04-2105946	501 (C)(3)	10,272				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
(464) SHENANGO VALLEY YMCA EXECUTIVE DIRECTOR / PRESIDENT, 925 NORTH HERMITAGE ROAD, HERMITAGE, PA 16148-3219	25-1113698	501 (C)(3)	10,216				PROGRAM SUPPORT
(465) GREENWOOD YMCA 1760 CALHOUN RD, GREENWOOD, SC 29649-8909	57-0365088	501 (C)(3)	10,125				PROGRAM SUPPORT
(466) YMCA OF ROWAN COUNTY EXECUTIVE DIRECTOR / PRESIDENT, PO BOX 1575, SALISBURY, NC 28145-1575	56-0606313	501 (C)(3)	10,110				PROGRAM SUPPORT
(467) YMCA OF NORTHWESTERN DUPAGE COUNTY EXECUTIVE DIRECTOR / PRESIDENT, 49 DEICKE DR, GLEN ELLYN, IL 60137-5665	36-2470895	501 (C)(3)	10,070				PROGRAM SUPPORT
(468) WYCKOFF FAMILY YMCA INC EXECUTIVE DIRECTOR / PRESIDENT, 691 WYCKOFF AVE, WYCKOFF, NJ 07481-0203	22-2011431	501 (C)(3)	10,057				PROGRAM SUPPORT
(469) YMCA FAMILY CAMP NAWAKWA 13400 CAMP NAWAKWA LN, LAC DU FLAMBEAU, WI 54538-9111	36-2179782	501 (C)(3)	10,000				PROGRAM SUPPORT
(470) RIVER VALLEY REGIONAL YMCA 641 WALNUT STREET, WILLIAMSPORT, PA 17701	24-0795698	501 (C)(3)	9,949				PROGRAM SUPPORT
(471) SOUTHEAST VENTURA COUNTY YMCA 100 E THOUSANDS OAKS, BLVD STE 187, THOUSAND OAKS, CA 91360-4238	95-2305501	501 (C)(3)	9,911				PROGRAM SUPPORT
(472) MAUI FAMILY YMCA EXECUTIVE DIRECTOR / PRESIDENT, 250 KANALOA AVE, KAHULUI, HI 96732-1100	99-0105206	501 (C)(3)	9,878				PROGRAM SUPPORT
(473) ANDERSON AREA YMCA EXECUTIVE DIRECTOR / PRESIDENT, 201 E REED RD, ANDERSON, SC 29621	57-0314465	501 (C)(3)	9,778				PROGRAM SUPPORT
(474) YMCA OF NORTHWEST FLORIDA P.O. BOX 13170, PENSACOLA, FL 32591	59-0624465	501 (C)(3)	9,679				PROGRAM SUPPORT
(475) COLE CENTER FAMILY YMCA 700 GARDEN ST, PO BOX233, KENDALLVILLE, IN 46755-0233	23-7077600	501 (C)(3)	9,673				PROGRAM SUPPORT
(476) YMCA OF THE CHESAPEAKE, INC. 202 PEACH BLOSSOM ROAD, EASTON, MD 21601	52-0646895	501 (C)(3)	9,673				PROGRAM SUPPORT
(477) BILLINGS FAMILY YMCA 402 N 32ND ST, BILLINGS, MT 59101-1273	81-0229386	501 (C)(3)	9,650				PROGRAM SUPPORT
(478) THE RIVERBROOK REGIONAL YMCA ATTN: MARY ANN GENUARIO, 404 DANBURY RD, WILTON, CT 06897-2095	06-0853258	501 (C)(3)	9,627				PROGRAM SUPPORT
(479) FAMILY YMCA OF BARTLESVILLE EXECUTIVE DIRECTOR / PRESIDENT, 101 N OSAGE AVE, BARTLESVILLE, OK 74003- 2713	73-0521535	501 (C)(3)	9,539				PROGRAM SUPPORT
(480) CORTLAND COUNTY FAMILY YMCA 22 TOMPKINS ST, CORTLAND, NY 13045- 2541	15-0533570	501 (C)(3)	9,498				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
(481) DECATUR FAMILY YMCA EXECUTIVE DIRECTOR / PRESIDENT, 220 W MCKINLEY AVE, DECATUR, IL 62526-5858	37-0661258	501 (C)(3)	9,474				PROGRAM SUPPORT
(482) FRANKLIN/GROVE CITY YMCA 111 WEST PARK STREET, FRANKLIN, PA 16323-1365	25-0995782	501 (C)(3)	9,438				PROGRAM SUPPORT
(483) LIMESTONE FAMILY YMCA 1080 U.S. 68, MAYSVILLE, KY 41056	61-1080836	501 (C)(3)	9,423				PROGRAM SUPPORT
(484) LAKE WALES FAMILY YMCA 1001 BURNS AVE, LAKE WALES, FL 33853- 2621	59-1741481	501 (C)(3)	9,394				PROGRAM SUPPORT
(485) YMCA OF MADISON COUNTY INC. 28 W. 12TH ST., ANDERSON, IN 46016	35-0868206	501 (C)(3)	9,276				PROGRAM SUPPORT
(486) CAMP THUNDERBIRD BRANCH YMCA 1 THUNDERBIRD LN, LAKE WYLIE, SC 29710	56-1045299	501 (C)(3)	9,250				PROGRAM SUPPORT
(487) HIGHLANDS COUNTY FAMILY YMCA EXECUTIVE DIRECTOR / PRESIDENT, 100 YMCA LN, SEBRING, FL 33875-4352	59-2859656	501 (C)(3)	9,220				PROGRAM SUPPORT
(488) MEADOWLANDS AREA YMCA EXECUTIVE DIRECTOR / PRESIDENT, 436 RIDGE ROAD, NORTH ARLINGTON, NJ 07031	22-1997720	501 (C)(3)	9,207				PROGRAM SUPPORT
(489) FOOTHILLS YMCA 10121 CLEMSON BLVD., SUITE F, SENECA, SC 29678	57-0934024	501 (C)(3)	8,990				PROGRAM SUPPORT
(490) EASTERN CAROLINA YOUNG MEN'S CHRISTIAN ASSOCIATION, INC. 100 YMCA LANE, NEW BERN, NC 28560- 5400	58-1402035	501 (C)(3)	8,935				PROGRAM SUPPORT
(491) YMCA OF BERWYN-CICERO 2947 OAK PARK AVE, BERWYN, IL 60402- 3048	36-2702522	501 (C)(3)	8,921				PROGRAM SUPPORT
(492) LE MARS AREA FAMILY YMCA 241 12TH ST SE, LE MARS, IA 51031-0041	42-1413807	501 (C)(3)	8,857				PROGRAM SUPPORT
(493) MATTOON AREA FAMILY YMCA EXECUTIVE DIRECTOR / PRESIDENT, 221 N 16TH ST, MATTOON, IL 61938-3076	37-1122559	501 (C)(3)	8,791				PROGRAM SUPPORT
(494) KANKAKEE AREA YMCA EXECUTIVE DIRECTOR / PRESIDENT, 1075 N KENNEDY DR, KANKAKEE, IL 60901-2032	36-2169198	501 (C)(3)	8,671				PROGRAM SUPPORT
(495) YMCA OF RIDGEWOOD 112 OAK STREET, RIDGEWOOD, NJ 07450	22-1508752	501 (C)(3)	8,544				PROGRAM SUPPORT
(496) PRESCOTT YMCA OF YAVAPAI COUNTY EXECUTIVE DIRECTOR / PRESIDENT, 750 WHIPPLE ST, PRESCOTT, AZ 86301-1718	86-0119151	501 (C)(3)	8,535				PROGRAM SUPPORT
