

**NATIONAL COUNCIL OF
YMCAS OF THE USA**

2013 Form 990 for the
Year Ended December 31st, 2013

Public Disclosure Copy

Return of Organization Exempt From Income Tax

2013

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.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

A For the 2013 calendar year, or tax year beginning **2013**, and ending **2013**

B Check if applicable:
 Address change
 Name change
 Initial 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

G Gross receipts \$ **194,638,783**

F Name and address of principal officer: **NEIL J. NICOLL**
101 N WACKER DRIVE, CHICAGO, IL 60606

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]

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 (CONTINUED ON SCHEDULE D)		
	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	27
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	27
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	430
	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 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	29,025,003	49,781,739
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,313,862	5,034,715
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,083,085	2,412,601
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	93,784,954	117,967,284
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	18,904,675	33,018,614
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	41,934,308	45,038,277
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,282,230		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	31,777,692	37,286,872
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	92,616,675	115,343,763
19 Revenue less expenses. Subtract line 18 from line 12	1,168,279	2,623,521	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	151,075,429	174,356,700
	22 Net assets or fund balances. Subtract line 21 from line 20	27,212,302	37,333,521

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: *[Signature]* Date: **5/13/2014**
JAMES C. MELLOR, SR. VP & CHIEF FINANCIAL OFFICER
 Type or print name and title

Paid Preparer Use Only Print/Type preparer's name: **JULIE A DEE** Preparer's signature: *[Signature]* Date: **5/9/14** Check if self-employed PTIN: **P00444307**
 Firm's name ▶ **GRANT THORNTON LLP** Firm's EIN ▶ **36-6055558**
 Firm's address ▶ **175 W JACKSON BLVD, CHICAGO IL 60604** Phone no. **(312)856-0200**

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 40,376,105 including grants of \$ 11,549,964) (Revenue \$ 27,719,262)

SOCIAL RESPONSIBILITY: GIVING BACK AND PROVIDING SUPPORT TO NEIGHBORS. MORE THAN 16 MILLION OF OUR COUNTRY'S YOUTH LIVES IN A HOUSEHOLD THAT STRUGGLES TO PUT FOOD ON THE TABLE. Y-USA SECURED A \$5 MILLION GRANT FROM THE WALMART FOUNDATION TO OFFER SUMMER FOOD PROGRAMS IN COMMUNITIES LARGE AND SMALL THAT PROVIDE NUTRITIOUS MEALS AND SNACKS TO KIDS. THROUGH MORE THAN 1,100 FOOD SITES, YMCAS SERVED 5.1 MILLION MEALS AND SNACKS TO 143,000 KIDS IN SUMMER 2013—A TIME WHEN THE KIDS DID NOT HAVE ACCESS TO SCHOOL MEALS AND MAY OTHERWISE HAVE GONE HUNGRY. THE FUNDING FROM THE WALMART FOUNDATION SUPPLEMENTED THE MONEY PROVIDED BY THE FEDERAL GOVERNMENT AND THE YMCAS' OWN CONTRIBUTIONS, ENABLING THEM TO FEED MORE KIDS.

4b (Code:) (Expenses \$ 36,157,023 including grants of \$ 15,102,223) (Revenue \$ 14,739,809)

HEALTHY LIVING: IMPROVING THE NATION'S HEALTH AND WELL-BEING. NEARLY 26 MILLION AMERICANS HAVE DIABETES – THE SEVENTH-LEADING CAUSE OF DEATH IN THE UNITED STATES – AND ANOTHER 79 MILLION HAVE PREDIABETES. THE YMCA'S DIABETES PREVENTION PROGRAM IS BASED ON A NATIONAL INSTITUTES OF HEALTH STUDY THAT SHOWED WEIGHT LOSS OF 5% TO 7% AND 150 MINUTES OF PHYSICAL ACTIVITY PER WEEK CAN REDUCE THE NUMBER OF NEW CASES OF TYPE 2 DIABETES IN ADULTS BY 58%, AND 71% IN ADULTS OVER THE AGE OF 60. MORE THAN 100 YMCA ASSOCIATIONS IN 39 STATES OFFER THE PROGRAM AT 750 SITES, AND IN 2013 Y-USA SECURED \$5 MILLION IN FUNDING FROM VARIOUS PUBLIC SOURCES AND PRIVATE DONORS TO SUPPORT THE PROGRAM'S INFRASTRUCTURE AND HELP EXPAND IT TO 300 ASSOCIATIONS BY 2017. NEARLY 9,300 PEOPLE HAVE COMPLETED THE PROGRAM TO DATE.

4c (Code:) (Expenses \$ 27,369,847 including grants of \$ 6,366,427) (Revenue \$ 18,279,158)

YOUTH DEVELOPMENT: NURTURING THE POTENTIAL OF CHILDREN AND TEENS. STATISTICS SHOW THAT A LARGE NUMBER OF CHILDREN FROM LOW-INCOME ENVIRONMENTS REACH KINDERGARTEN UNPREPARED AND THAT THEY CONTINUE TO FALL BEHIND IN SCHOOL WITHOUT PROPER INTERVENTIONS. THIS IS KNOWN AS THE "ACHIEVEMENT GAP." THE Y'S ACHIEVEMENT GAP SIGNATURE PROGRAMS ARE DESIGNED TO IMPROVE ACADEMIC OUTCOMES FOR THESE CHILDREN AT KEY EDUCATIONAL MILESTONES: EARLY LEARNING, SUMMER LEARNING, AND AFTERSCHOOL. THROUGH FUNDRAISING AND DEDICATED STAFF SUPPORT, Y-USA HAS PROVIDED FINANCIAL AND TECHNICAL RESOURCES TO 90 YMCAS IN 37 STATES THAT ARE INVOLVED IN ACHIEVEMENT GAP PILOT PROGRAMS. THE EARLY RESULTS ARE PROMISING: STUDENTS PARTICIPATING IN ONE OF THE PROGRAMS GAINED AN AVERAGE OF 5.2 MONTHS OF READING SKILLS AND 7.1 MONTHS OF MATH SKILLS IN JUST SIX WEEKS.

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

(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)

4e Total program service expenses 103,902,975

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 temporarily restricted endowments, permanent endowments, or 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 type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input 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"/>

Part IV Checklist of Required Schedules *(continued)*

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	✓	
22 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	✓	
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>	✓	
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>		✓
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) 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>		✓
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>		✓
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II</i>		✓
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		✓
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		✓
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		✓
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		✓
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		✓
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>		✓
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		✓
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>		✓
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>	✓	
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>	✓	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	✓	
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>	✓	
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>		✓
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>		✓
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	✓	

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

Table with columns for line numbers (1a-14b), descriptions, and Yes/No checkboxes. Includes entries for Form 1096, W-2G forms, backup withholding, employee reporting, foreign accounts, prohibited transactions, and charitable trusts.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
1b	Enter the number of voting members included in line 1a, above, who are independent		
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, or 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"/>
7b	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 in 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"/>
10b	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"/>	
11b	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"/>	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<input checked="" type="checkbox"/>	
12c	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?		
15a	The organization's CEO, Executive Director, or top management official	<input checked="" type="checkbox"/>	
15b	Other officers or key employees of the organization	<input checked="" type="checkbox"/>	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
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"/>
16b	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 ► [SEE SCHEDULE O](#)
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► [JAMES C MELLOR, 101 N WACKER DRIVE, CHICAGO, IL 60606, \(312\)977-0031](#)

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ALLEN, SHARON CHAIR	4	✓		✓				0	0	0
(2) JONES, RICHARD A. SECRETARY	4	✓		✓				0	0	0
(3) MALCOLM, STEVEN J. TREASURER	4	✓		✓				0	0	0
(4) MARCKS, CHRISTINE CHAIR-ELECT	3	✓		✓				0	0	0
(5) BARAHONA, DAVID A. BOARD MEMBER	2	✓						0	0	0
(6) BOONE, GARRETT BOARD MEMBER	2	✓						0	0	0
(7) BOSWELL, GINA BOARD MEMBER	2	✓						0	0	0
(8) BRIGHT, MICHAEL BOARD MEMBER	2	✓						0	0	0
(9) COLLINS, JANET BOARD MEMBER	2	✓						0	0	0
(10) CONLEY, JOHN G. BOARD MEMBER	2	✓						0	0	0
(11) DAVIES, PAMELA BOARD MEMBER	2	✓						0	0	0
(12) EICHER, MICHAEL C. BOARD MEMBER	2	✓						0	0	0
(13) EILIG, JANICE REALS BOARD MEMBER	2	✓						0	0	0
(14) FITZPATRICK, R. HUGH A. BOARD MEMBER	2	✓						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) HARRIS, VIRGINIA BALES BOARD MEMBER	2	<input checked="" type="checkbox"/>						0	0	0
(16) HAZELBAKER, CURT BOARD MEMBER	2	<input checked="" type="checkbox"/>						0	0	0
(17) HYDE, MATTHEW BOARD MEMBER	2	<input checked="" type="checkbox"/>						0	0	0
(18) KISSINGER, NANCY BOARD MEMBER	2	<input checked="" type="checkbox"/>						0	0	0
(19) PADILLA, CHRISTOPHER BOARD MEMBER	2	<input checked="" type="checkbox"/>						0	0	0
(20) PAYNE, ULICE BOARD MEMBER	2	<input checked="" type="checkbox"/>						0	0	0
(21) POMPOSINI, TARA BOARD MEMBER	2	<input checked="" type="checkbox"/>						0	0	0
(22) PRATT, DAVID BOARD MEMBER	2	<input checked="" type="checkbox"/>						0	0	0
(23) RODELL, THOMAS J. BOARD MEMBER	2	<input checked="" type="checkbox"/>						0	0	0
(24) SOMMER, JUDAH C. BOARD MEMBER	2	<input checked="" type="checkbox"/>						0	0	0
(25) STEWART, DERRICK J. BOARD MEMBER	2	<input checked="" type="checkbox"/>						0	0	0
1b Sub-total								0	0	0
c Total from continuation sheets to Part VII, Section A								2,606,922	0	466,986
d Total (add lines 1b and 1c)								2,606,922	0	466,986

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 **▶ 146**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
DIABETES PREVENTION AND CONTROL ALLIANCE, 5995 OPUS PARKWAY, 2ND FLOOR, MINNETONKA, MN 55343	TECHNICAL ASSISTANCE FOR THE HEALTH CARE INNOVA	1,468,204
RIGHTPOINT CONSULTING, 29 N. WACKER, 4TH FLOOR, CHICAGO, IL 60606	SUPPORT OF SOFTWARE DEVELOPMENT LIFE CYCLE	953,993
GOLIN/HARRIS INTERNATIONAL, P.O. BOX 7247-6595, PHILADELPHIA, PA 19170-6595	SUPPORT PUBLIC RELATIONS ACTIVITIES ASSOCIATED W	561,109
BELL FOUNDATION, INC, 60 CLAYTON ST, DORCHESTER, MA 02122	TECHNICAL ASSISTANCE FOR EARLY LEARNING READINE	496,500
PRAESIDIUM, INC., 624 SIX FLAGS DRIVE, SUITE 110, ARLINGTON, TX 76011	CHILD SAFETY INITIATIVE	395,142

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 **▶ 39**

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 11,343,421					
	f All other contributions, gifts, grants, and similar amounts not included above	1f 38,438,318					
	g Noncash contributions included in lines 1a-1f: \$	2,731					
	h Total. Add lines 1a-1f	▶	49,781,739				
Program Service Revenue	Business Code						
	2a FAIR SHARE SUPPORT	541610	53,820,681	53,820,681	0	0	
	b PROGRAM AND TRAINING REGISTRATION FEES	611710	5,599,894	5,599,894	0	0	
	c YMCA PROGRAM CERTIFICATION REVENUES	900099	1,317,654	1,317,654	0	0	
	d _____		0				
	e _____		0				
	f All other program service revenue .		0	0	0	0	
g Total. Add lines 2a-2f	▶	60,738,229					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	▶	1,172,922	0	0	1,172,922	
	4 Income from investment of tax-exempt bond proceeds ▶		0				
	5 Royalties	▶	381,797	0	0	381,797	
	6a Gross rents	(i) Real	72,631				
		(ii) Personal					
		b Less: rental expenses	0				
		c Rental income or (loss)	72,631	0			
	d Net rental income or (loss)	▶	72,631	0	0	72,631	
	7a Gross amount from sales of assets other than inventory	(i) Securities	80,533,292				
		(ii) Other					
		b Less: cost or other basis and sales expenses	76,671,499				
		c Gain or (loss)	3,861,793	0			
	d Net gain or (loss)	▶	3,861,793	0	0	3,861,793	
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a					
		b Less: direct expenses	b				
c Net income or (loss) from fundraising events . ▶			0				
9a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities . . ▶		0				
10a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory . . ▶		0				
Miscellaneous Revenue		Business Code					
11a VENDOR BOOTH REVENUE	900004	1,049,461	0	0	1,049,461		
b REBATE REVENUE	900099	466,742	0	0	466,742		
c REIMB. OF EXP. FROM VARIOUS YMCA ORGS.	900099	379,605	0	0	379,605		
d All other revenue	900004	62,365	0	0	62,365		
e Total. Add lines 11a-11d	▶	1,958,173					
12 Total revenue. See instructions.	▶	117,967,284	60,738,229	0	7,447,316		

