

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold;">2024</p> <hr/> <p style="font-weight: bold;">This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan a DFE (specify) _____

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. ▶

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>YMCA EMPLOYEE BENEFITS PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>501</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>NATIONAL COUNCIL OF YMCAS OF THE USA</u> <u>YMCA OF THE USA</u></p> <p><u>101 NORTH WACKER DRIVE, 16TH FLOOR</u> <u>CHICAGO, IL 60606</u></p>	<p>1c Effective date of plan <u>01/01/1971</u></p> <p>2b Employer Identification Number (EIN) <u>36-3258696</u></p> <p>2c Plan Sponsor's telephone number <u>800-872-9622</u></p> <p>2d Business code (see instructions) <u>813000</u></p>

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	05/27/2025	ROBERT WELCH
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	05/27/2025	ROBERT WELCH
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	16396
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	16075
	6a(2)	16064
	6b	327
	6c	5
	6d	16396
	6e	
	6f	
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:
4A 4B 4D 4E 4H 4Q

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input checked="" type="checkbox"/> Insurance	(1) <input checked="" type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules	b General Schedules
(1) <input type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u>6</u>
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> G (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) Yes No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) Yes No

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan YMCA EMPLOYEE BENEFITS PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 NATIONAL COUNCIL OF YMCAS OF THE USA</p>	<p>D Employer Identification Number (EIN) 36-3258696</p>	

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
EYEMED VISION CARE

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
43-0949844	71870	98255891001	2906	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

<p>(a) Total amount of commissions paid</p> <p style="text-align: center;">0</p>	<p>(b) Total amount of fees paid</p> <p style="text-align: center;">0</p>
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

e Type of contract: (1) individual policies (2) group deferred annuity
 (3) other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

- a** Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶

b Balance at the end of the previous year			7b	
c Additions: (1) Contributions deposited during the year	7c(1)			
	7c(2)			
	7c(3)			
	7c(4)			
	7c(5)			
	(6) Total additions			
d Total of balance and additions (add lines 7b and 7c(6))			7d	
e Deductions:				
	7e(1)			
	7e(2)			
	7e(3)			
	7e(4)			
(5) Total deductions		7e(5)		
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....			7f	

Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** Health (other than dental or vision)
- b** Dental
- c** Vision
- d** Life insurance
- e** Temporary disability (accident and sickness)
- f** Long-term disability
- g** Supplemental unemployment
- h** Prescription drug
- i** Stop loss (large deductible)
- j** HMO contract
- k** PPO contract
- l** Indemnity contract
- m** Other (specify) ▶

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)	
	(2) Increase (decrease) in amount due but unpaid	9a(2)	
	(3) Increase (decrease) in unearned premium reserve	9a(3)	
	(4) Earned ((1) + (2) - (3))		9a(4)
b	Benefit charges (1) Claims paid	9b(1)	
	(2) Increase (decrease) in claim reserves	9b(2)	
	(3) Incurred claims (add (1) and (2))		9b(3)
	(4) Claims charged		9b(4)
c	Remainder of premium: (1) Retention charges (on an accrual basis) --		
	(A) Commissions	9c(1)(A)	
	(B) Administrative service or other fees	9c(1)(B)	
	(C) Other specific acquisition costs	9c(1)(C)	
	(D) Other expenses	9c(1)(D)	
	(E) Taxes	9c(1)(E)	
	(F) Charges for risks or other contingencies	9c(1)(F)	
	(G) Other retention charges	9c(1)(G)	
	(H) Total retention		9c(1)(H)
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)
	(2) Claim reserves		9d(2)
	(3) Other reserves		9d(3)
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	179237
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? Yes No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan YMCA EMPLOYEE BENEFITS PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 NATIONAL COUNCIL OF YMCAS OF THE USA</p>	<p>D Employer Identification Number (EIN) 36-3258696</p>	

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
EYEMED VISION CARE

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
43-0949844	71870	98256051001	10297	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

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	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

e Type of contract: (1) individual policies (2) group deferred annuity
 (3) other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

- a** Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶

b Balance at the end of the previous year			7b	
c Additions: (1) Contributions deposited during the year	7c(1)			
	7c(2)			
	7c(3)			
	7c(4)			
	7c(5)			
	(6) Total additions			
d Total of balance and additions (add lines 7b and 7c(6))			7d	
e Deductions:				
	7e(1)			
	7e(2)			
	7e(3)			
	7e(4)			
(5) Total deductions		7e(5)		
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....			7f	

Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** Health (other than dental or vision)
- b** Dental
- c** Vision
- d** Life insurance
- e** Temporary disability (accident and sickness)
- f** Long-term disability
- g** Supplemental unemployment
- h** Prescription drug
- i** Stop loss (large deductible)
- j** HMO contract
- k** PPO contract
- l** Indemnity contract
- m** Other (specify) ▶

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)	
	(2) Increase (decrease) in amount due but unpaid	9a(2)	
	(3) Increase (decrease) in unearned premium reserve	9a(3)	
	(4) Earned ((1) + (2) - (3))		9a(4)
b	Benefit charges (1) Claims paid	9b(1)	
	(2) Increase (decrease) in claim reserves	9b(2)	
	(3) Incurred claims (add (1) and (2))		9b(3)
	(4) Claims charged		9b(4)
c	Remainder of premium: (1) Retention charges (on an accrual basis) --		
	(A) Commissions	9c(1)(A)	
	(B) Administrative service or other fees	9c(1)(B)	
	(C) Other specific acquisition costs	9c(1)(C)	
	(D) Other expenses	9c(1)(D)	
	(E) Taxes	9c(1)(E)	
	(F) Charges for risks or other contingencies	9c(1)(F)	
	(G) Other retention charges	9c(1)(G)	
	(H) Total retention		9c(1)(H)
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)
	(2) Claim reserves		9d(2)
	(3) Other reserves		9d(3)
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	64610
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? Yes No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan YMCA EMPLOYEE BENEFITS PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 NATIONAL COUNCIL OF YMCAS OF THE USA</p>	<p>D Employer Identification Number (EIN) 36-3258696</p>	

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
LINCOLN NATIONAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
35-0472300	65676	GF384043190701	11239	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

e Type of contract: (1) individual policies (2) group deferred annuity
 (3) other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶

b Balance at the end of the previous year **7b**

c Additions: (1) Contributions deposited during the year **7c(1)**
 (2) Dividends and credits..... **7c(2)**
 (3) Interest credited during the year..... **7c(3)**
 (4) Transferred from separate account **7c(4)**
 (5) Other (specify below)..... **7c(5)**
 ▶

(6) Total additions **7c(6)**

d Total of balance and additions (add lines **7b** and **7c(6)**) **7d**

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)**
 (2) Administration charge made by carrier..... **7e(2)**
 (3) Transferred to separate account **7e(3)**
 (4) Other (specify below)..... **7e(4)**
 ▶

(5) Total deductions **7e(5)**

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f**

Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** Health (other than dental or vision)
- b** Dental
- c** Vision
- d** Life insurance
- e** Temporary disability (accident and sickness)
- f** Long-term disability
- g** Supplemental unemployment
- h** Prescription drug
- i** Stop loss (large deductible)
- j** HMO contract
- k** PPO contract
- l** Indemnity contract
- m** Other (specify) ▶

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)	
	(2) Increase (decrease) in amount due but unpaid	9a(2)	
	(3) Increase (decrease) in unearned premium reserve	9a(3)	
	(4) Earned ((1) + (2) - (3))		9a(4)
b	Benefit charges (1) Claims paid	9b(1)	
	(2) Increase (decrease) in claim reserves	9b(2)	
	(3) Incurred claims (add (1) and (2))		9b(3)
	(4) Claims charged		9b(4)
c	Remainder of premium: (1) Retention charges (on an accrual basis) --		
	(A) Commissions	9c(1)(A)	
	(B) Administrative service or other fees	9c(1)(B)	
	(C) Other specific acquisition costs	9c(1)(C)	
	(D) Other expenses	9c(1)(D)	
	(E) Taxes	9c(1)(E)	
	(F) Charges for risks or other contingencies	9c(1)(F)	
	(G) Other retention charges	9c(1)(G)	
	(H) Total retention		9c(1)(H)
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)
	(2) Claim reserves		9d(2)
	(3) Other reserves		9d(3)
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	1163005
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? Yes No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan YMCA EMPLOYEE BENEFITS PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 NATIONAL COUNCIL OF YMCAS OF THE USA</p>	<p>D Employer Identification Number (EIN) 36-3258696</p>	