(497) SHERIDAN COUNTY YMCA EXECUTIVE DIRECTOR / PRESIDENT, 417 N JEFFERSON ST, SHERIDAN, WY 82801-3827	83-0186708	501 (C)(3)	8,506				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
(498) MOULTRIE YMCA 601 26TH AVE SE, MOULTRIE, GA 31768-6758	58-0593424	501 (C)(3)	8,430				PROGRAM SUPPORT
(499) YMCA OF YAKIMA EXECUTIVE DIRECTOR / PRESIDENT, 5 N NACHES AVE, YAKIMA, WA 98901-2796	91-0568717	501 (C)(3)	8,394				PROGRAM SUPPORT
(500) YMCA OF LINCOLN NEBRASKA 570 FALLBROOK BLVD, SUITE 210, LINCOLN, NE 68521	47-0376578	501 (C)(3)	8,127				PROGRAM SUPPORT
(501) PALM BEACHES METROPOLITAN YMCA 2085 S CONGRESS AVENUE, WEST PALM BEACH, FL 33406-7601	59-0624470	501 (C)(3)	8,105				PROGRAM SUPPORT
(502) INTERNATIONAL BRANCH YMCA 5 W 63RD ST 2ND FL, NEW YORK, NY 10023	13-1624228	501 (C)(3)	7,989				PROGRAM SUPPORT
(503) THE GREATER MARCO FAMILY YMCA, INC. 101 SAND HILL ST, PO BOX 2529, MARCO ISLAND, FL 34146	59-2498619	501 (C)(3)	7,857				PROGRAM SUPPORT
(504) ROCKLAND COUNTY YMCA 35 S BROADWAY, NYACK, NY 10960-3189	13-1740513	501 (C)(3)	7,576				PROGRAM SUPPORT
(505) YMCA OF KEWANEE EXECUTIVE DIRECTOR / PRESIDENT, 315 W 1ST ST, KEWANEE, IL 61443-2193	36-2239384	501 (C)(3)	7,566				PROGRAM SUPPORT
(506) SONOMA COUNTY FAMILY YMCA 1111 COLLEGE AVE, SANTA ROSA, CA 95404-3905	94-1265049	501 (C)(3)	7,548				PROGRAM SUPPORT
(507) YMCA OF HANNIBAL EXECUTIVE DIRECTOR / PRESIDENT, 1 YMCA DR, HANNIBAL, MO 63401-2270	43-0653323	501 (C)(3)	7,482				PROGRAM SUPPORT
(508) OZARKS REGIONAL YMCA 417 S JEFFERSON AVE, SPRINGFIELD, MO 65806-2387	44-0545283	501 (C)(3)	7,459				PROGRAM SUPPORT
(509) ASHTABULA COUNTY FAMILY YMCA 263 W PROSPECT RD, ASHTABULA, OH 44004-5841	34-0726066	501 (C)(3)	7,455				PROGRAM SUPPORT
(510) WAUSAU - WOODSON YMCA 707 3RD ST, WAUSAU, WI 54403-4703	39-0808463	501 (C)(3)	7,379				PROGRAM SUPPORT
(511) FAMILY YMCA OF GREATER LAURENS EXECUTIVE DIRECTOR / PRESIDENT, 410 ANDERSON DR, LAURENS, SC 29360-0426	57-0517776	501 (C)(3)	7,360				PROGRAM SUPPORT
(512) YMCA OF GRANT COUNTY 123 SUTTER WAY, MARION, IN 46952	35-0886981	501 (C)(3)	7,339				PROGRAM SUPPORT
(513) YMCA OF MONTCLAIR 25 PARK STREET, MONTCLAIR, NJ 07042-3499	22-1487617	501 (C)(3)	7,245				PROGRAM SUPPORT
(514) NORM WAITT SR. YMCA 601 RIVERVIEW DR, SOUTH SIOUX CITY, NE 68776	42-0738980	501 (C)(3)	7,206				PROGRAM SUPPORT
(515) MARSHALL AREA YMCA EXECUTIVE DIRECTOR / PRESIDENT, 200 S A ST, MARSHALL, MN 56258-1700	41-1984589	501 (C)(3)	7,164				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
(516) THE COMMUNITY YMCA 170 PATTERSON AVENUE, SHREWSBURY, NJ 07702	21-0635051	501 (C)(3)	7,084				PROGRAM SUPPORT
(517) CHEYENNE FAMILY YMCA 1426 E LINCOLNWAY, CHEYENNE, WY 82001-4800	83-0179528	501 (C)(3)	7,048				PROGRAM SUPPORT
(518) BAYOULAND YMCA EXECUTIVE DIRECTOR / PRESIDENT, 103 VALHI BLVD, HOUMA, LA 70360-6280	72-0880478	501 (C)(3)	6,998				PROGRAM SUPPORT
(519) YMCA OF MADISON NJ INC. EXECUTIVE DIRECTOR / PRESIDENT, 111 KINGS ROAD, MADISON, NJ 07940-2654	22-1487385	501 (C)(3)	6,977				PROGRAM SUPPORT
(520) YMCA OF GREATER SPRINGFIELD INC. PO BOX 15329, SPRINGFIELD, MA 01115-5329	04-1859893	501 (C)(3)	6,968				PROGRAM SUPPORT
(521) YMCA OF DANVILLE EXECUTIVE DIRECTOR / PRESIDENT, 1111 N VERMILION ST, DANVILLE, IL 61832-3049	37-0662604	501 (C)(3)	6,966				PROGRAM SUPPORT
(522) CAMP SLOANE YMCA INC. 124 INDIAN MOUNTAIN ROAD, LAKEVILLE, CT 06039	13-1739939	501 (C)(3)	6,916				PROGRAM SUPPORT
(523) SARATOGA REGIONAL YMCA 290 WEST AVENUE, PO BOX 4610, SARATOGA SPRINGS, NY 12866-4205	14-1427442	501 (C)(3)	6,892				PROGRAM SUPPORT
(524) SOUTH MOUNTAIN YMCA CAMPS 201 CUSHION PEAK RD, REINHOLDS, PA 17569	23-2239399	501 (C)(3)	6,881				PROGRAM SUPPORT
(525) MEXICO AREA FAMILY YMCA EXECUTIVE DIRECTOR / PRESIDENT, 1127 ADAMS ST, MEXICO, MO 65265-2288	43-1147430	501 (C)(3)	6,824				PROGRAM SUPPORT
(526) SEWICKLEY VALLEY YMCA EXECUTIVE DIRECTOR / PRESIDENT, 625 BLACKBURN RD, SEWICKLEY, PA 15143-1470	25-0979384	501 (C)(3)	6,712				PROGRAM SUPPORT
(527) SHAWNEE FAMILY YMCA 1924 N. KICKAPOO, SHAWNEE, OK 74804	73-0602462	501 (C)(3)	6,672				PROGRAM SUPPORT
(528) SOUTHDALE YMCA EXECUTIVE DIRECTOR / PRESIDENT, 7355 YORK AVE S, EDINA, MN 55435-4701	45-2563299	501 (C)(3)	6,600				PROGRAM SUPPORT
(529) JERRY LONG FAMILY YMCA EXECUTIVE DIRECTOR / PRESIDENT, 1150 SOUTH PEACE HAVEN RD, CLEMMONS, NC 27012-8909	56-0530015	501 (C)(3)	6,600				PROGRAM SUPPORT
(530) YMCA OF WESTPORT/WESTON CT INC. 14 ALLEN RAYMOND LANE, WESTPORT, CT 06880	06-0646989	501 (C)(3)	6,578				PROGRAM SUPPORT