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 governments and organizations in the United States. See Part IV, line 21	26,204,669	26,204,669		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	92,033	92,033		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	6,721,912	6,721,912		
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	1,574,721	593,005	747,814	233,902
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	33,212,145	28,508,275	3,432,323	1,271,547
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	3,596,142	3,057,422	413,412	125,308
9 Other employee benefits	4,169,307	3,444,546	555,850	168,911
10 Payroll taxes	2,485,962	2,136,760	256,681	92,521
11 Fees for services (non-employees):				
a Management	0	0	0	0
b Legal	455,241	230,255	224,986	0
c Accounting	143,691	130	143,561	0
d Lobbying	400,000	400,000	0	0
e Professional fundraising services. See Part IV, line 17	0			0
f Investment management fees	626,149	0	626,149	0
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	14,527,873	13,903,811	624,062	0
12 Advertising and promotion	150,886	150,886	0	0
13 Office expenses	2,852,086	2,476,451	314,296	61,339
14 Information technology	1,331,794	1,141,538	190,256	0
15 Royalties	0	0	0	0
16 Occupancy	2,510,252	2,198,326	154,836	157,090
17 Travel	6,518,605	5,623,885	723,108	171,612
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19 Conferences, conventions, and meetings	3,482,148	3,365,290	116,858	0
20 Interest	3,681	0	3,681	0
21 Payments to affiliates	0	0	0	0
22 Depreciation, depletion, and amortization	1,783,567	1,528,772	254,795	0
23 Insurance	770,890	662,361	108,529	0
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>PROV. FOR UNCOLLECTIBLES</u>	559,932	501,440	58,492	0
b <u>EQUIPMENT</u>	333,285	256,699	76,586	0
c _____	0			
d _____	0			
e All other expenses	836,792	704,509	132,283	0
25 Total functional expenses. Add lines 1 through 24e	115,343,763	103,902,975	9,158,558	2,282,230
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)	0			

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	2,050	1	2,050
	2 Savings and temporary cash investments	18,352,160	2	24,504,730
	3 Pledges and grants receivable, net	15,223,321	3	18,409,140
	4 Accounts receivable, net	7,285,937	4	3,043,392
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	1,950,645	9	737,108
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 46,916,685		
	b Less: accumulated depreciation	10b 16,394,208	19,408,450	10c 30,522,477
	11 Investments—publicly traded securities	52,350,059	11	57,603,330
	12 Investments—other securities. See Part IV, line 11	24,885,664	12	27,398,368
	13 Investments—program-related. See Part IV, line 11	1,000	13	1,000
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	11,616,143	15	12,135,105
16 Total assets. Add lines 1 through 15 (must equal line 34)	151,075,429	16	174,356,700	
Liabilities	17 Accounts payable and accrued expenses	5,411,711	17	19,304,384
	18 Grants payable		18	
	19 Deferred revenue	12,053,890	19	8,958,392
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties	25,000	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	9,721,701	25	9,070,745
	26 Total liabilities. Add lines 17 through 25	27,212,302	26	37,333,521
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	61,432,368	27	64,571,564
	28 Temporarily restricted net assets	40,215,223	28	53,774,698
	29 Permanently restricted net assets	22,215,536	29	18,676,917
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	123,863,127	33	137,023,179
34 Total liabilities and net assets/fund balances	151,075,429	34	174,356,700	

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	117,967,284
2	Total expenses (must equal Part IX, column (A), line 25)	2	115,343,763
3	Revenue less expenses. Subtract line 2 from line 1	3	2,623,521
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	123,863,127
5	Net unrealized gains (losses) on investments	5	11,963,366
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-1,426,835
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	137,023,179

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 in Schedule O.	✓	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	✓	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	✓	

(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			
(26) TAYLOR, JOHNNY C. ----- BOARD MEMBER	2 -----	✓						0	0	0
(27) WALKER, SANDRA BERLIN ----- BOARD MEMBER	2 -----	✓						0	0	0
(28) NICOLL, NEIL J ----- PRESIDENT AND CEO	50 -----			✓				469,465	0	43,589
(29) JOHNSON, KENT D. ----- EXECUTIVE VICE PRESIDENT, CHIEF OPERATIONS OFFICER	50 -----			✓				357,546	0	42,381
(30) MELLOR, JAMES C. ----- SR. VP & CHIEF FINANCIAL OFFICER	50 -----			✓				283,231	0	41,578
(31) WILLIAMS, ANGELA F. ----- EXECUTIVE VICE PRESIDENT, GENERAL COUNSEL AND CHIEF ADMINISTRATION OFFICER	50 -----			✓				295,223	0	41,708
(32) MARKIN, KATE ----- EXECUTIVE VICE PRESIDENT, CHIEF STRATEGY/ADVANCEMENT OFFICER	50 -----					✓		289,631	0	41,647
(33) VAUGHAN, LYNNE G. ----- SR. VP CHIEF INNOVATION OFFICER	50 -----					✓		254,566	0	41,269
(34) RADCLIFF, TERRI ----- VP TRAINING AND LEADERSHIP DEVELOPMENT	50 -----					✓		232,923	0	39,586
(35) PEREZ, JORGE A. ----- VP, YOUTH DEVELOPMENT, FAMILY ENRICHMENT AND SOCIAL RESPONSIBILITY	50 -----					✓		195,731	0	136,207
(36) AUDSLEY, WESSBROOK ----- VICE PRESIDENT - ASSOCIATION RESOURCES	50 -----					✓		228,606	0	39,021

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2013

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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

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

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

The organization is not a private foundation because it is: (For lines 1 through 11, 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.)
- 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)(vii)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 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 that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III—Functionally integrated d Type III—Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									0

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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 IV.)						
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 2013 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test—2013. 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—2012. 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—2013. 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 IV 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—2012. 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 IV 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 9 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	20,196,806	29,413,040	38,013,597	29,025,003	49,781,739	166,430,185
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	54,194,107	56,208,691	55,771,218	57,363,004	60,738,229	284,275,249
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	74,390,913	85,621,731	93,784,815	86,388,007	110,519,968	450,705,434
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	66,596	69,510	89,410	74,993	111,947	412,456
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	2,505,363	4,747,247	966,247	0	1,639	8,220,496
c Add lines 7a and 7b	2,571,959	4,816,757	1,055,657	74,993	113,586	8,632,952
8 Public support (Subtract line 7c from line 6.)						442,072,482

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6	74,390,913	85,621,731	93,784,815	86,388,007	110,519,968	450,705,434
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,764,967	1,917,160	1,907,909	2,010,517	1,627,350	9,227,903
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	139,343	48,585	198,335	506,766	0	893,029
c Add lines 10a and 10b	1,904,310	1,965,745	2,106,244	2,517,283	1,627,350	10,120,932
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 IV.)	745,477	583,652	733,613	850,164	1,958,173	4,871,079
13 Total support. (Add lines 9, 10c, 11, and 12.)	77,040,700	88,171,128	96,624,672	89,755,454	114,105,491	465,697,445
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 2013 (line 8, column (f) divided by line 13, column (f))	15	94.92 %
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	94.38 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	2.17 %
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	2.54 %
19a 33 1/3% support tests—2013. 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—2012. 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

Supplemental Information Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Return Reference	Identifier	Explanation						
		Description	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
SCHEDULE A, PART III, LINE 12	OTHER INCOME	REIMBURSEMENT FROM OTHER YMCA ORGS.	412,616	338,354	245,153	244,500	379,605	1,620,228
		VENDOR BOOTH REVENUE	0	0	211,281	303,350	1,049,461	1,564,092
		REBATES	0	0	272,513	219,524	466,742	958,779
		REIMBURSEMENT OF PRIOR YEAR ITEMS	332,861	245,298	0	78,002	0	656,161
		ALL OTHER	0	0	4,666	4,788	62,365	71,819
								0
		Total	745,477	583,652	733,613	850,164	1,958,173	4,871,079

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.

▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

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, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization 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) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to 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. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not 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 does not 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	----- ----- -----	\$ 13,804,168	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	----- ----- -----	\$ 9,391,371	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	----- ----- -----	\$ 7,171,084	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	----- ----- -----	\$ 5,301,900	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	----- ----- -----	\$ 3,009,778	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	----- ----- -----	\$ 1,842,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	----- ----- -----	\$ ----- 1,071,593	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	----- ----- -----	\$ ----- 1,000,000	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
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----

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

Part III **Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year.** 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

2013

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.**
 ▶ **See separate instructions.** ▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

If the organization answered "Yes," to 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," to 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," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), 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.
- 2 Political expenditures ▶ \$
- 3 Volunteer hours ▶

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

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

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

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

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)	0													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	400,000													
c	Total lobbying expenditures (add lines 1a and 1b)	400,000	0												
d	Other exempt purpose expenditures	103,502,975													
e	Total exempt purpose expenditures (add lines 1c and 1d)	103,902,975	0												
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000	0												
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000	0												
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0													
i	Subtract line 1f from line 1c. If zero or less, enter -0-	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 instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column (e))					6,000,000
c Total lobbying expenditures	440,000	400,000	400,000	400,000	1,640,000
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 to 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 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, line 2; and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number

NATIONAL COUNCIL OF YMCAS OF THE USA

36-3258696

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate contributions to (during year), 3 Aggregate grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors... Yes No, 6 Did the organization inform all grantees... Yes No.

Part II Conservation Easements.

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements, 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution..., 3 Number of conservation easements modified..., 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy..., 6 Staff and volunteer hours..., 7 Amount of expenses..., 8 Does each conservation easement..., 9 In Part XIII, describe how the organization reports...

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

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

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under SFAS 116..., 1b If the organization elected, as permitted under SFAS 116..., 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain...

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" to 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? **Yes** **No**

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

Part V Endowment Funds.

Complete if the organization answered "Yes" to 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	76,670,754	71,273,400	76,018,185	0	0
b Contributions	203,050	205,000	670,246	66,044,152	
c Net investment earnings, gains, and losses	16,269,267	9,993,069	-1,590,948	12,198,725	
d Grants or scholarships	4,100,000	4,200,000	3,500,000	1,750,000	
e Other expenditures for facilities and programs	0		0	283,515	
f Administrative expenses	626,149	600,715	324,083	191,177	
g End of year balance	88,416,922	76,670,754	71,273,400	76,018,185	0

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

- a** Board designated or quasi-endowment ▶ 74 %
- b** Permanent endowment ▶ 13 %
- c** Temporarily restricted endowment ▶ 13 %

The percentages in 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		✓
(ii) related organizations		✓
b If "Yes" to 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" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		346,123		346,123
b Buildings		1,419,424	1,419,424	0
c Leasehold improvements		7,134,337	1,653,531	5,480,806
d Equipment		16,674,922	13,321,253	3,353,669
e Other		21,341,879	0	21,341,879
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				30,522,477

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" to 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	21,686,562	END OF YEAR MARKET VALUE
(B) LIMITED PARTNERSHIPS	5,127,030	END OF YEAR MARKET VALUE
(C) JERUSALEM FOUNDATION	584,776	END OF YEAR MARKET VALUE
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	27,398,368	

Part VIII Investments—Program Related.

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

(a) Description	(b) Book value
(1) UNEMPLOYMENT TRUST	177,545
(2) INTEREST IN PERPETUAL TRUSTS	8,090,669
(3) DUE FROM JIY	3,866,891
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	12,135,105

Part X Other Liabilities.

Complete if the organization answered "Yes" to 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 EXPENSE	8,870,745
(3) INSURANCE RESERVE	200,000
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	9,070,745

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

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include description, sub-row labels (2a-2d, 4a-4b), and total labels (1, 2e, 3, 4c, 5).

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include description, sub-row labels (2a-2d, 4a-4b), and total labels (1, 2e, 3, 4c, 5).

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 NEXT PAGE

Series of horizontal dashed lines for providing supplemental information.

Part XIII

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

Return Reference	Identifier	Explanation
SCHEDULE D, PART V, LINE 4	INTENDED USES OF ENDOWMENT FUNDS	Y-USA USES ITS NET INVESTMENT INCOME AND THE NET PROCEEDS FROM THESE ACTIVITIES PRIMARILY TO MAKE GRANTS IN SUPPORT OF THE CHARITABLE ACTIVITIES OF Y-USA AND OTHER WORLDWIDE YMCA ORGANIZATIONS.
SCHEDULE D, PART X, LINE 2	FIN 48 (ASC 740) FOOTNOTE	Y-USA HAS RECEIVED A FAVORABLE DETERMINATION LETTER FROM THE INTERNAL REVENUE SERVICE STATING THAT THEY ARE EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(A) OF THE INTERNAL REVENUE CODE OF 1986 (IRC), AS AN ORGANIZATION DESCRIBED IN SECTION 501(C)(3), EXCEPT FOR INCOME TAXES PERTAINING TO UNRELATED BUSINESS INCOME. THE FINANCIAL ACCOUNTING STANDARDS BOARD ISSUED GUIDANCE THAT REQUIRES TAX EFFECTS FROM UNCERTAIN TAX POSITIONS TO BE RECOGNIZED IN THE FINANCIAL STATEMENTS ONLY IF THE POSITION IS MORE LIKELY THAN NOT TO BE SUSTAINED IF THE POSITION WERE TO BE CHALLENGED BY A TAXING AUTHORITY. MANAGEMENT HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN POSITIONS THAT REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS. ADDITIONALLY, NO PROVISION FOR INCOME TAXES IS REFLECTED IN THESE FINANCIAL STATEMENTS, AND THERE IS NO INTEREST OR PENALTIES RECOGNIZED IN THE STATEMENT OF ACTIVITIES OR STATEMENT OF FINANCIAL POSITION. THE TAX YEARS ENDED 2010, 2011, 2012 AND 2013 ARE STILL OPEN TO AUDIT FOR BOTH FEDERAL AND STATE PURPOSES.