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
LINCOLN NATIONAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
35-0472300	65676	SA384043190701	14191	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

<p>(a) Total amount of commissions paid</p> <p style="text-align: center;">0</p>	<p>(b) Total amount of fees paid</p> <p style="text-align: center;">0</p>
-----------------------------------------------------------------------------------------	----------------------------------------------------------------------------------

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.
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4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶		
b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	
e Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶		
f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>		

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶		
b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
	7c(6)	
(6) Total additions	7c(6)	
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
	7e(5)	
(5) Total deductions	7e(5)	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	

Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** Health (other than dental or vision)
- b** Dental
- c** Vision
- d** Life insurance
- e** Temporary disability (accident and sickness)
- f** Long-term disability
- g** Supplemental unemployment
- h** Prescription drug
- i** Stop loss (large deductible)
- j** HMO contract
- k** PPO contract
- l** Indemnity contract
- m** Other (specify) ▶

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)	
	(2) Increase (decrease) in amount due but unpaid	9a(2)	
	(3) Increase (decrease) in unearned premium reserve	9a(3)	
	(4) Earned ((1) + (2) - (3))		9a(4)
b	Benefit charges (1) Claims paid	9b(1)	
	(2) Increase (decrease) in claim reserves	9b(2)	
	(3) Incurred claims (add (1) and (2))		9b(3)
	(4) Claims charged		9b(4)
c	Remainder of premium: (1) Retention charges (on an accrual basis) --		
	(A) Commissions	9c(1)(A)	
	(B) Administrative service or other fees	9c(1)(B)	
	(C) Other specific acquisition costs	9c(1)(C)	
	(D) Other expenses	9c(1)(D)	
	(E) Taxes	9c(1)(E)	
	(F) Charges for risks or other contingencies	9c(1)(F)	
	(G) Other retention charges	9c(1)(G)	
	(H) Total retention		9c(1)(H)
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)
	(2) Claim reserves		9d(2)
	(3) Other reserves		9d(3)
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	1111311
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? Yes No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

e Type of contract: (1) individual policies (2) group deferred annuity
 (3) other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶

b Balance at the end of the previous year **7b**

c Additions: (1) Contributions deposited during the year **7c(1)**
 (2) Dividends and credits..... **7c(2)**
 (3) Interest credited during the year..... **7c(3)**
 (4) Transferred from separate account **7c(4)**
 (5) Other (specify below)..... **7c(5)**
 ▶

(6) Total additions **7c(6)**

d Total of balance and additions (add lines **7b** and **7c(6)**) **7d**

e Deductions:
 (1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)**
 (2) Administration charge made by carrier..... **7e(2)**
 (3) Transferred to separate account **7e(3)**
 (4) Other (specify below)..... **7e(4)**
 ▶

(5) Total deductions **7e(5)**

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f**

Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** Health (other than dental or vision)
- b** Dental
- c** Vision
- d** Life insurance
- e** Temporary disability (accident and sickness)
- f** Long-term disability
- g** Supplemental unemployment
- h** Prescription drug
- i** Stop loss (large deductible)
- j** HMO contract
- k** PPO contract
- l** Indemnity contract
- m** Other (specify) ▶

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)	
	(2) Increase (decrease) in amount due but unpaid	9a(2)	
	(3) Increase (decrease) in unearned premium reserve	9a(3)	
	(4) Earned ((1) + (2) - (3))		9a(4)
b	Benefit charges (1) Claims paid	9b(1)	
	(2) Increase (decrease) in claim reserves	9b(2)	
	(3) Incurred claims (add (1) and (2))		9b(3)
	(4) Claims charged		9b(4)
c	Remainder of premium: (1) Retention charges (on an accrual basis) --		
	(A) Commissions	9c(1)(A)	
	(B) Administrative service or other fees	9c(1)(B)	
	(C) Other specific acquisition costs	9c(1)(C)	
	(D) Other expenses	9c(1)(D)	
	(E) Taxes	9c(1)(E)	
	(F) Charges for risks or other contingencies	9c(1)(F)	
	(G) Other retention charges	9c(1)(G)	
	(H) Total retention		9c(1)(H)
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)
	(2) Claim reserves		9d(2)
	(3) Other reserves		9d(3)
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	1284726
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? Yes No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan YMCA EMPLOYEE BENEFITS PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 NATIONAL COUNCIL OF YMCAS OF THE USA</p>	<p>D Employer Identification Number (EIN) 36-3258696</p>	