(531) SWIFT CREEK FAMILY YMCA 15800 HAMPTON PARK DR., CHESTERFIELD, VA 23832	54-0505986	501 (C)(3)	6,450				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
(532) CHIPPEWA VALLEY FAMILY YMCA 611 JEFFERSON AVE, CHIPPEWA FALLS, WI 54729-0195	39-0806351	501 (C)(3)	6,440				PROGRAM SUPPORT
(533) SOUTHWINGTON-CESHIRE COMMUNITY YMCAS INC. 29 HIGH STREET, SOUTHWINGTON, CT 06489-3176	06-0646905	501 (C)(3)	6,382				PROGRAM SUPPORT
(534) WILLIAM A. HUNTON FAMILY YMCA EXECUTIVE DIRECTOR / PRESIDENT, 1139 EAST CHARLOTTE ST, NORFOLK, VA 23504-4299	54-0663046	501 (C)(3)	6,319				PROGRAM SUPPORT
(535) YMCA OF WESTFIELD EXECUTIVE DIRECTOR / PRESIDENT, 220 CLARK ST, WESTFIELD, NJ 07090-4029	22-1487393	501 (C)(3)	6,313				PROGRAM SUPPORT
(536) YMCA OF WESTERN MONMOUTH COUNTY EXECUTIVE DIRECTOR / PRESIDENT, 470 E FREEHOLD ROAD, FREEHOLD, NJ 07728- 7722	22-6069158	501 (C)(3)	6,257				PROGRAM SUPPORT
(537) CAMP CHANDLER BRANCH YMCA EXECUTIVE DIRECTOR / PRESIDENT, PO BOX 2336, MONTGOMERY, AL 36102-2336	63-0288885	501 (C)(3)	6,250				PROGRAM SUPPORT
(538) SNOW MOUNTAIN RANCH YMCA EXECUTIVE DIRECTOR / PRESIDENT, PO BOX 169, WINTER PARK, CO 80482-0169	84-0404913	501 (C)(3)	6,250				PROGRAM SUPPORT
(539) CAMP DUNCAN YMCA EXECUTIVE DIRECTOR / PRESIDENT, 32405 N US HIGHWAY 12, VOLO, IL 60041-9312	36-2179782	501 (C)(3)	6,250				PROGRAM SUPPORT
(540) CAMP PINWOOD YMCA EXECUTIVE DIRECTOR / PRESIDENT, 4230 OBENAUF RD, TWIN LAKE, IL 49457	36-2179782	501 (C)(3)	6,250				PROGRAM SUPPORT
(541) CAMP POTAWOTAMI BRANCH YMCA EXECUTIVE DIRECTOR / PRESIDENT, PO BOX 38, SOUTH MILFORD, IN 46786-0038	35-0886850	501 (C)(3)	6,250				PROGRAM SUPPORT
(542) CAMP ABE LINCOLN CHRIS HAWN, 1624 FRONT ST, BLUE GRASS, IA 52726-9658	42-0703278	501 (C)(3)	6,250				PROGRAM SUPPORT
(543) DES MOINES YMCA CAMP EXECUTIVE DIRECTOR / PRESIDENT, 1192 166TH DR, BOONE, IA 50036-7222	42-0680438	501 (C)(3)	6,250				PROGRAM SUPPORT
(544) YMCA OF GREATER BERGEN COUNTY EXECUTIVE DIRECTOR / PRESIDENT, 360 MAIN ST, HACKENSACK, NJ 07601-5877	22-1739117	501 (C)(3)	6,250				PROGRAM SUPPORT
(545) FAIRVIEW LAKE YMCA CAMPS & CONFERENCE CENTER EXECUTIVE DIRECTOR / PRESIDENT, 1035 FAIRVIEW LAKE RD, NEWTON, NJ 07860- 4008	22-1487387	501 (C)(3)	6,250				PROGRAM SUPPORT
(546) YMCA CAMP BERNIE EXECUTIVE DIRECTOR / PRESIDENT, 327 TURKEY TOP RD, PORT MURRAY, NJ 07865-9601	22-1508752	501 (C)(3)	6,250				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
(547) CAMP SHAVER YMCA 303 ROMA AVE NW, SUITE RB00A, ALBUQUERQUE, NM 87102	85-0105592	501 (C)(3)	6,250				PROGRAM SUPPORT
(548) YMCA CAMP WEONA 4025 POPLAR TREE ROAD, GAINESVILLE, NY 14066	16-0743231	501 (C)(3)	6,250				PROGRAM SUPPORT
(549) CAMP GORHAM BRANCH YMCA 265 DARTS LAKE RD, EAGLE BAY, NY 13331	16-0743242	501 (C)(3)	6,250				PROGRAM SUPPORT
(550) HERRING RIDGE YMCA 7901 SOUTH NC HIGHWAY 18, BOOMER, NC 28606	56-1045299	501 (C)(3)	6,250				PROGRAM SUPPORT
(551) YMCA CAMP KANATA EXECUTIVE DIRECTOR / PRESIDENT, 13524 CAMP KANATA ROAD, WAKE FOREST, NC 27587-8078	56-0591307	501 (C)(3)	6,250				PROGRAM SUPPORT
(552) CAMP SEA GULL YMCA EXECUTIVE DIRECTOR / PRESIDENT, 218 SEA GULL LANDING, ARAPAHOE, NC 28510-0001	56-0591307	501 (C)(3)	6,250				PROGRAM SUPPORT
(553) CAMP OCOEE BRANCH YMCA EXECUTIVE DIRECTOR / PRESIDENT, 301 W 6TH ST, CHATTANOOGA, TN 37402-1110	62-0475699	501 (C)(3)	6,250				PROGRAM SUPPORT
(554) CAMP FLAMING ARROW EXECUTIVE DIRECTOR / PRESIDENT, PO BOX 770, HUNT, TX 78024-0770	74-1109634	501 (C)(3)	6,250				PROGRAM SUPPORT
(555) CAMP KEKOKA YMCA PO BOX 580, 1083 BOYS CAMP RD, KILMARNOCK, VA 22482	54-0524905	501 (C)(3)	6,250				PROGRAM SUPPORT
(556) BOYS & GIRLS CLUBS OF GARDEN GROVE C/O MARK SURMANIAN, CEO, 10540 CHAPMAN AVE., GARDEN GROVE, CA 92840	95-6112702	501 (C)(3)	6,250				PROGRAM SUPPORT
(557) SKAGIT VALLEY FAMILY YMCA EXECUTIVE DIRECTOR / PRESIDENT, 215 E FULTON ST, MOUNT VERNON, WA 98273- 3309	91-0565022	501 (C)(3)	6,193				PROGRAM SUPPORT
(558) BOGALUSA YMCA EXECUTIVE DIRECTOR / PRESIDENT, 411 AVE B, BOGALUSA, LA 70427	72-0441354	501 (C)(3)	6,139				PROGRAM SUPPORT
(559) RALPH J. STOLLE COUNTRYSIDE YMCA OF WARREN CO. 1699 DEERFIELD RD, LEBANON, OH 45036- 9215	51-0181689	501 (C)(3)	6,134				PROGRAM SUPPORT
(560) FAMILY YMCA OF LANCASTER & FAIRFIELD COUNTY OH EXECUTIVE DIRECTOR / PRESIDENT, 465 W 6TH AVE, LANCASTER, OH 43130-2547	31-1132606	501 (C)(3)	6,103				PROGRAM SUPPORT
(561) YMCA OF SOUTH ALABAMA, INC 6001 GRELOT ROAD, STE I, PO BOX 91506, MOBILE, AL 36691	63-0302187	501 (C)(3)	6,060				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