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
- ▶ Attach to Form 990. ▶ See separate instructions.
- ▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

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 region	(d) Activities conducted in region (by type) (e.g., 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 region	(f) Total expenditures for and investments in region
(1) CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANTMAKING		235,690
(2) EAST ASIA AND THE PACIFIC	0	0	GRANTMAKING		136,200
(3) EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	GRANTMAKING		276,739
(4) MIDDLE EAST AND NORTH AFRICA	1	1	GRANTMAKING		5,356,790
(5) MIDDLE EAST AND NORTH AFRICA	0	0	INVESTMENTS		584,776
(6) MIDDLE EAST AND NORTH AFRICA	0	0	INVESTMENTS		19,807
(7) NORTH AMERICA (CANADA & MEXICO ONLY)	0	0	GRANTMAKING		10,000
(8) RUSSIA AND THE NEWLY INDEPENDENT STATES	0	0	GRANTMAKING		148,600
(9) SOUTH AMERICA	0	0	GRANTMAKING		50,369
(10) SOUTH ASIA	0	0	GRANTMAKING		34,500
(11) SUB-SAHARAN AFRICA	0	0	GRANTMAKING		473,023
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total	1	1			7,326,494
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	1	1			7,326,494

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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			MIDDLE EAST AND NORTH AFRICA	PROGRAM SUPPORT	5,287,433	WIRE TRANSFER			
(2)			SUB-SAHARAN AFRICA	PROGRAM SUPPORT	210,187	WIRE TRANSFER			
(3)			CENTRAL AMERICA AND THE CARIBBEAN	PROGRAM SUPPORT	143,415	WIRE TRANSFER			
(4)			EUROPE (INCLUDING ICELAND AND GREENLAND)	PROGRAM SUPPORT	132,787	WIRE TRANSFER			
(5)			EUROPE (INCLUDING ICELAND AND GREENLAND)	PROGRAM SUPPORT	131,955	WIRE TRANSFER			
(6)			RUSSIA AND THE NEWLY INDEPENDENT STATES	PROGRAM SUPPORT	93,900	WIRE TRANSFER			
(7)			SUB-SAHARAN AFRICA	PROGRAM SUPPORT	93,100	WIRE TRANSFER			
(8)			SUB-SAHARAN AFRICA	PROGRAM SUPPORT	92,065	WIRE TRANSFER			
(9)			MIDDLE EAST AND NORTH AFRICA	PROGRAM SUPPORT	60,357	WIRE TRANSFER			
(10)			CENTRAL AMERICA AND THE CARIBBEAN	PROGRAM SUPPORT	54,000	WIRE TRANSFER			
(11)			RUSSIA AND THE NEWLY INDEPENDENT STATES	PROGRAM SUPPORT	34,700	WIRE TRANSFER			
(12)			SOUTH ASIA	PROGRAM SUPPORT	34,500	WIRE TRANSFER			
(13)			EAST ASIA AND THE PACIFIC	PROGRAM SUPPORT	30,000	WIRE TRANSFER			
(14)			EAST ASIA AND THE PACIFIC	PROGRAM SUPPORT	25,100	WIRE TRANSFER			
(15)			CENTRAL AMERICA AND THE CARIBBEAN	PROGRAM SUPPORT	25,000	WIRE TRANSFER			
(16)			EAST ASIA AND THE PACIFIC	PROGRAM SUPPORT	25,000	WIRE TRANSFER			

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 ▶ 33

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 non-cash assistance	(g) Description of non-cash 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 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)* 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 file Form 5713, International Boycott Report (see Instructions for Form 5713)* Yes No

Part V

Supplemental Information Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f)(accounting method); 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 THE NEWLY INDEPENDENT STATES: ACCRUAL SOUTH AMERICA: ACCRUAL SOUTH ASIA: ACCRUAL SUB-SAHARAN AFRICA: ACCRUAL

Part II

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

(a) Name of Organization	(b) IRS code section and EIN	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(17)		SOUTH AMERICA	PROGRAM SUPPORT	23,744	WIRE TRANSFER			
(18)		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	22,500	WIRE TRANSFER			
(19)		EAST ASIA AND THE PACIFIC	PROGRAM SUPPORT	22,500	WIRE TRANSFER			
(20)		RUSSIA AND THE NEWLY INDEPENDENT STATES	PROGRAM SUPPORT	20,000	WIRE TRANSFER			
(21)		EAST ASIA AND THE PACIFIC	PROGRAM SUPPORT	18,000	WIRE TRANSFER			
(22)		EAST ASIA AND THE PACIFIC	PROGRAM SUPPORT	15,600	WIRE TRANSFER			
(23)		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	15,100	WIRE TRANSFER			
(24)		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	15,071	WIRE TRANSFER			
(25)		SOUTH AMERICA	PROGRAM SUPPORT	15,000	WIRE TRANSFER			
(26)		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	15,000	WIRE TRANSFER			
(27)		CENTRAL AMERICA AND THE CARIBBEAN	PROGRAM SUPPORT	13,275	WIRE TRANSFER			
(28)		SOUTH AMERICA	PROGRAM SUPPORT	11,625	WIRE TRANSFER			
(29)		NORTH AMERICA (CANADA & MEXICO ONLY)	PROGRAM SUPPORT	10,000	WIRE TRANSFER			
(30)		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	10,000	WIRE TRANSFER			
(31)		MIDDLE EAST AND NORTH AFRICA	PROGRAM SUPPORT	9,000	WIRE TRANSFER			
(32)		EUROPE (INCLUDING ICELAND AND GREENLAND)	PROGRAM SUPPORT	6,469	WIRE TRANSFER			
(33)		EUROPE (INCLUDING ICELAND AND GREENLAND)	PROGRAM SUPPORT	5,527	WIRE TRANSFER			

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Employer identification number

36-3258696

NATIONAL COUNCIL OF YMCAS OF THE USA

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to 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 non-cash assistance	(h) Purpose of grant or assistance
(1) ARMED SERVICES YMCA OF THE USA-NATIONAL HDOTRS 7405 ALBAN STATION CT, STE B215, SPRINGFIELD, VA 22150-2318	91-1883466	501 (C)(3)	2,019,150				ARMED SERVICES WORK
(2) YMCA OF GREATER SEATTLE 909 4TH AVE, SEATTLE, WA 98104-1108	91-0482710	501 (C)(3)	615,532				PROGRAM SUPPORT
(3) YMCA OF GREATER INDIANAPOLIS 615 N ALABAMA ST, SUITE 200, INDIANAPOLIS, IN 46204-1359	35-0868211	501 (C)(3)	496,725				PROGRAM SUPPORT
(4) YMCA OF THE GREATER TWIN CITIES 2125 E HENNEPIN AVE, MINNEAPOLIS, MN 55413-1766	45-2563299	501 (C)(3)	468,507				PROGRAM SUPPORT
(5) YMCA OF METROPOLITAN ATLANTA INC. 100 EDGEWOOD AVE NE STE 1100, ATLANTA, GA 30303-3026	58-0566253	501 (C)(3)	462,102				PROGRAM SUPPORT
(6) YMCA OF GREATER GRAND RAPIDS 475 LAKE MICHIGAN DR NW, GRAND RAPIDS, MI 49504-2909	38-1358058	501 (C)(3)	441,000				PROGRAM SUPPORT
(7) YMCA OF THE TRIANGLE AREA 801 CORPORATE CENTER DRIVE, SUITE 200, RALEIGH, NC 27607-5073	56-0591307	501 (C)(3)	436,700				PROGRAM SUPPORT
(8) YMCA OF SILICON VALLEY 80 SARATOGA AVE., SANTA CLARA, CA 95051	94-1156318	501 (C)(3)	419,904				PROGRAM SUPPORT
(9) YMCA OF METROPOLITAN DALLAS 601 N AKARD ST, DALLAS, TX 75201-3303	75-0800696	501 (C)(3)	413,707				PROGRAM SUPPORT
(10) YMCA OF GREATER RICHMOND 2 W FRANKLIN ST, RICHMOND, VA 23220-5006	54-0505986	501 (C)(3)	409,500				PROGRAM SUPPORT
(11) YMCA OF YONKERS INC. 17 RIVERDALE AVE, YONKERS, NY 10701-3646	13-1740520	501 (C)(3)	364,750				PROGRAM SUPPORT
(12) ROME-FLOYD COUNTY YMCA 810 E 2ND AVE, ROME, GA 30161	58-0814549	501 (C)(3)	364,080				PROGRAM SUPPORT
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table							▶ 291
3 Enter total number of other organizations listed in the line 1 table							▶ 1

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

Cat. No. 50055P

Schedule I (Form 990) (2013)

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to 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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 SCHOLARSHIPS	116	92,033	0	FMV	
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 NEXT PAGE

Part IV**Supplemental Information** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Return Reference	Identifier	Explanation
SCHEDULE I, PART I, LINE 2	PROCEDURES FOR MONITORING USE OF GRANT FUNDS	<p>WHEN YMCA OF THE USA (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 THE DATA MANAGEMENT SYSTEM. REPORTS REQUEST INFORMATION ABOUT HOW THE YMCA USED THE GRANT FUNDS, INCLUDING ACTIVITIES CONDUCTED, PROGRESS TOWARD OBJECTIVES AND OUTCOMES. IN SOME CASES, Y-USA REQUIRES A DETAILED ACCOUNTING OF HOW THE YMCA ALLOCATED THE GRANT FUNDS AND WHETHER ANY OF THESE FUNDS REMAIN.</p> <p>Y-USA AND ITS TRAINING AND LEADERSHIP DEVELOPMENT DEPARTMENT HAVE AVAILABLE A VARIETY OF SCHOLARSHIP OPPORTUNITIES FOR UNDERGRADUATE AND POSTGRADUATE STUDIES. A SELECTION COMMITTEE COMPRISED OF Y-USA STAFF REVIEW SCHOLARSHIP APPLICATIONS AND MAKE AWARD DECISIONS. AWARD AMOUNTS ARE DEPENDENT ON AVAILABLE FUNDING EACH YEAR; THERE IS NO GUARANTEED OR SET AMOUNT FOR EACH AWARD EACH YEAR. FUNDING IS AVAILABLE ON AN ANNUAL BASIS. APPLICANTS MAY APPLY EACH YEAR UNTIL COMPLETION OF THEIR DEGREE AND MAY APPLY FOR ANY SCHOLARSHIP FOR WHICH THEY ARE ELIGIBLE. APPLICATIONS ARE SUBMITTED ONLINE VIA THE Y-USA SCHOLARSHIP APPLICATION. APPLICANT'S YMCA MUST BE IN COMPLIANCE WITH ARTICLE II, SECTION 2 OF THE NATIONAL COUNCIL OF YMCAS CONSTITUTION (QUALIFICATIONS FOR MEMBERSHIP). APPLICANTS MUST BE AN EMPLOYEE OF A YMCA WITHIN THE UNITED STATES FOR AT LEAST ONE YEAR. APPLICATIONS ARE ONLY ACCEPTED MARCH 1 THROUGH MID-MAY EACH YEAR AND APPLICANTS ARE NOTIFIED OF THE SCHOLARSHIP FUNDING DECISION BY JULY 30 VIA EMAIL AND US POST MAIL.</p>