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
UNITED BEHAVIORAL HEALTH DBA OPTUM

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
94-2649097	79413	40051	14431	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

<p>(a) Total amount of commissions paid</p> <p style="text-align: center;">0</p>	<p>(b) Total amount of fees paid</p> <p style="text-align: center;">0</p>
-----------------------------------------------------------------------------------------	----------------------------------------------------------------------------------

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

e Type of contract: (1) individual policies (2) group deferred annuity
 (3) other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶

b Balance at the end of the previous year **7b**

c Additions: (1) Contributions deposited during the year **7c(1)**
 (2) Dividends and credits..... **7c(2)**
 (3) Interest credited during the year..... **7c(3)**
 (4) Transferred from separate account **7c(4)**
 (5) Other (specify below)..... **7c(5)**
 ▶

(6) Total additions **7c(6)**

d Total of balance and additions (add lines **7b** and **7c(6)**) **7d**

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)**
 (2) Administration charge made by carrier..... **7e(2)**
 (3) Transferred to separate account **7e(3)**
 (4) Other (specify below)..... **7e(4)**
 ▶

(5) Total deductions **7e(5)**

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f**

Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** Health (other than dental or vision)
- b** Dental
- c** Vision
- d** Life insurance
- e** Temporary disability (accident and sickness)
- f** Long-term disability
- g** Supplemental unemployment
- h** Prescription drug
- i** Stop loss (large deductible)
- j** HMO contract
- k** PPO contract
- l** Indemnity contract
- m** Other (specify) **▶ EMPLOYEE ASSISTANCE PROGRAM (EAP)**

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)	
	(2) Increase (decrease) in amount due but unpaid	9a(2)	
	(3) Increase (decrease) in unearned premium reserve	9a(3)	
	(4) Earned ((1) + (2) - (3))		9a(4)
b	Benefit charges (1) Claims paid	9b(1)	
	(2) Increase (decrease) in claim reserves	9b(2)	
	(3) Incurred claims (add (1) and (2))		9b(3)
	(4) Claims charged		9b(4)
c	Remainder of premium: (1) Retention charges (on an accrual basis) --		
	(A) Commissions	9c(1)(A)	
	(B) Administrative service or other fees	9c(1)(B)	
	(C) Other specific acquisition costs	9c(1)(C)	
	(D) Other expenses	9c(1)(D)	
	(E) Taxes	9c(1)(E)	
	(F) Charges for risks or other contingencies	9c(1)(F)	
	(G) Other retention charges	9c(1)(G)	
	(H) Total retention		9c(1)(H)
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)
	(2) Claim reserves		9d(2)
	(3) Other reserves		9d(3)
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	211297
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? Yes No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan YMCA EMPLOYEE BENEFITS PLAN	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 NATIONAL COUNCIL OF YMCAS OF THE USA	D Employer Identification Number (EIN) 36-3258696	

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... Yes No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

U.S. BANCORP ASSET MANAGEMENT, INC

41-2003732

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

UNITED HEALTHCARE SERVICES, INC.

41-1289245

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 49	CLAIMS PROCESSOR	6973762	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

NATL COUNCIL OF YMCAS OF THE USA

36-3258696

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14	PLAN SPONSOR	2174176	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

BUSINESSSOLVER.COM, INC.

42-1503807

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	NONE	558734	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

WILLIS TOWERS WATSON MIDWEST, INC.

34-1174529

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16	NONE	185500	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

CIGNA HEALTH AND LIFE INSURANCE

59-1031071

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 13 38 49	NONE	159894	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

MOURI TECH LLC

20-2497305

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	NONE	97380	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

CONVEY COMPLIANCE SYSTEM

47-1073810

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	NONE	43363	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

MARQUETTE ASSOCIATES, INC.

36-3485298

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	42000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

GRANT THORNTON LLP

36-6055558

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	37059	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

ALIGHT SOLUTIONS

82-1061233

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	20808	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

ENVISION

36-4377388

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
36	NONE	17063	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

U.S. BANK NATIONAL ASSOCIATION

31-0841368

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21	NONE	12500	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

SALESFORCE, INC.