(562) MERIDEN-NEW BRITAIN-BERLIN YMCA EXECUTIVE DIRECTOR / PRESIDENT, 110 W MAIN ST, MERIDEN, CT 06451-4142	06-0646977	501 (C)(3)	6,019				PROGRAM SUPPORT
(563) SOUTHEAST BRANCH YMCA EXECUTIVE DIRECTOR / PRESIDENT, 1000 WEATHERLY RD SE, HUNTSVILLE, AL 35803-1145	58-2058795	501 (C)(3)	6,000				PROGRAM SUPPORT
(564) EAST VALLEY FAMILY YMCA 1807 S SUNVIEW, MESA, AZ 85206	86-0096799	501 (C)(3)	6,000				PROGRAM SUPPORT
(565) MARYVALE FAMILY YMCA 3825 N 67TH AVE, PHOENIX, AZ 85033	86-0096799	501 (C)(3)	6,000				PROGRAM SUPPORT
(566) SOUTHWEST VALLEY REGIONAL YMCA 2919 N LITCHFIELD RD, GOODYEAR, AZ 85338	86-0096799	501 (C)(3)	6,000				PROGRAM SUPPORT
(567) GLENDALE/PEORIA YMCA 14711 N 59TH AVE, GLENDALE, AZ 85306- 3800	86-0096799	501 (C)(3)	6,000				PROGRAM SUPPORT
(568) AHWATUKEE FOOTHILLS YMCA EXECUTIVE DIRECTOR / PRESIDENT, 1030 E LIBERTY LN, PHOENIX, AZ 85048-8461	86-0096799	501 (C)(3)	6,000				PROGRAM SUPPORT
(569) DESERT FOOTHILLS FAMILY YMCA 34296 N. 60TH ST, BLDG. C, SCOTTSDALE, AZ 85265	86-0096799	501 (C)(3)	6,000				PROGRAM SUPPORT
(570) TEMPE YMCA EXECUTIVE DIRECTOR / PRESIDENT, 7070 S RURAL RD, TEMPE, AZ 85283-4700	86-0096799	501 (C)(3)	6,000				PROGRAM SUPPORT
(571) CHANDLER FAMILY YMCA EXECUTIVE DIRECTOR / PRESIDENT, 1655 W FRYE RD, CHANDLER, AZ 85224-6184	86-0096799	501 (C)(3)	6,000				PROGRAM SUPPORT
(572) OTT BRANCH YMCA EXECUTIVE DIRECTOR / PRESIDENT, 401 S PRUDENCE RD, TUCSON, AZ 85710-3741	86-0101237	501 (C)(3)	6,000				PROGRAM SUPPORT
(573) FAIRFIELD FAMILY BRANCH YMCA EXECUTIVE DIRECTOR / PRESIDENT, 4949 ATLANTIC AVE, LONG BEACH, CA 90805- 6505	95-1643396	501 (C)(3)	6,000				PROGRAM SUPPORT
(574) WEINGART YMCA WELLNESS AND AQUATIC CENTER 9900 S VERMONT AVE, LOS ANGELES, CA 90044	95-1644052	501 (C)(3)	6,000				PROGRAM SUPPORT
(575) STUART M. KETCHUM-DOWNTOWN YMCA 401 S HOPE ST, LOS ANGELES, CA 90071	95-1644052	501 (C)(3)	6,000				PROGRAM SUPPORT
(576) NEWPORT-MESA FAMILY YMCA EXECUTIVE DIRECTOR / PRESIDENT, 2300 UNIVERSITY DR, NEWPORT BEACH, CA 92660-3313	95-1644055	501 (C)(3)	6,000				PROGRAM SUPPORT
(577) CENTRAL FAMILY YMCA EXECUTIVE DIRECTOR / PRESIDENT, 2021 W ST, SACRAMENTO, CA 95818-1625	94-1156634	501 (C)(3)	6,000				PROGRAM SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(578) HIGHLAND FAMILY YMCA EXECUTIVE DIRECTOR / PRESIDENT, 7793 CENTRAL AVE, HIGHLAND, CA 92346-4106	95-1684787	501 (C)(3)	6,000				PROGRAM SUPPORT
(579) UPTOWN FAMILY BRANCH YMCA EXECUTIVE DIRECTOR / PRESIDENT, 808 E 21ST ST, SAN BERNARDINO, CA 92404-4874	95-1684787	501 (C)(3)	6,000				PROGRAM SUPPORT
(580) COPLEY FAMILY YMCA 4300 EL CAJON BLVD, SAN DIEGO, CA 92105	95-2039198	501 (C)(3)	6,000				PROGRAM SUPPORT
(581) EAST COUNTY YMCA 8881 DALLAS ST, LA MESA, CA 91942-3402	95-2039198	501 (C)(3)	6,000				PROGRAM SUPPORT
(582) BORDER VIEW YMCA 3061 AREY DR, SAN DIEGO, CA 92154	95-2039198	501 (C)(3)	6,000				PROGRAM SUPPORT
(583) PALOMAR FAMILY YMCA 1050 N BROADWAY, ESCONDIDO, CA 92026-3044	95-2039198	501 (C)(3)	6,000				PROGRAM SUPPORT
(584) JOE AND MARY MOTTINO YMCA EXECUTIVE DIRECTOR / PRESIDENT, 4701 MESA DR, OCEANSIDE, CA 92056-6568	95-2039198	501 (C)(3)	6,000				PROGRAM SUPPORT
(585) JACKIE ROBINSON FAMILY BRANCH YMCA EXECUTIVE DIRECTOR / PRESIDENT, 151 YMCA WAY, SAN DIEGO, CA 92102-4637	95-2039198	501 (C)(3)	6,000				PROGRAM SUPPORT
(586) STONESTOWN FAMILY BRANCH YMCA EXECUTIVE DIRECTOR / PRESIDENT, 333 EUCALYPTUS DR, SAN FRANCISCO, CA 94132-1526	94-0997140	501 (C)(3)	6,000				PROGRAM SUPPORT
(587) MONTECITO FAMILY YMCA ATTN: LYNNETTE FERRARI, 591 SANTA ROSA LN, SANTA BARBARA, CA 93108-2145	95-1643379	501 (C)(3)	6,000				PROGRAM SUPPORT
(588) VENTURA FAMILY YMCA 3760 TELEGRAPH RD, VENTURA, CA 93003- 3421	95-1643379	501 (C)(3)	6,000				PROGRAM SUPPORT
(589) WALLINGFORD FAMILY YMCA EXECUTIVE DIRECTOR / PRESIDENT, 81 S ELM ST, WALLINGFORD, CT 06492-4794	06-0646987	501 (C)(3)	6,000				PROGRAM SUPPORT
(590) BEAR GLASGOW BRANCH YMCA 351 GEORGE WILLIAMS WAY, NEWARK, DE 19702	51-0065748	501 (C)(3)	6,000				PROGRAM SUPPORT
(591) L.A. LEE YMCA FAMILY CENTER EXECUTIVE DIRECTOR / PRESIDENT, 408 NW 14TH TER, FORT LAUDERDALE, FL 33311-7952	59-0624464	501 (C)(3)	6,000				PROGRAM SUPPORT
(592) JESSIE BALL DUPONT BRANCH YMCA EXECUTIVE DIRECTOR / PRESIDENT, 7373 OLD KINGS RD SOUTH, JACKSONVILLE, FL 32217-3301	59-0638514	501 (C)(3)	6,000				PROGRAM SUPPORT
(593) J.M. TULL BRANCH/GWINNETT FAMILY YMCA 2985 SUGARLOAF PKWY, LAWRENCEVILLE, GA 30045	58-0566253	501 (C)(3)	6,000				PROGRAM SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(594) FRANZ ROSS PARK BRANCH YMCA EXECUTIVE DIRECTOR / PRESIDENT, 19333 QUESADA AVE, PORT CHARLOTTE, FL 33948-3141	23-7193663	501 (C)(3)	6,000				PROGRAM SUPPORT