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
(13) YMCA OF COASTAL GEORGIA INC. PO BOX 14142, SAVANNAH, GA 31416-1142	58-0603160	501 (C)(3)	355,009				PROGRAM SUPPORT
(14) OLD COLONY YMCA 320 MAIN ST, BROCKTON, MA 02301-5323	04-2125014	501 (C)(3)	331,000				PROGRAM SUPPORT
(15) YMCA OF METROPOLITAN LOS ANGELES 625 SOUTH NEW HAMPSHIRE AVE, LOS ANGELES, CA 90005-1300	95-1644052	501 (C)(3)	330,000				PROGRAM SUPPORT
(16) YMCA OF METROPOLITAN CHICAGO 801 N DEARBORN, CHICAGO, IL 60610-3316	36-2179782	501 (C)(3)	318,850				PROGRAM SUPPORT
(17) GREATER SYRACUSE YMCA 340 MONTGOMERY ST, SYRACUSE, NY 13202-2015	15-0532278	501 (C)(3)	317,238				PROGRAM SUPPORT
(18) MOULTRIE YMCA 601 26TH AVE SE, MOULTRIE, GA 31768-6758	58-0593424	501 (C)(3)	311,425				PROGRAM SUPPORT
(19) GREATER BURLINGTON YMCA 266 COLLEGE ST, BURLINGTON, VT 05401-8318	03-0185810	501 (C)(3)	307,738				PROGRAM SUPPORT
(20) JEFFERSON CITY AREA YMCA PO BOX 104176, JEFFERSON CITY, MO 65110-4176	43-0953286	501 (C)(3)	280,000				PROGRAM SUPPORT
(21) MASSACHUSETTS ALLIANCE OF YMCAS 14 BEACON STREET, RM 803, BOSTON, MA 02108	04-3176393	501 (C)(4)	280,000				PROGRAM SUPPORT
(22) FLORIDA STATE ALLIANCE OF YMCAS YMCA OF WEST CENTRAL FLORIDA, 3620 CLEVELAND HEIGHTS BLVD., LAKELAND, FL 33803	59-1158144	501 (C)(3)	280,000				PROGRAM SUPPORT
(23) YMCA OF COLUMBIA ADMINISTRATIVE OFFICE, 1612 MARION STREET, COLUMBIA, SC 29201-2828	57-0314423	501 (C)(3)	278,600				PROGRAM SUPPORT
(24) YMCA OF METROPOLITAN HARTFORD 241 TRUMBULL ST, HARTFORD, CT 06103-2006	06-0881325	501 (C)(3)	258,000				PROGRAM SUPPORT
(25) YMCA OF GREATER KANSAS CITY 3100 BROADWAY ST STE 1020, KANSAS CITY, MO 64111-2413	44-0546002	501 (C)(3)	254,650				PROGRAM SUPPORT
(26) YMCA OF GREATER LOUISVILLE 545 SOUTH 2ND STREET, LOUISVILLE, KY 40202-1801	61-0444843	501 (C)(3)	245,632				PROGRAM SUPPORT
(27) MERRIMACK VALLEY YMCA INC. 101 AMESBURY ST, 4TH FLOOR, LAWRENCE, MA 01840	04-2104378	501 (C)(3)	234,238				PROGRAM SUPPORT
(28) YMCA OF GREATER CINCINNATI 1105 ELM ST, CINCINNATI, OH 45202-7513	31-0537178	501 (C)(3)	232,357				PROGRAM SUPPORT
(29) YMCA OF CENTRAL OHIO 40 WEST LONG STREET, COLUMBUS, OH 43215-2891	31-4379594	501 (C)(3)	230,707				PROGRAM SUPPORT
(30) YORK & YORK COUNTY YMCA 90 N NEWBERRY ST, YORK, PA 17401-1012	23-1352600	501 (C)(3)	225,000				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
(31) YMCA OF WESTERN NORTH CAROLINA INC. 53 ASHELAND AVENUE, SUITE 105, ASHEVILLE, NC 28801-1434	56-0530013	501 (C)(3)	222,988				PROGRAM SUPPORT
(32) YMCA OF GREATER CHARLOTTE 500 E MOREHEAD ST STE 300, CHARLOTTE, NC 28202-2606	56-1045299	501 (C)(3)	207,212				PROGRAM SUPPORT
(33) FLORIDA'S FIRST COAST YMCA - METROPOLITAN 12735 GRAN BAY PARKWAY WEST, SUITE 250, JACKSONVILLE, FL 32258	59-0638514	501 (C)(3)	203,632				PROGRAM SUPPORT
(34) YMCA OF DELAWARE 100 W 10TH ST STE 1100, WILMINGTON, DE 19801-6605	51-0065748	501 (C)(3)	201,707				PROGRAM SUPPORT
(35) METROPOLITAN AUGUSTA YMCA 945 BROAD STREET, AUGUSTA, GA 30901-1289	58-0566254	501 (C)(3)	200,750				PROGRAM SUPPORT
(36) GREATER GREEN BAY YMCA INC. 235 N JEFFERSON ST, GREEN BAY, WI 54301-5126	39-0813466	501 (C)(3)	199,750				PROGRAM SUPPORT
(37) TAMPA METROPOLITAN AREA YMCA 110 E OAK AVE, TAMPA, FL 33602	59-1742909	501 (C)(3)	199,357				PROGRAM SUPPORT
(38) YMCA OF GREATER ST. PETERSBURG 600 1ST AVENUE NORTH, SUITE 201, ST PETERSBURG, FL 33701	59-0624468	501 (C)(3)	195,707				PROGRAM SUPPORT
(39) YMCA OF EASTERN UNION COUNTY 144 MADISON AVENUE, ELIZABETH, NJ 07201-2420	22-1487381	501 (C)(3)	192,632				PROGRAM SUPPORT
(40) YMCA OF METROPOLITAN FORT WORTH 512 LAMAR ST, SUITE 400, FORT WORTH, TX 76102-3717	75-0827471	501 (C)(3)	191,457				PROGRAM SUPPORT
(41) YMCA OF THE EAST BAY 2330 BROADWAY, OAKLAND, CA 94612-2415	94-1156317	501 (C)(3)	185,000				PROGRAM SUPPORT
(42) YMCA OF GREATER WHITTIER 12510 HADLEY ST., 2ND FL, WHITTIER, CA 90601-3942	95-1684795	501 (C)(3)	176,250				PROGRAM SUPPORT
(43) YMCA OF CAPITAL DISTRICT 465 NEW KARNER ROAD, 2ND FLOOR, ALBANY, NY 12205	14-1726531	501 (C)(3)	171,382				PROGRAM SUPPORT
(44) YMCA OF WICHITA KANSAS 402 N MARKET, WICHITA, KS 67202-2012	48-0554440	501 (C)(3)	164,382				PROGRAM SUPPORT
(45) YMCA OF GREATER SAN ANTONIO 3233 N. ST. MARY'S STREET, SAN ANTONIO, TX 78212-3579	74-1109634	501 (C)(3)	160,500				PROGRAM SUPPORT
(46) YMCA OF GREATER ROCHESTER 444 EAST MAIN ST, ROCHESTER, NY 14604	16-0743242	501 (C)(3)	160,282				PROGRAM SUPPORT
(47) ALLIANCE OF NEW YORK STATE YMCAS 33 ELK STREET, 2ND FLOOR, ALBANY, NY 12207	01-0567018	501 (C)(3)	160,000				PROGRAM SUPPORT
(48) YMCA OF MEMPHIS & THE MID-SOUTH 6373 QUAIL HOLLOW ROAD, SUITE 201, MEMPHIS, TN 38120	62-0476304	501 (C)(3)	157,500				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
(49) YMCA OF GREATER LONG BEACH 3605 LONG BEACH BLVD, STE 210, LONG BEACH, CA 90807	95-1643396	501 (C)(3)	155,104				PROGRAM SUPPORT
(50) YMCA OF SOUTHERN ARIZONA 60 W ALAMEDA ST, PO BOX 1111, TUCSON, AZ 85702-1111	86-0101237	501 (C)(3)	154,707				PROGRAM SUPPORT
(51) YMCA OF GREATER PITTSBURGH 420 FT DUQUESNE BLVD, SUITE 625, PITTSBURGH, PA 15222-1908	25-0969497	501 (C)(3)	154,500				PROGRAM SUPPORT
(52) YMCA OF THE GREATER HOUSTON AREA P. O. BOX 3007, HOUSTON, TX 77253-3007	74-1109737	501 (C)(3)	153,282				PROGRAM SUPPORT
(53) ED & RUTH LEHMAN YMCA 950 LASHLEY ST, LONGMONT, CO 80504	84-1129504	501 (C)(3)	153,250				PROGRAM SUPPORT
(54) YMCA OF THE SUNCOAST 2469 ENTERPRISE ROAD, CLEARWATER, FL 33763-1607	59-0810731	501 (C)(3)	152,757				PROGRAM SUPPORT
(55) YMCA OF GREATER CLEVELAND 2200 PROSPECT AVE STE 900, CLEVELAND, OH 44115-2697	34-0714728	501 (C)(3)	147,707				PROGRAM SUPPORT
(56) YMCA OF GREATER NEW YORK 5 W 63RD ST, 6TH FL, NEW YORK, NY 10023	13-1624228	501 (C)(3)	146,007				PROGRAM SUPPORT
(57) YMCA OF GREATER DAYTON 111 W 1ST ST, SUITE 207, DAYTON, OH 45402-1107	31-0537517	501 (C)(3)	142,707				PROGRAM SUPPORT
(58) PROVIDENCE METROPOLITAN YMCA 371 PINE ST, PROVIDENCE, RI 02903-4220	05-0258878	501 (C)(3)	135,632				PROGRAM SUPPORT
(59) YMCA OF METROPOLITAN CHATTANOOGA 301 W 6TH ST, CHATTANOOGA, TN 37402-1110	62-0475699	501 (C)(3)	128,100				PROGRAM SUPPORT
(60) GREATER ST. LOUIS YMCA 1528 LOCUST STREET, ST LOUIS, MO 63103-1816	43-0653616	501 (C)(3)	127,632				PROGRAM SUPPORT
(61) YMCA OF RYE NY 21 LOCUST AVE, RYE, NY 10580-2959	13-1740515	501 (C)(3)	124,238				PROGRAM SUPPORT
(62) VALLEY OF THE SUN YMCA 350 N 1ST AVE, PHOENIX, AZ 85003-1513	86-0096799	501 (C)(3)	122,707				PROGRAM SUPPORT
(63) ALLIANCE OF NEW YORK STATE YMCAS 33 ELK STREET, 2ND FLOOR, ALBANY, NY 12207	14-1726531	501 (C)(3)	120,000				PROGRAM SUPPORT
(64) YMCA OF METROPOLITAN WASHINGTON 1112 16TH ST NW, SUITE 720, WASHINGTON, DC 20036-4824	53-0207403	501 (C)(3)	116,632				PROGRAM SUPPORT
(65) PHILADELPHIA FREEDOM VALLEY YMCA 2000 MARKET ST STE 750, PHILADELPHIA, PA 19103-3231	23-1243965	501 (C)(3)	116,170				PROGRAM SUPPORT
(66) YMCA OF GREATER FORT WAYNE 347 W BERRY ST SUITE 500, FORT WAYNE, IN 46802-3106	35-0886850	501 (C)(3)	115,632				PROGRAM SUPPORT
(67) YMCA OF CENTRAL KENTUCKY 239 EAST HIGH ST, LEXINGTON, KY 40507-	61-0444842	501 (C)(3)	113,672				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
1409							
(68) SPRINGFIELD COLLEGE OFFICE OF YMCA RELATIONS, 263 ALDEN STREET, SPRINGFIELD, MA 01109-3797	04-2104329	501 (C)(3)	108,800				PROGRAM SUPPORT
(69) YMCA OF MIDDLE TENNESSEE 1000 CHURCH ST, NASHVILLE, TN 37203-3418	62-0476243	501 (C)(3)	107,730				PROGRAM SUPPORT
(70) CENTRAL CONNECTICUT COAST YMCA 1240 CHAPEL ST, NEW HAVEN, CT 06511-4506	06-0662195	501 (C)(3)	105,682				PROGRAM SUPPORT
(71) VOLUSIA/FLAGLER FAMILY YMCA ASSOCIATION OFFICE, 761 E. INT'L SPEEDWAY BLVD, DELAND, FL 32724	59-3284968	501 (C)(3)	105,632				PROGRAM SUPPORT
(72) YMCA OF METROPOLITAN DENVER 2625 S COLORADO BLVD, DENVER, CO 80222-5108	84-0402696	501 (C)(3)	103,750				PROGRAM SUPPORT
(73) YMCA OF GREATER BOSTON 316 HUNTINGTON AVE, BOSTON, MA 02115-5019	04-2103551	501 (C)(3)	103,300				PROGRAM SUPPORT
(74) YMCA OF PIERCE AND KITSAP COUNTIES 4717 S 19TH ST STE 201, TACOMA, WA 98405	91-0565562	501 (C)(3)	102,132				PROGRAM SUPPORT
(75) SOUTH COUNTY FAMILY YMCA 701 CENTER RD., VENICE, FL 34285-4813	59-1629660	501 (C)(3)	100,063				PROGRAM SUPPORT
(76) YMCA OF CENTRAL WAUKESHA COUNTY 320 E BROADWAY, WAUKESHA, WI 53186-5060	39-0847658	501 (C)(3)	100,000				PROGRAM SUPPORT
(77) YMCA OF GREATER TOLEDO 1500 N SUPERIOR ST, 2ND FLOOR, TOLEDO, OH 43604	34-4428262	501 (C)(3)	95,400				PROGRAM SUPPORT
(78) YMCA OF CASS AND CLAY COUNTIES 400 1ST AVE S, FARGO, ND 58103-1998	45-0232096	501 (C)(3)	93,750				PROGRAM SUPPORT
(79) YMCA OF SAN FRANCISCO 50 CALIFORNIA ST., STE. 650, SAN FRANCISCO, CA 94111-3937	94-0997140	501 (C)(3)	93,000				PROGRAM SUPPORT
(80) CENTRAL FLORIDA METRO YMCA 433 N MILLS AVE, ORLANDO, FL 32803-5798	59-0624430	501 (C)(3)	92,432				PROGRAM SUPPORT