94-3320693

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	NONE	9072	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

WINSTON & STRAWN LLP

36-1975990

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	7580	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

BANK OF AMERICA

36-6736628

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
18	NONE	7502	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

AT&T

13-4924710

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	7318	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CIGNA HEALTH AND LIFE INSURANCE	12 13 38 49	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
JPMORGAN CHASE	3 CHASE METRO TECH CENTER 5TH FLOOR BROOKLYN, NY 11245	EARNINGS CREDITS ON DAILY FUND BALANCES ASSOCIATED WITH BANK ACCOUNTS UTILIZED IN CLAIM ADMINISTRATION BY CIGNA FOR CALENDAR YEAR 2024, \$4.38 PER PARTICIPANT WITH THE AVERAGE ANNUAL RATE OF THE EARNINGS CREDIT AT 3.54%.
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CIGNA HEALTH AND LIFE INSURANCE	12 13 38 49	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
DEUTSCHE BANK	60 WALL ST NEW YORK, NY 10005	EARNINGS CREDITS ASSOCIATED WITH BANK ACCOUNTS UTILIZED BY CIGNA IN THE ADMINISTRATION OF DISBURSING CLAIM REFUNDS FOR CALENDAR YEAR 2024, \$0.00 PER PARTICIPANT WITH THE AVERAGE ANNUAL RATE OF THE EARNINGS CREDIT AT .50%.
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CIGNA HEALTH AND LIFE INSURANCE	12 13 38 49	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
BANK OF AMERICA (LOCKBOX)	540 WEST MADISON STREET CHICAGO, IL 60661	EARNINGS CREDITS ASSOCIATED WITH BANK ACCOUNTS UTILIZED BY CIGNA IN THE ADMINISTRATION OF CLAIM OVERPAYMENT RECOVERIES FOR CALENDAR YEAR 2024, \$0.37 PER PARTICIPANT WITH THE AVERAGE ANNUAL RATE OF THE EARNINGS CREDIT AT 4.00%.

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CIGNA HEALTH AND LIFE INSURANCE	12 13 38 49	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PNC BANK (CHLIC - COR DEPOSITS) 1600 MARKET ST 19TH FLOOR PHILADELPHIA, PA 19102	EARNINGS CREDITS ASSOCIATED WITH BANK ACCOUNT UTILIZED BY CIGNA IN THE ADMINISTRATION OF DISTRIBUTING CLAIM REFUNDS FOR CALENDAR YEAR 2024, \$1.02 PER PARTICIPANT WITH THE AVERAGE ANNUAL RATE OF THE EARNINGS CREDIT AT 3.25%.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
U.S. BANK NATIONAL ASSOCIATION	21	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
FIRST AMERICAN FUNDS P.O. BOX 1330 MINNEAPOLIS, MN 55440-1330	0.10% OF THE MARKET VALUE OF FUNDS ADVISED BY FIRST AMERICAN FUNDS.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
U.S. BANK NATIONAL ASSOCIATION	21	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
BAIRD FUNDS, INC. P.O. BOX 701 MILWAUKEE, WI 53201-0701	0.02% OF THE MARKET VALUE OF FUNDS ADVISED BY BAIRD FUNDS, INC.	

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
UNITED HEALTHCARE SERVICES, INC.	12 49	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
41-1289245	FOR RX PRODUCTS DISPENSED UNDER THE PLAN'S MEDICAL BENEFIT, UNITED HEALTHCARE SERVICES (UHC) RETAINS REBATES RANGING FROM \$1.35 TO \$2.35 PER MEMBER PER MONTH. UHC MAY ALSO RETAIN INTEREST EARNED ON THE REBATE AMOUNTS THAT ARE RETURNED TO THE PLAN.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
 (complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan YMCA EMPLOYEE BENEFITS PLAN	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 NATIONAL COUNCIL OF YMCAS OF THE USA	D Employer Identification Number (EIN) 36-3258696

Part I	Asset and Liability Statement
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1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	1955156	1196383
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	2124	2917
(2) Participant contributions	1b(2)	846	1061
(3) Other	1b(3)	7365982	7175111
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)	3472239	3254919
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	28772387	27664382
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	4159895	3991530

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	45728629	43286303
Liabilities			
g Benefit claims payable.....	1g	10559849	10759595
h Operating payables.....	1h	418581	745076
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	27832	100331
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	11006262	11605002
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	34722367	31681301