(595) WINDER BARROW BRAD AKINS YMCA 50 BRAD AKINS DR, WINDER, GA 30680	20-1759275	501 (C)(3)	6,000				PROGRAM SUPPORT
(596) GOLDEN ISLES YMCA 144 SCRANTON CONNECTOR, BRONSWICK, GA 31525	58-0603160	501 (C)(3)	6,000				PROGRAM SUPPORT
(597) HASTINGS LAKE YMCA EXECUTIVE DIRECTOR / PRESIDENT, 1995 W GRASS LAKE RD, LINDENHURST, IL 60046-7452	36-2179782	501 (C)(3)	6,000				PROGRAM SUPPORT
(598) MAQUOKETA AREA FAMILY YMCA 500 E SUMMIT ST, MAQUOKETA, IA 52060	42-0703278	501 (C)(3)	6,000				PROGRAM SUPPORT
(599) BEDELL FAMILY YMCA 1900 41ST ST, PO BOX 678, SPIRIT LAKE, IA 51360	42-0958909	501 (C)(3)	6,000				PROGRAM SUPPORT
(600) PAULA G. MANSIP BRANCH YMCA EXECUTIVE DIRECTOR / PRESIDENT, 8100 YMCA PLAZA DR, BATON ROUGE, LA 70810-0916	72-0408994	501 (C)(3)	6,000				PROGRAM SUPPORT
(601) EXXONMOBIL YMCA 7717 HOWELL BLVD, BATON ROUGE, LA 70807	72-0408994	501 (C)(3)	6,000				PROGRAM SUPPORT
(602) SOUTHSIDE BRANCH YMCA EXECUTIVE DIRECTOR / PRESIDENT, 8482 PERKINS RD, BATON ROUGE, LA 70810	72-0408994	501 (C)(3)	6,000				PROGRAM SUPPORT
(603) C.B. PENNINGTON JR. BRANCH YMCA EXECUTIVE DIRECTOR / PRESIDENT, 15550 OLD HAMMOND HWY, BATON ROUGE, LA 70816-1253	72-0408994	501 (C)(3)	6,000				PROGRAM SUPPORT
(604) MIDDLEBORO DIVISION EXECUTIVE DIRECTOR / PRESIDENT, 61 E GROVE ST, MIDDLEBORO, MA 02346	04-2125014	501 (C)(3)	6,000				PROGRAM SUPPORT
(605) BOLL FAMILY YMCA 1401 BROADWAY ST., DETROIT, MI 48226	38-1358055	501 (C)(3)	6,000				PROGRAM SUPPORT
(606) SOUTH OAKLAND FAMILY YMCA EXECUTIVE DIRECTOR / PRESIDENT, 1016 W 11 MILE RD, ROYAL OAK, MI 48067-2451	38-1358055	501 (C)(3)	6,000				PROGRAM SUPPORT
(607) MACOMB FAMILY YMCA EXECUTIVE DIRECTOR / PRESIDENT, 10 N RIVER RD, MOUNT CLEMENS, MI 48043- 1903	38-1358055	501 (C)(3)	6,000				PROGRAM SUPPORT
(608) ANDOVER YMCA COMMUNITY CENTER 15200 HANSON BLVD, ANDOVER, MN 55304	45-2563299	501 (C)(3)	6,000				PROGRAM SUPPORT
(609) EMMA B. HOWE NORTHTOWN FAMILY YMCA EXECUTIVE DIRECTOR / PRESIDENT, 8950 SPRINGBROOK DR NW, COON RAPIDS, MN 55433-5848	45-2563299	501 (C)(3)	6,000				PROGRAM SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(610) MINNESOTA VALLEY YMCA IN BURNSVILLE EXECUTIVE DIRECTOR / PRESIDENT, 13850 PORTLAND AVENUE SOUTH, BURNSVILLE, MN 55337-4572	45-2563299	501 (C)(3)	6,000				PROGRAM SUPPORT
(611) NORTH COMMUNITY YMCA YOUTH AND TEEN ENRICHMENT CENTER EXECUTIVE DIRECTOR / PRESIDENT, 1711 W BROADWAY AVE, MINNEAPOLIS, MN 55411-2450	45-2563299	501 (C)(3)	6,000				PROGRAM SUPPORT
(612) BLAISDELL YMCA EXECUTIVE DIRECTOR / PRESIDENT, 3335 BLAISDELL AVE, MINNEAPOLIS, MN 55408-4429	45-2563299	501 (C)(3)	6,000				PROGRAM SUPPORT
(613) YMCA IN LINO LAKES 7690 VILLAGE DR, LINO LAKES, MN 55014	45-2563299	501 (C)(3)	6,000				PROGRAM SUPPORT
(614) ST. PAUL MIDWAY YMCA EXECUTIVE DIRECTOR / PRESIDENT, 1761 UNIVERSITY AVE W, SAINT PAUL, MN 55104-3509	45-2563299	501 (C)(3)	6,000				PROGRAM SUPPORT
(615) ST. PAUL EASTSIDE YMCA EXECUTIVE DIRECTOR / PRESIDENT, 875 ARCADE ST, SAINT PAUL, MN 55106-3800	45-2563299	501 (C)(3)	6,000				PROGRAM SUPPORT
(616) WHITE BEAR LAKE AREA SCHOOLS YMCA AQUATIC CENTER EXECUTIVE DIRECTOR / PRESIDENT, 2100 ORCHARD LN, WHITE BEAR LAKE, MN 55110-5495	45-2563299	501 (C)(3)	6,000				PROGRAM SUPPORT
(617) YMCA IN SHOREVIEW EXECUTIVE DIRECTOR / PRESIDENT, 3760 LEXINGTON AVE N, SAINT PAUL, MN 55126-2915	45-2563299	501 (C)(3)	6,000				PROGRAM SUPPORT
(618) MAPLEWOOD YMCA COMMUNITY CENTER 2100 WHITE BEAR AVE, MAPLEWOOD, MN 55109	45-2563299	501 (C)(3)	6,000				PROGRAM SUPPORT
(619) CONEY ISLAND YMCA 2980 W. 29TH ST., BROOKLYN, NY 11224	13-1624228	501 (C)(3)	6,000				PROGRAM SUPPORT
(620) MCBURNEY BRANCH YMCA EXECUTIVE DIRECTOR / PRESIDENT, 125 WEST 14TH ST, NEW YORK, NY 10011-2302	13-1624228	501 (C)(3)	6,000				PROGRAM SUPPORT
(621) STATEN ISLAND BRANCH YMCA EXECUTIVE DIRECTOR / PRESIDENT, 3939 RICHMOND AVE, STATEN ISLAND, NY 10312	13-1624228	501 (C)(3)	6,000				PROGRAM SUPPORT
(622) ASHEVILLE YMCA EXECUTIVE DIRECTOR / PRESIDENT, 30 WOODFIN ST, ASHEVILLE, NC 28801-3021	56-0530013	501 (C)(3)	6,000				PROGRAM SUPPORT
(623) REUTER FAMILY BRANCH YMCA EXECUTIVE DIRECTOR / PRESIDENT, 3 TOWN SQ BLVD, ASHEVILLE, NC 28803	56-0530013	501 (C)(3)	6,000				PROGRAM SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(624) CORPENING MEMORIAL YMCA EXECUTIVE DIRECTOR / PRESIDENT, 348 GRACE CORPENING DRIVE, MARION, NC 28752	56-0530013	501 (C)(3)	6,000				PROGRAM SUPPORT