(81) LA CROSSE AREA FAMILY YMCA 1140 MAIN ST, LA CROSSE, WI 54601-4124	39-0806172	501 (C)(3)	90,988				PROGRAM SUPPORT
(82) YMCA OF LONG ISLAND 121 DOSORIS LANE, GLEN COVE, NY 11542-1216	11-1649914	501 (C)(3)	90,632				PROGRAM SUPPORT
(83) YMCA OF GREATER OKLAHOMA CITY 500 N BROADWAY, STE. 500, OKLAHOMA CITY, OK 73102-6210	73-0579270	501 (C)(3)	87,000				PROGRAM SUPPORT
(84) YMCA OF SNOHOMISH COUNTY 2720 ROCKEFELLER AVE, EVERETT, WA 98201-3523	91-0565561	501 (C)(3)	85,854				PROGRAM SUPPORT
(85) YMCA OF METROPOLITAN MILWAUKEE INC. 161 W WISCONSIN AVE STE 4000, MILWAUKEE, WI 53203-2607	39-0806314	501 (C)(3)	85,736				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
(86) DULUTH AREA FAMILY YMCA 302 W 1ST ST, DULUTH, MN 55802-1694	41-0693931	501 (C)(3)	85,500				PROGRAM SUPPORT
(87) YMCA OF METROPOLITAN DETROIT 1401 BROADWAY ST., SUITE 3A, DETROIT, MI 48226-3364	38-1358055	501 (C)(3)	84,650				PROGRAM SUPPORT
(88) YMCA OF SOUTHWEST ILLINOIS 424 LEBANON AVENUE, BELLEVILLE, IL 62220-4127	37-0673565	501 (C)(3)	83,400				PROGRAM SUPPORT
(89) ATHENS YMCA 915 HAWTHORNE AVE, ATHENS, GA 30606-2198	58-0593443	501 (C)(3)	82,771				PROGRAM SUPPORT
(90) YMCA OF HOT SPRINGS ARKANSAS INC. 130 WERNER ST, HOT SPRINGS, AR 71913-6443	71-0236925	501 (C)(3)	79,750				PROGRAM SUPPORT
(91) HOCKOMOCK AREA YMCA 300 ELMWOOD ST, NORTH ATTLEBORO, MA 02760-1304	04-2131749	501 (C)(3)	79,500				PROGRAM SUPPORT
(92) ANN ARBOR YMCA 400 W. WASHINGTON ST., ANN ARBOR, MI 48103	38-1525162	501 (C)(3)	77,500				PROGRAM SUPPORT
(93) YMCA OF MARSHALLTOWN IOWA 108 WASHINGTON ST, MARSHALLTOWN, IA 50158-2833	42-1478611	501 (C)(3)	75,449				PROGRAM SUPPORT
(94) YMCA OF GREATER NEW ORLEANS 1050 SOUTH JEFFERSON DAVIS PKWY, SUITE 241, NEW ORLEANS, LA 70125	72-0423890	501 (C)(3)	75,360				PROGRAM SUPPORT
(95) GREENSBORO METROPOLITAN YMCA 620 GREEN VALLEY RD STE 210, GREENSBORO, NC 27408-1331	56-0543243	501 (C)(3)	75,000				PROGRAM SUPPORT
(96) KEARNEY FAMILY YMCA 4500 6TH AVE, KEARNEY, NE 68845-3396	47-0720055	501 (C)(3)	74,500				PROGRAM SUPPORT
(97) TWO RIVERS YMCA 2040 - 53RD ST, MOLINE, IL 61265-3698	36-2169199	501 (C)(3)	74,500				PROGRAM SUPPORT
(98) YMCA OF ARLINGTON 1148 W PIONEER PARKWAY, SUITE H, ARLINGTON, TX 76013-6243	75-1000839	501 (C)(3)	72,707				PROGRAM SUPPORT
(99) AUSTIN METROPOLITAN YMCA 3208 RED RIVER, SUITE 200, AUSTIN, TX 78705	74-1193464	501 (C)(3)	70,750				PROGRAM SUPPORT
(100) YMCA NEWARK AND VICINITY 600 BROAD ST, NEWARK, NJ 07102-4504	22-1552820	501 (C)(3)	70,400				PROGRAM SUPPORT
(101) YMCA OF SOUTH HAMPTON ROADS 250 W. BRAMBLETON AVE, SUITE 100, NORFOLK, VA 23510-1302	54-0445205	501 (C)(3)	70,000				PROGRAM SUPPORT
(102) MONTGOMERY YMCA METRO BOARD 880 S LAWRENCE, PO BOX 2336, MONTGOMERY, AL 36102-2336	63-0288885	501 (C)(3)	70,000				PROGRAM SUPPORT
(103) YMCA OF BOISE INC. 1177 W STATE ST, BOISE, ID 83702-5442	82-0200908	501 (C)(3)	69,738				PROGRAM SUPPORT
(104) YMCA OF SOUTHERN NEVADA 4141 MEADOWS LN, LAS VEGAS, NV 89107-3105	88-0059266	501 (C)(3)	69,632				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
(105) FAMILY YMCA OF MARION AND POLK COUNTIES 685 COURT ST NE, SALEM, OR 97301-3844	93-0386982	501 (C)(3)	68,000				PROGRAM SUPPORT
(106) WILTON FAMILY YMCA INC. 404 DANBURY RD, WILTON, CT 06897-2095	06-0853258	501 (C)(3)	65,838				PROGRAM SUPPORT
(107) GASTON COUNTY FAMILY YMCA 201 S CLAY ST, GASTONIA, NC 28052	56-0655420	501 (C)(3)	65,000				PROGRAM SUPPORT
(108) MARTINSVILLE & HENRY COUNTY FAMILY YMCA 3 STARLING AVE, MARTINSVILLE, VA 24112-2921	54-0839746	501 (C)(3)	63,750				PROGRAM SUPPORT
(109) WILLIAM A. HUNTON FAMILY YMCA 1139 EAST CHARLOTTE ST, NORFOLK, VA 23504-4299	54-0663046	501 (C)(3)	62,100				PROGRAM SUPPORT
(110) YMCA OF THE CAPITAL AREA 350 S FOSTER DR, BATON ROUGE, LA 70806-4105	72-0408994	501 (C)(3)	61,650				PROGRAM SUPPORT
(111) YMCA OF THE NORTH SHORE 245 CABOT ST, BEVERLY, MA 01915-4598	04-2104913	501 (C)(3)	58,500				PROGRAM SUPPORT
(112) HOPKINS COUNTY FAMILY YMCA 150 YMCA DR, MADISONVILLE, KY 42431-9019	61-0904719	501 (C)(3)	58,020				PROGRAM SUPPORT
(113) WABASH COUNTY YMCA 500 S. CASS ST., WABASH, IN 46992	35-0733765	501 (C)(3)	58,000				PROGRAM SUPPORT
(114) HUNTERDON COUNTY YMCA 1410 US HWY 22 WEST, ANNANDALE, NJ 08801-3057	22-1524183	501 (C)(3)	57,238				PROGRAM SUPPORT
(115) YMCA OF GREATER WILLIAMSON COUNTY 1812 N MAYS, PO BOX 819, ROUND ROCK, TX 78680-0819	74-2206558	501 (C)(3)	56,250				PROGRAM SUPPORT
(116) YMCA OF NORTHWEST NORTH CAROLINA 301 N MAIN ST SUITE 1900, WINSTON SALEM, NC 27101-2402	56-0530015	501 (C)(3)	55,632				PROGRAM SUPPORT
(117) YMCA OF CENTRAL VIRGINIA 801 WYNDHURST DRIVE, LYNCHBURG, VA 24502-4603	54-0505924	501 (C)(3)	55,250				PROGRAM SUPPORT
(118) YMCA OF SUPERIOR CALIFORNIA ADMINISTRATION OFFICES, 1926 V STREET, SACRAMENTO, CA 95818-1624	94-1156634	501 (C)(3)	55,000				PROGRAM SUPPORT
(119) YMCA OF ROANOKE VALLEY PO BOX 2130, ROANOKE, VA 24009-2130	54-0515736	501 (C)(3)	55,000				PROGRAM SUPPORT
(120) STERLING-ROCK FALLS FAMILY YMCA 2505 YMCA WAY, STERLING, IL 61081-9063	36-2225496	501 (C)(3)	55,000				PROGRAM SUPPORT
(121) YMCA OF MARQUETTE COUNTY 1420 PINE ST, MARQUETTE, MI 49855-0441	38-3211419	501 (C)(3)	54,199				PROGRAM SUPPORT
(122) RIVER VALLEY REGIONAL YMCA METRO OFFICES, 320 ELMIRA ST - 4TH FLOOR, WILLIAMSPORT, PA 17701-6444	24-0795698	501 (C)(3)	53,750				PROGRAM SUPPORT
(123) YMCA OF GRAYS HARBOR 2500 SIMPSON AVE, HOQUIAM, WA 98550-	91-1984900	501 (C)(3)	53,650				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
3937							
(124) YMCA OF GREATER ERIE 31 W 10TH ST, ERIE, PA 16501-1488	25-0965621	501 (C)(3)	50,000				PROGRAM SUPPORT
(125) ATHENS-MCMINN FAMILY YMCA PO BOX 376, ATHENS, TN 37371-0376	62-0586361	501 (C)(3)	50,000				PROGRAM SUPPORT
(126) BIRMINGHAM METROPOLITAN YMCA 2101 4TH AVE N, BIRMINGHAM, AL 35203-3303	63-0299894	501 (C)(3)	49,132				PROGRAM SUPPORT
(127) METROPOLITAN YMCA OF THE ORANGES 139 E MCCLELLAN AVE, LIVINGSTON, NJ 07039	22-1487387	501 (C)(3)	48,632				PROGRAM SUPPORT
(128) KENTUCKY YMCA YOUTH ASSOCIATION INC. 91 C MICHAEL DAVENPORT BLVD, PO BOX 4285, FRANKFORT, KY 40604-4285	61-0444841	501 (C)(3)	47,925				PROGRAM SUPPORT
(129) KISHWAUKEE FAMILY YMCA INC. 2500 W BETHANY RD., SYCAMORE, IL 60178-0466	36-2379643	501 (C)(3)	47,238				PROGRAM SUPPORT
(130) YMCA OF CENTRAL MARYLAND 303 W. CHESAPEAKE AVENUE, BALTIMORE, MD 21204	52-0591699	501 (C)(3)	46,650				PROGRAM SUPPORT
(131) YMCA OF DYER COUNTY 120 MCGAUGHEY E, PO BOX 1502, DYERSBURG, TN 38025-1502	62-1616170	501 (C)(3)	45,000				PROGRAM SUPPORT
(132) YMCA OF THE UPPER PEE DEE 111 E CAROLINA AVE, HARTSVILLE, SC 29550-4213	57-0794011	501 (C)(3)	44,750				PROGRAM SUPPORT
(133) YMCA OF DUBUQUE IOWA 35 N BOOTH ST, DUBUQUE, IA 52001-7397	42-0934471	501 (C)(3)	43,750				PROGRAM SUPPORT
(134) CAPE COD YOUNG MEN'S CHRISTIAN ASSOCIATION 2245 RTE 132, WEST BARNSTABLE, MA 02668-0188	04-2394925	501 (C)(3)	43,500				PROGRAM SUPPORT
(135) BEAUFORT COUNTY YMCA 1801 RICHMOND AVE, PORT ROYAL, SC 29935-2014	57-0910326	501 (C)(3)	43,000				PROGRAM SUPPORT
(136) YMCA OF SOUTHWESTERN INDIANA 222 NW 6TH STREET, EVANSVILLE, IN 47708-1308	35-0869074	501 (C)(3)	42,238				PROGRAM SUPPORT
(137) YMCA OF HONOLULU 1441 PALI HWY, HONOLULU, HI 96813-2050	99-0073533	501 (C)(3)	42,150				PROGRAM SUPPORT
(138) YMCA OF GREATER SPRINGFIELD INC. 275 CHESTNUT STREET, STE. 1, SPRINGFIELD, MA 01104-3474	04-1859893	501 (C)(3)	41,100				PROGRAM SUPPORT
(139) EUGENE FAMILY YMCA 2055 PATTERSON ST, EUGENE, OR 97405-2958	93-0500679	501 (C)(3)	41,088				PROGRAM SUPPORT
(140) BEAVER COUNTY YMCA 2236 THIRD AVE, NEW BRIGHTON, PA 15066-3205	25-0993391	501 (C)(3)	40,000				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
(141) THE FAMILY YMCA 1450 IRIS ST, LOS ALAMOS, NM 87544-3114	85-0130054	501 (C)(3)	39,750				PROGRAM SUPPORT
(142) YMCA OF GREATER TULSA - METRO OFFICE 420 S MAIN ST., STE 200, TULSA, OK 74103-3689	73-0579269	501 (C)(3)	39,750				PROGRAM SUPPORT
(143) TITUSVILLE YMCA 201 W SPRING ST, TITUSVILLE, PA 16354-1654	25-0969498	501 (C)(3)	39,000				PROGRAM SUPPORT
(144) LAKE COUNTY YMCA 933 MENTOR AVE, PAINESVILLE, OH 44077	34-0714796	501 (C)(3)	39,000				PROGRAM SUPPORT
(145) DECATUR FAMILY YMCA 220 W MCKINLEY AVE, DECATUR, IL 62526-5858	37-0661258	501 (C)(3)	38,000				PROGRAM SUPPORT
(146) YMCA OF KOKOMO INDIANA 200 N UNION ST, KOKOMO, IN 46901-4697	35-0893511	501 (C)(3)	35,750				PROGRAM SUPPORT
(147) YMCA OF GREATER WATERVILLE 126 NORTH ST, WATERVILLE, ME 04901-4954	01-0283465	501 (C)(3)	35,750				PROGRAM SUPPORT
(148) UPPER PALMETTO YMCA 151 S OAKLAND AVE, ROCK HILL, SC 29730	57-0335422	501 (C)(3)	35,700				PROGRAM SUPPORT
(149) YMCA OF METROPOLITAN LANSING 119 N WASHINGTON SQUARE, LANSING, MI 48933	38-1359576	501 (C)(3)	35,520				PROGRAM SUPPORT
(150) YMCA OF MIDDLETOWN NY 81 HIGHLAND AVE, MIDDLETOWN, NY 10940-5413	14-1340134	501 (C)(3)	35,238				PROGRAM SUPPORT
(151) SALEM COUNTY YMCA 204 SHELL RD, CARNEYS POINT, NJ 08069-2198	22-1815915	501 (C)(3)	35,100				PROGRAM SUPPORT