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	70116932	
(B) Participants.....	2a(1)(B)	25514454	
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		95631386
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	469595	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		469595
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	1271165	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1271165
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	703495	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	699761	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	-210103	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		1551716
c Other income	2c		100
d Total income. Add all income amounts in column (b) and enter total.....	2d		98717593

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	87383857	
(2) To insurance carriers for the provision of benefits	2e(2)	4014186	
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		91398043
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	1861223	
(2) Contract administrator fees	2i(2)	7692390	
(3) Recordkeeping fees	2i(3)	249671	
(4) IQPA audit fees	2i(4)	37059	
(5) Investment advisory and investment management fees	2i(5)	42000	
(6) Bank or trust company trustee/custodial fees	2i(6)	20002	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	7580	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	6186	
(11) Other expenses.....	2i(11)	444505	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		10360616
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		101758659

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-3041066
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) Unmodified (2) Qualified (3) Disclaimer (4) Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) DOL Regulation 2520.103-8 (2) DOL Regulation 2520.103-12(d) (3) neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: GRANT THORNTON LLP

(2) EIN: 36-6055558

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) This form is filed for a CCT, PSA, DCG or MTIA. (2) It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		3000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? Yes No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

GRANT THORNTON LLP

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REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS

Management Committee
YMCA Employee Benefits Plan

Opinion

We have audited the financial statements of YMCA Employee Benefits Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits and benefit obligations as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits and benefit obligations for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits and accumulated plan benefits of the Plan as of December 31, 2024 and 2023, and the changes in its net assets available for benefits and changes in its accumulated plan benefits for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for opinion

We conducted our audits of the financial statements in accordance with auditing standards generally accepted in the United States of America (US GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of management for the financial statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the plan, and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining sufficient records with

respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with US GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with US GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Supplemental schedules required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets (held at end of year) as of December 31, 2024 and reportable transactions for the year ended December 31, 2024 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such supplementary information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures. These additional procedures included comparing and



reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with US GAAS.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying supplemental schedules are fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Grant Thornton LLP

Bellevue, Washington
May 13, 2025

YMCA Employee Benefits Plan

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2024

E.I.N #: 36-3258696, PLAN #: 501

(a)	(b) Identity of Issue	Shares	(c) Description of Investment, Including Maturity Date, Rate of Interest or Collateral	(d) Cost	(e) Current Value
*	First American Funds, Inc.	1280	Government Obligations Fund	\$ 1,280	\$ 1,280
	The Vanguard Group	36186	Total World Stock Index Fund	6,335,677	8,676,222
	Baird Funds, Inc.	324157	Ultra Short Bond Fund	3,259,979	3,273,985
	Baird Funds, Inc.	1360617	Intermediate Bond Fund	14,368,162	13,973,541
	MFS Fund Distributors, Inc.	145553	Emerging Market Debt Fund	2,056,662	1,739,354
	UBS Asset Management LLC	399	Dollar Senior Loan Offshore Fund, Ltd. CL A	3,998,781	3,991,530
	Clarion Partners	2198	Clarion Lion Properties Fund, LP	3,069,220	3,254,919
	Total investments			<u>\$ 33,089,762</u>	<u>\$ 34,910,831</u>

*Party-in-interest.

YMCA Employee Benefits Plan
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
For the year ended December 31, 2024
E.I.N #: 36-3258696, PLAN #: 501

(a) Identity of Party Involved	(b) Description of Asset	Purchases		Sales				(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
		Number of Purchase Transactions	(c) Purchase Price	Number of Sales Transactions	(d) Selling Price	(f) Expense Incurred with Transaction**	(g) Cost of Asset		
Series in same security									
A series of transactions with respect to any Plan asset involving an amount in excess of 5% of the current value of Plan assets at the beginning of the year.									
First American Funds, Inc.	Government Obligations Fund								
	Purchases	30	\$ 21,164,643	-	\$ -	\$ -	\$ 21,164,643	\$ 21,164,643	\$ -
	Sales	-	-	18	21,337,500	-	21,337,500	21,337,500	-
The Vanguard Group	Total World Stock Index Fund								
	Purchases	8	1,804,587	-	-	-	1,804,587	1,804,587	-
	Sales	-	-	4	4,250,000	-	3,109,128	4,250,000	1,140,872
Baird Funds, Inc.	Ultra Short Bond Fund								
	Purchases	14	1,177,669	-	-	-	1,177,669	1,177,669	-
	Sales	-	-	4	1,650,000	-	1,636,468	1,650,000	13,532
Baird Funds, Inc.	Intermediate Bond Fund								
	Purchases	16	5,087,224	-	-	-	5,087,224	5,087,224	-
	Sales	-	-	4	4,550,000	-	4,624,860	4,550,000	(74,860)

There were no category (i), (ii) or (iv) reportable transactions during the 2024 Plan year.