(625) GEORGE E. SIMMONS BRANCH YMCA 6824 DEMOCRACY DR, CHARLOTTE, NC 28212	56-1045299	501 (C)(3)	6,000				PROGRAM SUPPORT
(626) HENRY L. MCCROREY BRANCH YMCA 3801 BEATTIES FORD RD., CHARLOTTE, NC 28216	56-1045299	501 (C)(3)	6,000				PROGRAM SUPPORT
(627) MORRISON FAMILY YMCA AT BALLANTYNE 9405 BRYANT FARMS RD, CHARLOTTE, NC 28277	56-1045299	501 (C)(3)	6,000				PROGRAM SUPPORT
(628) HENDERSONVILLE FAMILY YMCA 810 6TH AVE W, HENDERSONVILLE, NC 28739-4138	56-0530013	501 (C)(3)	6,000				PROGRAM SUPPORT
(629) EAST ROWAN BRANCH YMCA EXECUTIVE DIRECTOR / PRESIDENT, PO BOX 640, ROCKWELL, NC 28138-1575	56-0606313	501 (C)(3)	6,000				PROGRAM SUPPORT
(630) WILLIAM G. WHITE JR. FAMILY YMCA EXECUTIVE DIRECTOR / PRESIDENT, 775 W END BLVD, WINSTON SALEM, NC 27101- 2490	56-0530015	501 (C)(3)	6,000				PROGRAM SUPPORT
(631) DAVIE FAMILY YMCA EXECUTIVE DIRECTOR / PRESIDENT, 215 CEMETERY ST, MOCKSVILLE, NC 27028- 2103	56-0530015	501 (C)(3)	6,000				PROGRAM SUPPORT
(632) KERNERSVILLE FAMILY YMCA EXECUTIVE DIRECTOR / PRESIDENT, 1113 W MOUNTAIN ST, KERNERSVILLE, NC 27284-2125	56-0530015	501 (C)(3)	6,000				PROGRAM SUPPORT
(633) YMCA CHILDCARE SERVICES 901 WATERWORKS RD, WINSTON-SALEM, NC 27101	56-0530015	501 (C)(3)	6,000				PROGRAM SUPPORT
(634) NORTH BRANCH YMCA EXECUTIVE DIRECTOR / PRESIDENT, 1640 SANDALWOOD PL, COLUMBUS, OH 43229- 3640	31-4379594	501 (C)(3)	6,000				PROGRAM SUPPORT
(635) MILTON BRANCH YMCA EXECUTIVE DIRECTOR / PRESIDENT, 12 BOUND AVE, MILTON, PA 17847-1116	24-0795634	501 (C)(3)	6,000				PROGRAM SUPPORT
(636) KENNETT AREA YMCA EXECUTIVE DIRECTOR / PRESIDENT, 101 RACE ST, KENNETT SQUARE, PA 19348- 3165	23-1365994	501 (C)(3)	6,000				PROGRAM SUPPORT
(637) GEORGETOWN COUNTY FAMILY YMCA PO BOX 1087, 529 BROWNS FERRY ROAD, GEORGETOWN, SC 29442	57-0747196	501 (C)(3)	6,000				PROGRAM SUPPORT
(638) LEXINGTON FAMILY YMCA EXECUTIVE DIRECTOR / PRESIDENT, 401 YMCA RD, LEXINGTON, SC 29073-7603	57-0314423	501 (C)(3)	6,000				PROGRAM SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(639) GEORGE I. THEISEN FAMILY BRANCH 100 INSPIRATIONAL WAY, TRAVELERS REST, SC 29690	57-0314424	501 (C)(3)	6,000				PROGRAM SUPPORT
(640) PICKENS YMCA 2223 GENTRY MEMORIAL HWY, PICKENS, SC 29671	57-0405623	501 (C)(3)	6,000				PROGRAM SUPPORT
(641) NORTHWEST GIBSON COUNTY BRANCH YMCA EXECUTIVE DIRECTOR / PRESIDENT, 110 YMCA DR, TRENTON, TN 38382	62-0476304	501 (C)(3)	6,000				PROGRAM SUPPORT
(642) CHARLES W CANSLER FAMILY YMCA EXECUTIVE DIRECTOR / PRESIDENT, 616 JESSAMINE ST, KNOXVILLE, TN 37917	62-0475700	501 (C)(3)	6,000				PROGRAM SUPPORT
(643) HAYS COMMUNITIES FAMILY BRANCH YMCA 465 BUDA SPORTSPLEX DR, BUDA, TX 78610	74-1193464	501 (C)(3)	6,000				PROGRAM SUPPORT
(644) LAKEWEST FAMILY YMCA EXECUTIVE DIRECTOR / PRESIDENT, 3737 GOLDMAN BLDG A STE 300, DALLAS, TX 75212	75-0800696	501 (C)(3)	6,000				PROGRAM SUPPORT
(645) WEST OREM FAMILY YMCA 5801 W OREM DR, HOUSTON, TX 77085	74-1109737	501 (C)(3)	6,000				PROGRAM SUPPORT
(646) LANGHAM CREEK FAMILY YMCA EXECUTIVE DIRECTOR / PRESIDENT, 16725 LONGENBAUGH DRIVE, HOUSTON, TX 77095-4235	74-1109737	501 (C)(3)	6,000				PROGRAM SUPPORT
(647) THE HARRIET & JOE FOSTER FAMILY YMCA EXECUTIVE DIRECTOR / PRESIDENT, 1234 W 34TH ST, HOUSTON, TX 77018-6208	74-1109737	501 (C)(3)	6,000				PROGRAM SUPPORT
(648) YMCA AT O.P. SCHNABEL PARK 9606 BANDERA RD, SAN ANTONIO, TX 78250	74-1109634	501 (C)(3)	6,000				PROGRAM SUPPORT
(649) DAVIS-SCOTT BRANCH YMCA ATTN: BARON HERDELIN-DOHERTY, 1213 IOWA ST, SAN ANTONIO, TX 78203-1852	74-1109634	501 (C)(3)	6,000				PROGRAM SUPPORT
(650) THOUSAND OAKS FAMILY YMCA 2263 THOUSAND OAKS, SAN ANTONIO, TX 78232	74-1109634	501 (C)(3)	6,000				PROGRAM SUPPORT
(651) EVERETT FAMILY BRANCH YMCA EXECUTIVE DIRECTOR / PRESIDENT, 2720 ROCKEFELLER AVE, EVERETT, WA 98201-3523	91-0565561	501 (C)(3)	6,000				PROGRAM SUPPORT
(652) MUKILTEO FAMILY BRANCH YMCA EXECUTIVE DIRECTOR / PRESIDENT, 10601 47TH PL W, MUKILTEO, WA 98275-4709	91-0565561	501 (C)(3)	6,000				PROGRAM SUPPORT
(653) MEREDITH MATHEWS EAST MADISON BRANCH YMCA 1700 23RD AVE, SEATTLE, WA 98122-2922	91-0482710	501 (C)(3)	6,000				PROGRAM SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(654) EAST BRANCH YMCA EXECUTIVE DIRECTOR / PRESIDENT, 711 COTTAGE GROVE RD, MADISON, WI 53716-1193	39-0806253	501 (C)(3)	6,000				PROGRAM SUPPORT
(655) NORTHEAST BRANCH YMCA 1470 DON SIMON DR, SUN PRAIRIE, WI 53590	39-0806253	501 (C)(3)	6,000				PROGRAM SUPPORT
(656) FEITH FAMILY OZAUKEE BRANCH YMCA EXECUTIVE DIRECTOR / PRESIDENT, 465 NORTHWOODS RD, PORT WASHINGTON, WI 53074-2617	39-0806314	501 (C)(3)	6,000				PROGRAM SUPPORT