(152) OZARKS REGIONAL YMCA 417 S JEFFERSON AVE, SPRINGFIELD, MO 65806-2387	44-0545283	501 (C)(3)	35,000				PROGRAM SUPPORT
(153) OSWEGO YMCA 249 W 1ST ST, OSWEGO, NY 13126-3003	15-0532272	501 (C)(3)	35,000				PROGRAM SUPPORT
(154) YMCA OF METUCHEN 483 MIDDLESEX AVE., METUCHEN, NJ 08840-2399	22-1487616	501 (C)(3)	34,738				PROGRAM SUPPORT
(155) DRYADES YMCA 2220 ORETHA CASTLE HALEY BLVD, PO BOX 56217, NEW ORLEANS, LA 70113-1508	72-0428019	501 (C)(3)	34,000				PROGRAM SUPPORT
(156) YMCA OF NORTHERN UTAH 3098 S HIGHLAND DR, SUITE 440, SALT LAKE CITY, UT 84106-3076	87-0212472	501 (C)(3)	34,000				PROGRAM SUPPORT
(157) GREATER MISSOULA FAMILY YMCA 3000 S RUSSELL ST, MISSOULA, MT 59801-8547	81-0300829	501 (C)(3)	34,000				PROGRAM SUPPORT
(158) YMCA OF GREATER MIAMI 730 NW 107 AVE, STE #200, MIAMI, FL 33172	59-0624464	501 (C)(3)	33,854				PROGRAM SUPPORT
(159) YMCA OF CENTRAL MASSACHUSETTS 766 MAIN ST, WORCESTER, MA 01610-3161	04-2105885	501 (C)(3)	33,750				PROGRAM SUPPORT
(160) YMCA OF BROWARD COUNTY	59-0624463	501 (C)(3)	33,750				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
900 SE THIRD AVE, FORT LAUDERDALE, FL 33316							
(161) YMCA OF RAPID CITY SOUTH DAKOTA 815 KANSAS CITY ST, RAPID CITY, SD 57701-2605	46-0227218	501 (C)(3)	33,238				PROGRAM SUPPORT
(162) HERNANDO COUNTY FAMILY BRANCH YMCA 2469 ENTERPRISE ROAD, CLEARWATER, FL 33763-1607	59-0810731	501 (C)(3)	33,000				PROGRAM SUPPORT
(163) YMCA OF GREATER OMAHA 430 S 20TH ST, OMAHA, NE 68102-2506	47-0376586	501 (C)(3)	33,000				PROGRAM SUPPORT
(164) TIFTAREA YMCA INC. 1657 S CARPENTER ROAD, TIFTON, GA 31793	58-2383631	501 (C)(3)	33,000				PROGRAM SUPPORT
(165) YMCA OF THE INLAND NORTHWEST 1126 N MONROE, SPOKANE, WA 99201	91-0827958	501 (C)(3)	32,238				PROGRAM SUPPORT
(166) YMCA OF THE BRANDYWINE VALLEY ONE EAST CHESTNUT ST, WEST CHESTER, PA 19380-3418	23-1365994	501 (C)(3)	31,000				PROGRAM SUPPORT
(167) MCGAW YMCA 1000 GROVE ST, EVANSTON, IL 60201-4294	36-2169194	501 (C)(3)	30,725				PROGRAM SUPPORT
(168) YMCA OF GREATER KALAMAZOO 1001 W MAPLE ST, KALAMAZOO, MI 49008-1885	38-1360592	501 (C)(3)	30,000				PROGRAM SUPPORT
(169) YMCA OF OTTAWA ILLINOIS 201 E JACKSON ST, OTTAWA, IL 61350-2297	36-2337893	501 (C)(3)	30,000				PROGRAM SUPPORT
(170) YMCA OF KLAMATH COUNTY OREGON 1221 S ALAMEDA AVE, KLAMATH FALLS, OR 97603-3696	93-0386978	501 (C)(3)	30,000				PROGRAM SUPPORT
(171) WEST BROAD STREET YMCA 1110 MAY ST, SAVANNAH, GA 31415-5470	58-0616558	501 (C)(3)	30,000				PROGRAM SUPPORT
(172) GREATER SUSQUEHANNA VALLEY YMCA 1150 N 4TH ST, PO BOX 390, SUNBURY, PA 17801-0390	24-0795634	501 (C)(3)	30,000				PROGRAM SUPPORT
(173) METROWEST YMCA INC. 280 OLD CONNECTICUT PATH, FRAMINGHAM, MA 01701-4539	04-2281530	501 (C)(3)	29,650				PROGRAM SUPPORT
(174) WATERTOWN FAMILY YMCA 119 WASHINGTON ST, WATERTOWN, NY 13601-3323	15-0559207	501 (C)(3)	28,749				PROGRAM SUPPORT
(175) YMCA OF THE GREATER TRI-VALLEY 301 W. BLOOMFIELD STREET, ROME, NY 13442	23-7045379	501 (C)(3)	26,650				PROGRAM SUPPORT
(176) OCEAN COMMUNITY YMCA 95 HIGH ST, WESTERLY, RI 02891-1812	05-0268126	501 (C)(3)	25,750				PROGRAM SUPPORT
(177) TWIN PIKE FAMILY YMCA INC. 614 KELLY LN, LOUISIANA, MO 63353-2409	43-1675923	501 (C)(3)	25,750				PROGRAM SUPPORT
(178) BERWICK AREA YMCA 231 W 3RD ST, BERWICK, PA 18603-3629	24-0813665	501 (C)(3)	25,750				PROGRAM SUPPORT
(179) ABERDEEN FAMILY YMCA	46-0255779	501 (C)(3)	25,750				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
5 SOUTH STATE STREET, ABERDEEN, SD 57401-4524							
(180) YMCA OF CENTRAL STARK COUNTY 1201 30TH ST NW STE 200, CANTON, OH 44709-1705	34-0714392	501 (C)(3)	25,710				PROGRAM SUPPORT
(181) BILLINGS FAMILY YMCA 402 N 32ND ST, BILLINGS, MT 59101-1273	81-0229386	501 (C)(3)	25,304				PROGRAM SUPPORT
(182) YMCA OF DANE COUNTY INC. 8001 EXCELSIOR DR SUITE 200, MADISON, WI 53717-1956	39-0806253	501 (C)(3)	23,000				PROGRAM SUPPORT
(183) WILKES-BARRE FAMILY YMCA 40 W NORTHAMPTON ST, WILKES BARRE, PA 18701-1774	24-0795638	501 (C)(3)	22,500				PROGRAM SUPPORT
(184) YMCA OF BURLINGTON AND CAMDEN COUNTIES 59 CENTERTON RD, MT LAUREL, NJ 08054-6101	21-0634482	501 (C)(3)	22,000				PROGRAM SUPPORT
(185) YMCA OF CENTRAL TEXAS 6800 HARVEY DR, PO BOX 20515, WACO, TX 76702-0515	74-2668685	501 (C)(3)	22,000				PROGRAM SUPPORT
(186) THE WEST COOK YMCAS 255 S MARION ST, OAK PARK, IL 60302-3103	36-2179780	501 (C)(3)	21,875				PROGRAM SUPPORT
(187) CONNECTICUT STATE ALLIANCE 241 TRUMBULL STREET, HARTFORD, CT 06103	06-0646905	501 (C)(3)	21,470				PROGRAM SUPPORT
(188) GREATER JOLIET AREA YMCA 749 HOUBOLT RD, JOLIET, IL 60431-9319	36-2169197	501 (C)(3)	21,250				PROGRAM SUPPORT
(189) YMCA OF SAN JOAQUIN COUNTY 6135 TAM O'SHANTER DR, STOCKTON, CA 95210	94-1156319	501 (C)(3)	20,950				PROGRAM SUPPORT
(190) ASSOCIATION OF YMCA RETIREES 2400 W LYNN STREET #24, SEATTLE, WA 98199	91-1704431	501 (C)(3)	20,775				PROGRAM SUPPORT
(191) SARASOTA FAMILY YMCA, INC ONE SOUTH SCHOOL AVE STE 301, SARASOTA, FL 34237-8133	59-1618413	501 (C)(3)	20,750				PROGRAM SUPPORT
(192) YMCA OF GREATER MANCHESTER 30 MECHANIC ST., MANCHESTER, NH 03101-1972	02-0222248	501 (C)(3)	20,000				PROGRAM SUPPORT
(193) GREAT MIAMI VALLEY YMCA 105 N 2ND ST, HAMILTON, OH 45011-2701	31-0536719	501 (C)(3)	20,000				PROGRAM SUPPORT
(194) SHENANGO VALLEY YMCA 925 NORTH HERMITAGE ROAD, HERMITAGE, PA 16148-3219	25-1113698	501 (C)(3)	20,000				PROGRAM SUPPORT
(195) DECATUR COUNTY FAMILY YMCA INC. 1301 W KATHY'S WAY, GREENSBURG, IN 47240-3408	35-0919345	501 (C)(3)	20,000				PROGRAM SUPPORT
(196) JAMESTOWN YMCA 101 E 4TH ST, JAMESTOWN, NY 14701-5301	16-0743238	501 (C)(3)	20,000				PROGRAM SUPPORT
(197) YMCA OF GREATER EL PASO TX & RIO GRANDE VALLEY 810 WYOMING, EL PASO, TX 79902-5339	74-1109880	501 (C)(3)	20,000				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
(198) THE YMCA OF THE GOLDEN CRESCENT INC. 1806 N NIMITZ ST, VICTORIA, TX 77901-5534	74-1368574	501 (C)(3)	20,000				PROGRAM SUPPORT
(199) YMCA GREENVILLE AND HUNT COUNTY 1915 STANFORD ST, GREENVILLE, TX 75401-5908	75-0968474	501 (C)(3)	20,000				PROGRAM SUPPORT
(200) THE GREATER MARCO FAMILY YMCA, INC. 101 SAND HILL ST, PO BOX 2529, MARCO ISLAND, FL 34145	59-2498619	501 (C)(3)	20,000				PROGRAM SUPPORT
(201) YMCA OF HASTINGS NEBRASKA 1430 W 16TH ST. OR 1220 W 18TH ST., PO BOX 1065, HASTINGS, NE 68901	47-0376607	501 (C)(3)	20,000				PROGRAM SUPPORT
(202) YMCA OF SOUTHWEST KANSAS, INC. 1224 CENTER ST, GARDEN CITY, KS 67846-4653	48-0693241	501 (C)(3)	19,000				PROGRAM SUPPORT
(203) YMCA OF THE PIKES PEAK REGION 316 N TEJON, COLORADO SPRINGS, CO 80903-1224	84-0404266	501 (C)(3)	17,000				PROGRAM SUPPORT
(204) YMCA OF LINCOLN NEBRASKA 570 FALLBROOK BLVD, SUITE 210, LINCOLN, NE 68521-9026	47-0376578	501 (C)(3)	17,000				PROGRAM SUPPORT
(205) YMCA OF THE CEDAR RAPIDS METROPOLITAN AREA 207 7TH AVE SE, CEDAR RAPIDS, IA 52401	42-0680306	501 (C)(3)	16,000				PROGRAM SUPPORT
(206) WATSONVILLE FAMILY YMCA 500 LINCOLN AVE, SALINAS, CA 93901-2705	77-0202335	501 (C)(3)	15,910				PROGRAM SUPPORT
(207) KETTLE MORaine YMCA INC. 1111 W WASHINGTON ST, WEST BEND, WI 53095-2433	39-1175559	501 (C)(3)	15,342				PROGRAM SUPPORT
(208) MAUI FAMILY YMCA 250 KANALOA AVE, KAHULUI, HI 96732-1100	99-0105206	501 (C)(3)	14,000				PROGRAM SUPPORT
(209) YMCA OF THE SHOALS 2121 HELTON DRIVE, FLORENCE, AL 35630-1448	63-0545200	501 (C)(3)	14,000				PROGRAM SUPPORT
(210) YMCA OF HAGERSTOWN MARYLAND INC. 1100 EASTERN BLVD N, PO BOX 1857, HAGERSTOWN, MD 21742-1857	52-0591701	501 (C)(3)	14,000				PROGRAM SUPPORT
(211) OAHE YMCA INC. 900 E CHURCH ST, PIERRE, SD 57501-2219	23-7169291	501 (C)(3)	14,000				PROGRAM SUPPORT
(212) YMCA OF TOPEKA KANSAS 421 SW VAN BUREN ST, TOPEKA, KS 66603-3377	48-0543757	501 (C)(3)	14,000				PROGRAM SUPPORT
(213) SHERIDAN COUNTY YMCA 417 N JEFFERSON ST, SHERIDAN, WY 82801-3827	83-0186708	501 (C)(3)	14,000				PROGRAM SUPPORT
(214) WHATCOM FAMILY YMCA 1256 N STATE ST, BELLINGHAM, WA 98225-5016	91-0482690	501 (C)(3)	14,000				PROGRAM SUPPORT
(215) YMCA OF COLUMBIA-WILLAMETTE ASSOCIATION SERVICES	93-0386981	501 (C)(3)	14,000				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
9500 SW BARBUR BLVD STE 200, PORTLAND, OR 97219-5426							
(216) YMCA OF MINOT NORTH DAKOTA PO BOX 69, 3515 16TH ST SW, MINOT, ND 58702-0069	45-0237612	501 (C)(3)	14,000				PROGRAM SUPPORT
(217) YMCA OF SOUTHERN MAINE 70 FOREST AVE, PORTLAND, ME 04104	01-0211568	501 (C)(3)	14,000				PROGRAM SUPPORT
(218) YMCA OF ANCHORAGE ALASKA 5353 LAKE OTIS PKWY, ANCHORAGE, AK 99507	92-0034878	501 (C)(3)	14,000				PROGRAM SUPPORT
(219) MARION FAMILY YMCA 645 BARKS RD E, MARION, OH 43302-3892	31-4380058	501 (C)(3)	13,500				PROGRAM SUPPORT
(220) PUBLIC ALLIES, INC. 200 N. MICHIGAN #520, CHICAGO, IL 60601	52-1759564	501 (C)(3)	13,374				PROGRAM SUPPORT
(221) CLEVELAND COUNTY FAMILY YMCA 411 CHERRYVILLE RD, PO BOX 2272, SHELBY, NC 28151-2272	58-2016066	501 (C)(3)	12,888				PROGRAM SUPPORT