**The commissions and fees related to purchases and sales of investments are included in the cost of the investment proceeds from the sale and are not separately identified by the trustee.

Multiple-Employer Plan Participating Employer Information
YMCA Employee Benefits Plan
EIN 36-3258696 PN 501

(a) Name of participating employer	(b) EIN	(c) Percent of Total Contributions
Anderson Area YMCA	57-0314465	0.08296%
Ardmore Family YMCA at Ardmore Oklahoma	73-0603523	0.00387%
Arlington-Mansfield Area YMCA	75-1000839	0.20656%
Armed Services YMCA of the USA-National Hdqtrs	91-1883466	0.61390%
Ashland Area YMCA	61-0444836	0.00076%
Ashtabula County Family YMCA	34-0726066	0.08029%
Association of YMCA Professionals	13-5616526	0.00117%
Athol YMCA	04-2103727	0.00131%
Auburn YMCA-WEIU	16-0978301	0.05573%
Bangor YMCA	01-0211485	0.29139%
Barren County Family YMCA	62-1364505	0.03394%
Beatrice Mary Family YMCA	47-0415814	0.00080%
Beaver County YMCA	25-0993391	0.00377%
Becket-Chimney Corners YMCA	04-2105946	0.19799%
Blair Family YMCA	47-0782711	0.06713%
Blair Regional YMCA	23-1352603	0.00175%
Bloomington YMCA	37-0662603	0.08068%
Boonslick Heartland YMCA	43-1798929	0.05107%
Boothbay Region YMCA	01-0237912	0.18585%
Brown County Community YMCA	35-2038783	0.00076%
Cadillac Area YMCA	30-0013507	0.00191%
California Sate Alliance of YMCAs	94-3360482	0.00467%
Cambridge Area YMCA Family Center	31-4390528	0.01096%
Cambridge YMCA	04-2103960	0.00049%
Camp Hazen YMCA	06-0860014	0.14684%
Camp Manito-Wish YMCA Inc.	39-1136315	0.19724%
Camp Ockanickon YMCA	21-0635054	0.15431%
Camp Sloane YMCA Inc.	13-1739939	0.11978%
Camp Takodah YMCA	02-0222246	0.07228%
Camp Wood YMCA	48-0908238	0.00208%
Cannon Street YMCA	57-0935533	0.04135%
Capital Area YMCA	21-0635052	0.01067%
Carroll County YMCA/Camp Huckins	02-6001065	0.36433%
Central Coast YMCA	77-0202335	0.14910%
Central Connecticut Coast YMCA	06-0662195	1.05819%
Central Lincoln County YMCA	22-2978129	0.18542%
Champaign County YMCA	37-0673564	0.04370%
Cherokee County Family YMCA	57-0557200	0.03175%
Cleveland County Family YMCA	58-2016066	0.14214%