(657) PARKLAWN BRANCH YMCA EXECUTIVE DIRECTOR / PRESIDENT, 4340 N 46TH ST, MILWAUKEE, WI 53216-1476	39-0806314	501 (C)(3)	6,000				PROGRAM SUPPORT
(658) NORTHWEST YMCA EXECUTIVE DIRECTOR / PRESIDENT, 9050 N SWAN RD, MILWAUKEE, WI 53224-1910	39-0806314	501 (C)(3)	6,000				PROGRAM SUPPORT
(659) NORTHSIDE BRANCH YMCA 1350 W NORTH AVE, MILWAUKEE, WI 53205-1264	39-0806314	501 (C)(3)	6,000				PROGRAM SUPPORT
(660) RITE-HITE FAMILY YMCA EXECUTIVE DIRECTOR / PRESIDENT, 9250 N GREEN BAY RD, BROWN DEER, WI 53209-1199	39-0806314	501 (C)(3)	6,000				PROGRAM SUPPORT
(661) APPLETON YMCA EXECUTIVE DIRECTOR / PRESIDENT, 218 E LAWRENCE ST, APPLETON, WI 54911-5724	39-0806191	501 (C)(3)	6,000				PROGRAM SUPPORT
(662) YMCA OF THE TREASURE COAST EXECUTIVE DIRECTOR / PRESIDENT, 1700 SE MONTEREY RD, STUART, FL 34996-4109	59-1911653	501 (C)(3)	5,923				PROGRAM SUPPORT
(663) SOUTH WOOD COUNTY YMCA 211 WISCONSIN RIVER DR, PORT EDWARDS, WI 54469	39-0929462	501 (C)(3)	5,897				PROGRAM SUPPORT
(664) YMCA OF MIDDLETOWN NY 81 HIGHLAND AVE, MIDDLETOWN, NY 10940-5413	14-1340134	501 (C)(3)	5,846				PROGRAM SUPPORT
(665) SOUTH SOUND YMCA 1530 YELM HWY SE, OLYMPIA, WA 98501-4680	91-0586473	501 (C)(3)	5,758				PROGRAM SUPPORT
(666) EDWARDSVILLE YMCA EXECUTIVE DIRECTOR / PRESIDENT, 1200 ESIC DR, EDWARDSVILLE, IL 62025-3818	37-0661259	501 (C)(3)	5,745				PROGRAM SUPPORT
(667) COMMUNITY YMCA OF EASTERN DELAWARE COUNTY 2104 GARRETT ROAD, LANSDOWNE, PA 19050	23-1614045	501 (C)(3)	5,703				PROGRAM SUPPORT
(668) NORTH PENN YMCA 2506 NORTH BROAD STREET, SUITE 208, COLMAR, PA 18915	23-1489848	501 (C)(3)	5,620				PROGRAM SUPPORT
(669) ALLEGHANY HIGHLANDS YMCA 101 YMCA WAY, COVINGTON, VA 24426	54-1637131	501 (C)(3)	5,522				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
(670) FRANK DELUCA YMCA FAMILY CENTER EXECUTIVE DIRECTOR / PRESIDENT, 3200 SE 17TH ST, OCALA, FL 34471-5509	59-0624430	501 (C)(3)	5,500				PROGRAM SUPPORT
(671) OLEAN-BRADFORD AREA YMCA 1020 REED STREET, OLEAN, NY 14760	16-0743241	501 (C)(3)	5,338				PROGRAM SUPPORT
(672) YMCA OF THE BLUE WATER AREA 1525 THIRD STREET, PORT HURON, MI 48060	38-1358417	501 (C)(3)	5,323				PROGRAM SUPPORT
(673) BRADFORD FAMILY YMCA EXECUTIVE DIRECTOR / PRESIDENT, 59 BOYLSTON ST, BRADFORD, PA 16701-2096	16-0743241	501 (C)(3)	5,300				PROGRAM SUPPORT
(674) OSHKOSH COMMUNITY YMCA 324 WASHINGTON AVE, OSHKOSH, WI 54901-5042	39-0878909	501 (C)(3)	5,292				PROGRAM SUPPORT
(675) SUNBURY BRANCH YMCA 1150 N FOURTH ST, SUNBURY, PA 17801	24-0795634	501 (C)(3)	5,260				PROGRAM SUPPORT
(676) YMCA OF GREATER WESTFIELD INC. EXECUTIVE DIRECTOR / PRESIDENT, 67 COURT ST, WESTFIELD, MA 01085-3530	04-2126585	501 (C)(3)	5,246				PROGRAM SUPPORT
(677) WEINGART-LAKEWOOD FAMILY BRANCH YMCA EXECUTIVE DIRECTOR / PRESIDENT, 5835 CARSON ST, LAKEWOOD, CA 90713-3056	95-1643396	501 (C)(3)	5,225				PROGRAM SUPPORT
(678) YMCA AT PABST FARMS INC. 1750 VALLEY RD, OCONOMOWOC, WI 53066-4851	39-0806378	501 (C)(3)	5,197				PROGRAM SUPPORT
(679) THE GREATER MORRISTOWN YMCA EXECUTIVE DIRECTOR / PRESIDENT, 79 HORSE HILL RD, CEDAR KNOLLS, NJ 07927-2003	22-1487618	501 (C)(3)	5,141				PROGRAM SUPPORT
(680) WOOD RIVER COMMUNITY YMCA P.O. BOX 6801, 101 SADDLE ROAD, KETCHUM, ID 83340	82-0481436	501 (C)(3)	5,127				PROGRAM SUPPORT
(681) CLEARFIELD YMCA EXECUTIVE DIRECTOR / PRESIDENT, 21 N 2ND ST, CLEARFIELD, PA 16830-2438	25-0965620	501 (C)(3)	5,072				PROGRAM SUPPORT
(682) READING & BERKS METRO YMCA EXECUTIVE DIRECTOR / PRESIDENT, 631 WASHINGTON ST, PO BOX 1622, READING, PA 19603-1622	23-1244009	501 (C)(3)	5,059				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>ARMED SERVICES YMCA OF THE USA</p> <p>14040 CENTRAL LOOP, SUITE B, WOODBRIDGE, VA 22193</p>
SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	<p>FLORIDA'S FIRST COAST YMCA</p> <p>40 EAST ADAMS STREET, SUITE 210, JACKSONVILLE, FL 32202</p>
SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	<p>YMCA OF SAN FRANCISCO</p> <p>855 SACRAMENTO STREET, SAN FRANCISCO, CA 94108</p>
SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	<p>YMCA OF THE GREATER HOUSTON AREA</p> <p>2600 NORTH LOOP WEST, SUITE 300 ATTN: LASHAWN WATSON, HOUSTON, TX 77092</p>
SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	<p>YMCA OF GREATER SEATTLE</p> <p>ATTN: CEO/EXECUTIVE DIRECTOR, 909 4TH AVE, SEATTLE, WA 98104-1108</p>
SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	<p>YMCA OF THE GREATER TWIN CITIES</p> <p>651 NICOLLETT MALL SUITE 500, MINNEAPOLIS, MN 55402</p>