(222) YMCA OF MONROE COUNTY INC. 2125 S HIGHLAND AVE, PO BOX 2598, BLOOMINGTON, IN 47402-2598	35-1384859	501 (C)(3)	12,238				PROGRAM SUPPORT
(223) YMCA OF BROOME COUNTY 61 SUSQUEHANNA ST, BINGHAMTON, NY 13901-3705	15-0532282	501 (C)(3)	12,238				PROGRAM SUPPORT
(224) YMCA OF EAU CLAIRE WISCONSIN 700 GRAHAM AVE, EAU CLAIRE, WI 54701	39-0806351	501 (C)(3)	12,130				PROGRAM SUPPORT
(225) ITASCA COUNTY FAMILY YMCA 400 RIVER RD, GRAND RAPIDS, MN 55744-3784	41-1358634	501 (C)(3)	12,004				PROGRAM SUPPORT
(226) YMCA OF ANAHEIM 240 S EUCLID ST, ANAHEIM, CA 92802-1047	95-1709299	501 (C)(3)	12,000				PROGRAM SUPPORT
(227) YMCA OF THE CHESAPEAKE, INC. 202 PEACHBLOSSOM RD, EASTON, MD 21601-2545	52-0646895	501 (C)(3)	12,000				PROGRAM SUPPORT
(228) SOUTHWINGTON-CHESHIRE COMMUNITY YMCAS INC. 29 HIGH STREET, SOUTHWINGTON, CT 06489-3176	06-0646905	501 (C)(3)	11,840				PROGRAM SUPPORT
(229) YMCA OF SOUTH PALM BEACH COUNTY 6631 PALMETTO CIR S, BOCA RATON, FL 33433-3549	59-1416281	501 (C)(3)	11,250				PROGRAM SUPPORT
(230) YMCA OF ORANGE 146 N. GRAND STREET, ORANGE, CA 92866-4636	95-1816053	501 (C)(3)	11,100				PROGRAM SUPPORT
(231) CANNON STREET YMCA 61 CANNON ST, CHARLESTON, SC 29403-6045	57-0935533	501 (C)(3)	11,060				PROGRAM SUPPORT
(232) PISCATAQUIS REGIONAL YMCA 48 PARK ST, DOVER FOXCROFT, ME 04426-1000	22-2592628	501 (C)(3)	11,000				PROGRAM SUPPORT
(233) READING & BERKS METRO YMCA 631 WASHINGTON ST, PO BOX 1622, READING, PA 19603-1622	23-1244009	501 (C)(3)	11,000				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
(234) THE YMCA OF CENTRAL NEW MEXICO 303 ROMA AVE NW, SUITE RB00A, ALBUQUERQUE, NM 87102	85-0105592	501 (C)(3)	11,000				PROGRAM SUPPORT
(235) FOX VALLEY FAMILY YMCA INC. 3875 ELDAMAIN RD, PLANO, IL 60545-9583	36-3028169	501 (C)(3)	10,060				PROGRAM SUPPORT
(236) NAZARETH YMCA 33 S MAIN ST, NAZARETH, PA 18064-2089	24-0798706	501 (C)(3)	10,040				PROGRAM SUPPORT
(237) ITHACA & TOMPKINS COUNTY YMCA 50 GRAHAM RD WEST, ITHACA, NY 14850-1085	15-0545415	501 (C)(3)	10,000				PROGRAM SUPPORT
(238) YMCA OF CENTRE COUNTY 125 WEST HIGH ST, BELLEFONTE, PA 16823-1697	24-0802437	501 (C)(3)	10,000				PROGRAM SUPPORT
(239) YMCA OF GREATER DES MOINES IOWA 101 LOCUST ST, DES MOINES, IA 50309-1720	42-0680438	501 (C)(3)	10,000				PROGRAM SUPPORT
(240) TUSCARAWAS COUNTY YMCA INC. 600 MONROE ST, DOVER, OH 44622-2047	34-0714797	501 (C)(3)	10,000				PROGRAM SUPPORT
(241) MEXICO AREA FAMILY YMCA 1127 ADAMS ST, MEXICO, MO 65265-2288	43-1147430	501 (C)(3)	10,000				PROGRAM SUPPORT
(242) YMCA OF ST. JOSEPH MISSOURI 315 S SIXTH ST, ST JOSEPH, MO 64501-2291	44-0552491	501 (C)(3)	10,000				PROGRAM SUPPORT
(243) YMCA OF BRISTOL 400 M L KING JR BLVD, BRISTOL, TN 37620-2360	62-0521204	501 (C)(3)	10,000				PROGRAM SUPPORT
(244) CLINTON COUNTY FAMILY YMCA 950 S MAISH RD, FRANKFORT, IN 46041-2838	35-1636774	501 (C)(3)	10,000				PROGRAM SUPPORT
(245) YMCA OF ELKINS WEST VIRGINIA 400 DAVIS AVENUE, ELKINS, WV 26241-3849	55-0376877	501 (C)(3)	10,000				PROGRAM SUPPORT
(246) ALFRED CAMPANELLI YMCA 300 W WISE RD, SCHAUMBURG, IL 60193-4098	36-3234727	501 (C)(3)	10,000				PROGRAM SUPPORT
(247) YMCA OF OTTUMWA IOWA 611 N HANCOCK ST, OTTUMWA, IA 52501-4278	42-0725202	501 (C)(3)	10,000				PROGRAM SUPPORT
(248) NORTHWESTERN CONNECTICUT YMCA 259 PROSPECT STREET, TORRINGTON, CT 06790-5315	22-2878484	501 (C)(3)	10,000				PROGRAM SUPPORT
(249) BAYOULAND YMCA 103 VALHI BLVD, HOUMA, LA 70360-6280	72-0880478	501 (C)(3)	10,000				PROGRAM SUPPORT
(250) YMCA OF WESTERN STARK COUNTY 131 TREMONT AVE SE, MASSILLON, OH 44646-6698	34-0719180	501 (C)(3)	10,000				PROGRAM SUPPORT
(251) STATE ALLIANCE FUND (RHODE ISLAND) 792 VALLEY RD, MIDDLETOWN, RI 02842-7095	05-0258916	501 (C)(3)	10,000				PROGRAM SUPPORT
(252) PARIS-BOURBON COUNTY YMCA 917 MAIN STREET, PARIS, KY 40361-0290	61-0676727	501 (C)(3)	10,000				PROGRAM SUPPORT
(253) YMCA OF DELTA COUNTY 2001 NORTH LINCOLN RD, PO BOX 602, ESCANABA, MI 49829-0602	38-2615035	501 (C)(3)	10,000				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
(254) NEW JERSEY STATE ALLIANCE OF YMCAS ATTN: TIM WEIDMAN, SUMMIT AEA YMCA, SUMMIT, NJ 07901-2595	22-1487392	501 (C)(3)	10,000				PROGRAM SUPPORT
(255) YMCA OF PARKERSBURG WEST VIRGINIA 1800 30TH STREET, PARKERSBURG, WV 26101	55-0357059	501 (C)(3)	10,000				PROGRAM SUPPORT
(256) CADILLAC AREA YMCA 9845 CAMPUS DRIVE, CADILLAC, MI 49601	30-0013507	501 (C)(3)	10,000				PROGRAM SUPPORT
(257) YMCA OF AMARILLO TEXAS INC. 4101 HILLSIDE, AMARILLO, TX 79110	75-0800695	501 (C)(3)	10,000				PROGRAM SUPPORT
(258) NH/VT STATE ALLIANCE OF YMCAS MIKE LACHANCE, YMCA OF GREATER NASHUA, MERRIMACK, NH 03054	02-0222250	501 (C)(3)	10,000				PROGRAM SUPPORT
(259) YMCA ALLIANCE OF MAINE 62 TURNER STREET, AUBURN, ME 04210	01-0237912	501 (C)(3)	10,000				PROGRAM SUPPORT
(260) PA ALLIANCE OF YMCAS BETTEANN KRAMER, YMCA OF PHILADELPHIA AND VICINITY, PHILADELPHIA, PA 19103	23-1243965	501 (C)(3)	10,000				PROGRAM SUPPORT
(261) SOUTH CAROLINA YMCA PUBLIC POLICY FUND COLUMBIA YMCA, 1420 SUMTER STREET, COLUMBIA, SC 29201	57-0314423	501 (C)(3)	10,000				PROGRAM SUPPORT
(262) MISSISSIPPI ALLIANCE OF YMCAS CHERRY BUCKNER, 826 NORTH STREET, JACKSON, MS 35202	64-0303099	501 (C)(3)	10,000				PROGRAM SUPPORT
(263) OHIO ALLIANCE OF YMCAS 1105 ELM STREET, CINCINNATI, OH 45202	26-3456264	501 (C)(3)	10,000				PROGRAM SUPPORT
(264) ILLINOIS AREA YMCA C/O KISHWAUKEE FAMILY YMCA, 2500 W. BETHANY RD, SYCAMORE, IL 60178	36-2169146	501 (C)(3)	10,000				PROGRAM SUPPORT
(265) YMCA OF BERWYN-CICERO 2947 OAK PARK AVE, BERWYN, IL 60402-3048	36-2702522	501 (C)(3)	9,125				PROGRAM SUPPORT
(266) JACKSON METROPOLITAN YMCA 826 NORTH STREET, JACKSON, MS 39202	64-0303099	501 (C)(3)	9,100				PROGRAM SUPPORT
(267) CARBONDALE YMCA 82 N MAIN ST, CARBONDALE, PA 18407-1914	24-0795515	501 (C)(3)	9,000				PROGRAM SUPPORT
(268) JACKSON YMCA CENTER INC. 127 W WESLEY ST, JACKSON, MI 49201-2226	38-1381139	501 (C)(3)	9,000				PROGRAM SUPPORT
(269) YMCA OF PUEBLO 3200 E. SPAULDING AVENUE, PUEBLO, CO 81008-2279	84-0404925	501 (C)(3)	9,000				PROGRAM SUPPORT
(270) DOOR COUNTY YMCA 1900 MICHIGAN ST., STURGEON BAY, WI 54235-3706	39-1738982	501 (C)(3)	9,000				PROGRAM SUPPORT
(271) PICKENS COUNTY YMCA 201 BURNS RD, EASLEY, SC 29640-3713	57-0405623	501 (C)(3)	9,000				PROGRAM SUPPORT
(272) PRINCETON FAMILY YMCA 59 PAUL ROBESON PL #1, PRINCETON, NJ 08540-3798	21-0639890	501 (C)(3)	9,000				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
(273) YMCA OF SUMTER 510 MILLER ROAD, SUMTER, SC 29150-4168	57-0314417	501 (C)(3)	9,000				PROGRAM SUPPORT
(274) HIGHLANDS COUNTY FAMILY YMCA 100 YMCA LN, SEBRING, FL 33875-4352	59-2859656	501 (C)(3)	9,000				PROGRAM SUPPORT
(275) WENATCHEE VALLEY YMCA 217 ORONDO AVE, WENATCHEE, WA 98807-1974	91-0578224	501 (C)(3)	8,499				PROGRAM SUPPORT
(276) ALLEGHENY VALLEY YMCA 5021 FREEPORT RD, NATRONA HEIGHTS, PA 15065-1944	25-0965630	501 (C)(3)	8,449				PROGRAM SUPPORT
(277) STEVENS POINT AREA YMCA 1000 DIVISION ST, STEVENS POINT, WI 54481-2700	39-1102612	501 (C)(3)	8,449				PROGRAM SUPPORT
(278) PLATTSBURGH YMCA 17 OAK ST, PLATTSBURGH, NY 12901-2810	14-1340011	501 (C)(3)	8,449				PROGRAM SUPPORT
(279) KANDIYOHI COUNTY AREA FAMILY YMCA PO BOX 757, 1000 LAKELAND DR. SE, WILLMAR, MN 56201	41-1908049	501 (C)(3)	8,449				PROGRAM SUPPORT
(280) ALEXANDRIA AREA YMCA 110 KARL DRIVE NW, ALEXANDRIA, MN 56308	20-2231427	501 (C)(3)	8,449				PROGRAM SUPPORT
(281) INTERNATIONAL BRANCH YMCA 5 W 63RD ST, 6TH FL, NEW YORK, NY 10023	13-1624228	501 (C)(3)	8,208				PROGRAM SUPPORT
(282) RARITAN VALLEY YMCA 144 TICES LANE, EAST BRUNSWICK, NJ 08816-3524	22-1494457	501 (C)(3)	8,100				PROGRAM SUPPORT
(283) YMCA OF SAN DIEGO COUNTY 3708 RUFFIN RD, SAN DIEGO, CA 92123-1641	95-2039198	501 (C)(3)	8,000				PROGRAM SUPPORT
(284) YMCA OF GREATER NASHUA CORPORATE OFFICE, 6 HENRY CLAY DR, MERRIMACK, NH 03054-4848	02-0222250	501 (C)(3)	7,052				PROGRAM SUPPORT
(285) URBAN SERVICES YMCA 50 CALIFORNIA ST., STE. 650, SAN FRANCISCO, CA 94111-3937	94-0997140	501 (C)(3)	6,000				PROGRAM SUPPORT
(286) YMCA OF NORTHWESTERN DUPAGE COUNTY 49 DEICKE DR, GLEN ELLYN, IL 60137-5665	36-2470895	501 (C)(3)	5,925				PROGRAM SUPPORT
(287) KANKAKEE AREA YMCA 1075 N KENNEDY DR, KANKAKEE, IL 60901-2032	36-2169198	501 (C)(3)	5,625				PROGRAM SUPPORT
(288) NORTH SUBURBAN YMCA 2705 TECHNY RD, NORTHBROOK, IL 60062-5963	36-2546842	501 (C)(3)	5,625				PROGRAM SUPPORT
(289) PALM BEACHES METROPOLITAN YMCA 2085 S CONGRESS AVE, WEST PALM BEACH, FL 33406-7601	59-0624470	501 (C)(3)	5,625				PROGRAM SUPPORT
(290) RACINE FAMILY YMCA 725 LAKE AVE, RACINE, WI 53403-1254	39-0807254	501 (C)(3)	5,510				PROGRAM SUPPORT
(291) YMCA OF MADISON NJ INC. 111 KINGS ROAD, MADISON, NJ 07940	22-1487385	501 (C)(3)	5,500				PROGRAM SUPPORT
(292) CENTRAL COAST YMCA	77-0202335	501 (C)(3)	5,100				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
500 LINCOLN AVE, SALINAS, CA 93901-2705							