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

NATIONAL COUNCIL OF YMCAS OF THE USA

Compensation Information

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number

36-3258696

Part I Questions Regarding Compensation

	Yes	No
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <p> <input checked="" type="checkbox"/> First-class or charter travel <input type="checkbox"/> Housing allowance or residence for personal use <input checked="" type="checkbox"/> Travel for companions <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) </p>		
<p>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>	✓	
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?</p>	✓	
<p>3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</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>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p>		
<p>a Receive a severance payment or change-of-control payment?</p>		✓
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>		✓
<p>c 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>		✓
<p>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.</p>		
<p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p>		
<p>a The organization?</p>		✓
<p>b Any related organization?</p> <p>If "Yes" on line 5a or 5b, describe in Part III.</p>		✓
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p>		
<p>a The organization?</p>		✓
<p>b Any related organization?</p> <p>If "Yes" on line 6a or 6b, describe in Part III.</p>		✓
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III</p>		✓
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>		✓
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>		

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	KEVIN WASHINGTON PRESIDENT AND CEO	(i) 728,467	0	4,663	33,600	19,408	786,138	0
	(ii)	0	0	0	0	0	0	0
2	NANCY L OWENS SENIOR VICE PRESIDENT, CHIEF FINANCIAL OFFICER	(i) 374,725	0	0	33,600	15,358	423,683	0
	(ii)	0	0	0	0	0	0	0
3	KARYN BOSTON EXECUTIVE VICE PRESIDENT & GENERAL COUNSEL	(i) 352,645	0	0	33,600	15,109	401,354	0
	(ii)	0	0	0	0	0	0	0
4	PAUL MCENTIRE EXECUTIVE VICE PRESIDENT, CHIEF OPERATING OFFICER	(i) 584,130	0	0	33,600	17,725	635,455	0
	(ii)	0	0	0	0	0	0	0
5	KEVIN LUTZ SENIOR VICE PRESIDENT, CHIEF INFORMATION OFFICER	(i) 464,522	0	0	33,600	16,373	514,495	0
	(ii)	0	0	0	0	0	0	0
6	JAQUELINE GORDON EXECUTIVE VICE PRESIDENT, CHIEF HUMAN RESOURCES OFFICER	(i) 441,760	0	0	33,600	16,116	491,476	0
	(ii)	0	0	0	0	0	0	0
7	REBECCA BOWEN EXECUTIVE VICE PRESIDENT, CHIEF ADVANCEMENT OFFICER	(i) 369,719	0	0	33,600	15,302	418,621	0
	(ii)	0	0	0	0	0	0	0
8	SHAWN BORZELLERI SENIOR VICE PRESIDENT, SERVICE DELIVERY PROGRAM DEVELOPMENT OFFICER	(i) 326,748	0	0	33,600	14,816	375,164	0
	(ii)	0	0	0	0	0	0	0
9		(i)						
	(ii)							
10		(i)						
	(ii)							
11		(i)						
	(ii)							
12		(i)						
	(ii)							
13		(i)						
	(ii)							
14		(i)						
	(ii)							
15		(i)						
	(ii)							
16		(i)						
	(ii)							

Part III

Supplemental Information. Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference - Identifier	Explanation
SCHEDULE J, PART I, LINE 1A - FIRST-CLASS OR CHARTER TRAVEL	FIRST CLASS TRAVEL IS NOT TYPICALLY OFFERED TO ANY Y-USA EMPLOYEES EXCEPT IN EXTREME CIRCUMSTANCES AND WHEN APPROVED BY A MEMBER OF THE LEADERSHIP TEAM. NO INDIVIDUAL RECEIVED THIS BENEFIT DURING 2019.
SCHEDULE J, PART I, LINE 1A - TRAVEL FOR COMPANIONS	Y-USA PROVIDED TRAVEL FOR KEVIN WASHINGTON'S SPOUSE TO ATTEND KEY EVENTS AND MEETINGS IN 2019. THIS BENEFIT WAS INCLUDED IN COLUMN B(III)- OTHER REPORTABLE COMPENSATION. THE AMOUNT REPORTED IS \$4,663 AND WAS TREATED AS TAXABLE COMPENSATION REPORTED ON HIS W-2.

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

NATIONAL COUNCIL OF YMCAS OF THE USA

Employer identification number

36-3258696

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	✓	1	1,562	MARKET VALUE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (.)				
26 Other ▶ (.)				
27 Other ▶ (.)				
28 Other ▶ (.)				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		✓
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		✓
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		✓
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

Part II

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

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

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

Department of Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

2019

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	IMMIGRANT AND RECEIVING COMMUNITY MEMBERS - REACHING MORE THAN 101,000 INDIVIDUALS IN TOTAL. THE Y'S NATIONAL LGBTQ+ INCLUSION AND EQUITY INITIATIVE IS CURRENTLY SCALED IN 20 Y ASSOCIATIONS ACROSS 19 STATES, RESULTING IN STRENGTHENED INCLUSION AND EQUITY POLICIES, PRACTICES AND PROGRAMS IMPACTING HUNDREDS OF THOUSANDS OF COMMUNITY MEMBERS. THROUGH THE Y'S NATIONAL CAMP INCLUSION PROJECT, NEARLY 20,000 CAMPER AND CAMP EMPLOYEES EXPERIENCED A GREATER SENSE OF INCLUSION AND BELONGING IN THEIR YMCA RESIDENT CAMP. GLOBALLY, Y-USA'S WORLD SERVICE CAMPAIGN RAISED MORE THAN \$1.6 MILLION IN 2019 AND LEVERAGED AN ADDITIONAL \$1.5 MILLION IN TECHNICAL AND FINANCIAL ASSISTANCE TO STRENGTHEN YMCAS WORLDWIDE, WITH A FOCUS ON DEVELOPING NATIONS. THIS SUPPORT ENABLED YMCAS IN MORE THAN 50 COUNTRIES TO REACH HUNDREDS OF THOUSANDS OF MORE PEOPLE WITH LIFE-CHANGING SERVICES AND TO HELP BREAK THE CYCLE OF POVERTY.
FORM 990, PART III, LINE 4B - PROGRAM SERVICE DESCRIPTION	ISSUE OF FOOD INSECURITY, THE Y OFFERED MORE THAN 22 MILLION HEALTHY MEALS AND SNACKS TO 561,000 KIDS AT MORE THAN 5,200 SITES ACROSS THE NATION IN 2019.
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 04/08/2020, A COPY WAS PROVIDED TO EACH MEMBER OF THE BOARD OF DIRECTORS WHERE IT WAS APPROVED ON 05/07/2020 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	11,908,025	11,908,025	0	0
	NATIONAL EVENT SUPPORT & LOGISTICS	1,652,271	1,652,271	0	0
	TECHNICAL ASSISTANCE RELATED TO CHARACTER DEVELOPMENT LEARNING INSTITUTE	1,501,018	1,501,018	0	0
	TECHNICAL ASSISTANCE RELATED TO OTHER HEALTHY LIVING PROGRAMS	1,466,179	1,466,179	0	0
	CHILD SAFETY INITIATIVE	1,119,675	1,119,675	0	0
	TECHNICAL ASSISTANCE RELATED TO OTHER SOC. RESPONSIBILITY PROGRAMS	959,474	959,474	0	0
	STRATEGIC PLAN CONSULTING AND IMPLEMENTATION	785,000	0	785,000	0
	TECHNICAL ASSISTANCE RELATED TO OTHER YOUTH DEVELOP. PROGRAMS	779,373	779,373	0	0
	OPEN Y PROGRAM DEVELOPMENT	610,000	0	610,000	0
	TECHNICAL ASSISTANCE RELATED TO FEEDING PROGRAM	432,367	432,367	0	0
	YMCA FACILITIES-RELATED SERVICES	300,000	300,000	0	0
	ALL OTHER	1,552,042	522,423	1,029,619	0

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

NATIONAL COUNCIL OF YMCAS OF THE USA

Related Organizations and Unrelated Partnerships

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

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

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number
36-3258696

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) NORTH AMERICAN YMCA DEVELOPMENT ORGANIZATION (20-0568333) 101 N WACKER DRIVE, CHICAGO, IL 60606	PHILANTHROPY	IL	939,690	1,179,712	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.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?

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