**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. ▶ See separate instructions.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public Inspection

Employer identification number

36-3258696

Part I Questions Regarding Compensation

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

- | | |
|--|--|
| <input checked="" type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input 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 (e.g., maid, chauffeur, chef) |

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

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 in line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

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

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

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5–9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in 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

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b	✓	
2	✓	
3		
4a		✓
4b		✓
4c		✓
5a		✓
5b		✓
6a		✓
6b		✓
7		✓
8		✓
9		

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

For each individual whose compensation must be reported in 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 are not 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 reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	NICOLL, NEIL J , PRESIDENT AND CEO	(i) 469,465	0	0	29,400	14,189	513,054	0
		(ii) 0	0	0	0	0	0	0
2	JOHNSON, KENT D. , EXECUTIVE VICE PRESIDENT, CHIEF OPERATIONS OFFICER	(i) 357,546	0	0	29,400	12,981	399,927	0
		(ii) 0	0	0	0	0	0	0
3	MELLOR, JAMES C. , SR. VP & CHIEF FINANCIAL OFFICER	(i) 283,231	0	0	29,400	12,178	324,809	0
		(ii) 0	0	0	0	0	0	0
4	WILLIAMS, ANGELA F. , EXECUTIVE VICE PRESIDENT, GENERAL COUNSEL AND CHIEF ADMINISTRATION OFFICER	(i) 295,223	0	0	29,400	12,308	336,931	0
		(ii) 0	0	0	0	0	0	0
5	MARKIN, KATE, EXECUTIVE VICE PRESIDENT, CHIEF STRATEGY/ADVANCEMENT OFFICER	(i) 289,631	0	0	29,400	12,247	331,278	0
		(ii) 0	0	0	0	0	0	0
6	VAUGHAN, LYNN G., SR. VP CHIEF INNOVATION OFFICER	(i) 254,566	0	0	29,400	11,869	295,835	0
		(ii) 0	0	0	0	0	0	0
7	RADCLIFF, TERRI, VP TRAINING AND LEADERSHIP DEVELOPMENT	(i) 232,923	0	0	27,951	11,635	272,509	0
		(ii) 0	0	0	0	0	0	0
8	PEREZ, JORGE A., VP, YOUTH DEVELOPMENT, FAMILY ENRICHMENT AND SOCIAL RESPONSIBILITY	(i) 195,731	0	0	29,400	106,807	331,938	0
		(ii) 0	0	0	0	0	0	0
9	AUDSLEY, WESSBROOK, VICE PRESIDENT - ASSOCIATION RESOURCES	(i) 228,606	0	0	27,433	11,588	267,627	0
		(ii) 0	0	0	0	0	0	0
10		(i)						
		(ii)						
11		(i)						
		(ii)						
12		(i)						
		(ii)						
13		(i)						
		(ii)						
14		(i)						
		(ii)						
15		(i)						
		(ii)						
16		(i)						
		(ii)						

Part III

Supplemental Information Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. 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 OFFERED TO ANY Y-USA EMPLOYEES, BUT WAS OFFERED TO ONE EMPLOYEE DUE TO AN OUTSTANDING MITIGATING CIRCUMSTANCE. THIS ITEM WAS REPORTED ON THE EMPLOYEE'S FORMS W-2.

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.

2013

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 I, LINE 1	BRIEF MISSION	(CONTINUED FROM FORM 990, PART I, LINE 1) SOCIAL RESPONSIBILITY.																																													
FORM 990, PART VI, LINE 1A	EXPLANATION OF YMCA OF THE USA EXECUTIVE COMMITTEE	PURSUANT TO ARTICLE IV, 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, SEC B, 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 COMMITTEE AS AUTHORIZED BY THE BOARD OF DIRECTORS. AFTER THE AUDIT COMMITTEE REVIEWED THE FORM 990 ON 04/17/2014, A COPY WAS PROVIDED TO EACH MEMBER OF THE BOARD OF DIRECTORS ON 05/01/2014 PRIOR TO FILING.																																													
FORM 990, PART VI, SEC B, LINE 12C	CONFLICT OF INTEREST POLICY	ANNUALLY, Y-USA PROVIDES ITS DIRECTORS, OFFICERS, NATIONAL BOARD COMMITTEE MEMBERS AND SELECT STAFF WITH THE CONFLICT OF INTEREST POLICY. EACH PERSON IS REQUIRED TO COMPLETE THE STATEMENT OF DISCLOSURE AND RETURN IT TO THE OFFICE OF THE GENERAL COUNSEL. THE RESULTS ARE THEN SHARED WITH THE 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 IMMEDIATELY.																																													
FORM 990, PART VI, SEC B, LINE 15A	PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	Y-USA'S HUMAN RESOURCES STAFF PERFORMED A MARKET DATA STUDY IN MARCH 2013 TO DETERMINE IF OUR PAY WAS EQUITABLE FOR THE CEO, OFFICERS, AS WELL AS STAFF THAT REPORTED DIRECTLY TO THE CEO. WE USED AT LEAST THREE 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 SENIOR 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, SEC B, LINE 15B	PROCESS TO ESTABLISH COMPENSATION OF OTHER EMPLOYEES	THE AFOREMENTIONED PROCESS TO ESTABLISH COMPENSATION WAS USED FOR Y-USA'S OFFICERS AS WELL AS ALL OTHER MEMBERS OF Y-USA'S LEADERSHIP GROUP.																																													
FORM 990, PART VI, SEC C, LINE 17	STATES WITH WHICH A COPY OF THIS FORM 990 IS REQUIRED TO BE FILED	AL, AK, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, ME, MD, MA, MI, MN, MS, NH, NJ, NM, NY, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI																																													
FORM 990, PART VI, SEC C, LINE 19	REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	OUR AUDITED FINANCIAL STATEMENTS AND FORM 1023 ARE LOCATED ON OUR WEB SITE. OUR CONSTITUTION, BY-LAWS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST.																																													
FORM 990, PART IX, LINE 11G	OTHER EXPENSES	<table border="1"> <thead> <tr> <th>(a) Description</th> <th>(b) Total Expenses</th> <th>(c) Program Service Expenses</th> <th>(d) Management and General Expenses</th> <th>(e) Fundraising Expenses</th> </tr> </thead> <tbody> <tr> <td>TRAINING PARTNER YMCAS</td> <td>2,446,033</td> <td>2,446,033</td> <td>0</td> <td>0</td> </tr> <tr> <td>PUBLIC RELATIONS/MARKETING/SOCIAL MEDIA CONSULTING SERVICES</td> <td>2,048,511</td> <td>2,048,511</td> <td>0</td> <td>0</td> </tr> <tr> <td>TECHNICAL ASSISTANCE FOR THE HEALTH CARE INNOVATION CHALLENGE</td> <td>1,648,204</td> <td>1,648,204</td> <td>0</td> <td>0</td> </tr> <tr> <td>EVENT COSTS FOR THE GENERAL ASSEMBLY OF YMCAS</td> <td>1,278,954</td> <td>1,278,954</td> <td>0</td> <td>0</td> </tr> <tr> <td>PROGRAM ASSESSMENT AND IMPACT MEASUREMENT</td> <td>705,850</td> <td>705,850</td> <td>0</td> <td>0</td> </tr> <tr> <td>TECHNICAL ASSISTANCE FOR EARLY LEARNING READINESS PROGRAMS</td> <td>659,374</td> <td>659,374</td> <td>0</td> <td>0</td> </tr> <tr> <td>SUPPORT OF SOFTWARE DEVELOPMENT LIFE CYCLE</td> <td>646,642</td> <td>646,642</td> <td>0</td> <td>0</td> </tr> <tr> <td>YMCA NORTH AMERICAN NETWORK</td> <td>521,312</td> <td>521,312</td> <td>0</td> <td>0</td> </tr> </tbody> </table>	(a) Description	(b) Total Expenses	(c) Program Service Expenses	(d) Management and General Expenses	(e) Fundraising Expenses	TRAINING PARTNER YMCAS	2,446,033	2,446,033	0	0	PUBLIC RELATIONS/MARKETING/SOCIAL MEDIA CONSULTING SERVICES	2,048,511	2,048,511	0	0	TECHNICAL ASSISTANCE FOR THE HEALTH CARE INNOVATION CHALLENGE	1,648,204	1,648,204	0	0	EVENT COSTS FOR THE GENERAL ASSEMBLY OF YMCAS	1,278,954	1,278,954	0	0	PROGRAM ASSESSMENT AND IMPACT MEASUREMENT	705,850	705,850	0	0	TECHNICAL ASSISTANCE FOR EARLY LEARNING READINESS PROGRAMS	659,374	659,374	0	0	SUPPORT OF SOFTWARE DEVELOPMENT LIFE CYCLE	646,642	646,642	0	0	YMCA NORTH AMERICAN NETWORK	521,312	521,312	0	0
(a) Description	(b) Total Expenses	(c) Program Service Expenses	(d) Management and General Expenses	(e) Fundraising Expenses																																											
TRAINING PARTNER YMCAS	2,446,033	2,446,033	0	0																																											
PUBLIC RELATIONS/MARKETING/SOCIAL MEDIA CONSULTING SERVICES	2,048,511	2,048,511	0	0																																											
TECHNICAL ASSISTANCE FOR THE HEALTH CARE INNOVATION CHALLENGE	1,648,204	1,648,204	0	0																																											
EVENT COSTS FOR THE GENERAL ASSEMBLY OF YMCAS	1,278,954	1,278,954	0	0																																											
PROGRAM ASSESSMENT AND IMPACT MEASUREMENT	705,850	705,850	0	0																																											
TECHNICAL ASSISTANCE FOR EARLY LEARNING READINESS PROGRAMS	659,374	659,374	0	0																																											
SUPPORT OF SOFTWARE DEVELOPMENT LIFE CYCLE	646,642	646,642	0	0																																											
YMCA NORTH AMERICAN NETWORK	521,312	521,312	0	0																																											

Return Reference	Identifier	Explanation				
		MANAGEMENT				
		CHILD SAFETY INITIATIVE	430,057	430,057	0	0
		LEGAL FEES TO PROTECT INTELLECTUAL PROPERTY	203,847	101,924	101,923	0
		GOVERNMENT RELATIONS LOBBYING/MONITORING	202,500	202,500	0	0
		ALL OTHER	3,736,589	3,214,450	522,139	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. ▶ See separate instructions.
- ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

**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	879,173	894,749	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) JERUSALEM INTERNATIONAL YMCA 26 KING DAVID STREET P. O. BOX 294, JERUSALEM, 91002, IS	YOUTH DEVELOPMENT AND SOCIAL RESPON	IS			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) <u>YMCA SERVICES CORP. (75-2179517)</u> <u>101 N WACKER DRIVE, CHICAGO, IL 60606</u>	<u>RISK MANAGEMENT</u>	<u>IL</u>	<u>YMCA OF THE USA</u>	<u>C CORPORATION</u>	<u>0</u>	<u>0</u>	<u>100</u>	<input checked="" type="checkbox"/>	
(2) -----									
(3) -----									
(4) -----									
(5) -----									
(6) -----									
(7) -----									

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		✓
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
JERUSALEM INTERNATIONAL YMCA	B	500,000	ANNUAL SUPPORT TO RELATED ORGANIZATION
JERUSALEM INTERNATIONAL YMCA	B	201,764	ENDOWMENT ALLOCATION TO RELATED ORGANIZATION
JERUSALEM INTERNATIONAL YMCA	B	120,955	CONTRIBUTIONS RECEIVED FOR RELATED ORGANIZATION

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)													