Cleveland County Family YMCA	73-1149824	-0.00002%
Clifton Springs Area YMCA	16-6000962	0.02957%
Clinton Community YMCA	37-0812114	0.02663%
Columbus Metropolitan YMCA	58-0648697	0.00029%
Community YMCA of Danvers MA Inc.	04-2308404	0.07557%
CT-RI Alliance Partner	88-2789422	0.01946%
Cumberland Cape Atlantic YMCA	21-0635053	0.24343%
Daviess County Family YMCA	35-1050606	0.04504%
Decatur Family YMCA	37-0661125	0.02590%
Defiance Area YMCA	34-1014167	0.02483%
Dickson County Family YMCA	47-1215122	0.01384%
Door County YMCA	39-1738982	0.28650%
Dryades YMCA	72-0428019	0.00062%
Duneland Family YMCA	35-1404559	0.06369%
Family YMCA at Tarrytown	13-1740516	0.10014%
Family YMCA of Bartlesville	73-0521535	0.00129%
Family YMCA of Charles City Iowa	42-0680309	0.00043%
Family YMCA of Emporia/Greenville, Inc	54-2005981	0.04023%
Family YMCA of Glens Falls Area	14-1340008	0.00135%
Family YMCA of Southeast Mississippi Inc.	64-0340760	0.00095%
Frank P. Phillips Memorial YMCA	64-6025994	0.00207%
Frost Valley YMCA	22-1625176	0.08158%
Galion Community Center YMCA Inc.	34-1267646	0.01661%
Gaston County Family YMCA	56-0655420	0.00063%
Gateway Region YMCA	43-0653616	2.89707%
Geary Family YMCA of Fostoria Ohio Inc.	34-4439890	0.08368%
Geneva Family YMCA	16-0743236	0.00068%
Geneva Lakes Family YMCA	39-0816867	0.10405%
Georgia Mountains YMCA	58-2203268	0.01175%
Glacial Community YMCA	39-0806378	0.58113%
Golden Corridor Family YMCA	36-2169193	0.00676%
Goldsboro Family YMCA	56-1285595	0.04404%
Grand River Area Family YMCA Inc.	43-1493664	0.04956%
Great Miami Valley YMCA	31-0536719	0.45181%
Greater Burlington YMCA	03-0185810	0.02180%
Greater Holyoke YMCA	04-2192693	0.00810%
Greater Johnstown Community YMCA	25-0965623	0.00079%
Greater Joliet Area YMCA	36-2169197	0.43644%
Greater Kingsport Family YMCA	58-1564232	0.16768%
Greater Marinette-Menominee YMCA Inc.	38-6119445	0.00058%
Greater Peoria Family YMCA	37-0662605	0.07478%
Greater Somerset County YMCA	22-1559439	0.54402%
Greater Waterbury YMCA	06-0646988	0.00270%
Greater Wyoming Valley Area YMCA	24-0795638	0.08090%

Hamilton Area YMCA	21-0702879	0.15204%
Hampshire Regional YMCA	04-2105887	0.01820%
Henderson County Family YMCA	61-0597114	0.09676%
Henderson Family YMCA	58-1406066	0.04237%
Henry County YMCA	35-0873347	0.04110%
Hopewell Valley YMCA	23-7380624	0.03872%
Hopkinsville/Christian County Family YMCA	61-1297293	0.02317%
Hornell Area Family YMCA	16-0743237	0.06300%
Illinois YMCA Youth and Government	20-0270050	0.03950%
Itasca County Family YMCA	41-1358634	0.00324%
J. Smith Young Family YMCA	56-0576153	0.05473%
Jamestown YMCA	16-0743238	0.00351%
Junius Ward Johnson YMCA	64-0303115	0.00071%
Kankakee Area YMCA	36-2169198	0.06814%
Keene Family YMCA	02-0222247	0.02099%
Kenosha YMCA	39-0826296	0.16688%
Kettle Moraine YMCA Inc.	39-1175559	0.00508%
Lafayette Louisiana YMCA	58-1640136	0.00182%
Lakeland Hills Family YMCA	22-1559438	0.37753%
Ligonier Valley YMCA	25-1428011	0.00143%
Limestone Family YMCA	61-1080836	0.00028%
Marion Family YMCA	31-4380058	0.11434%
Marshall Area YMCA	41-1984589	0.07950%
Martinsville & Henry County Family YMCA	54-0839746	0.00063%
Mason City Family YMCA	42-0680330	0.06836%
Mattoon Area Family YMCA	37-1122559	0.15552%
McGaw YMCA	36-2169194	1.05694%
Meadowlands Area YMCA	22-1997720	0.24351%
Meeting Waters YMCA	03-0214294	0.00102%
Mercer County Family YMCA	36-3832360	0.00279%
Meriden-New Britain-Berlin YMCA	06-0646977	0.05642%
Merrimack Valley YMCA	04-2104378	0.52681%
Metropolitan Augusta YMCA	58-0566254	0.00490%
Metropolitan YMCA of the Oranges	22-1487387	1.56824%
MetroWest YMCA Inc.	04-2281530	0.78549%
Mexico Area Family YMCA	43-1147430	0.06323%
Miami County YMCA	35-0893512	0.08114%
Miami County YMCA at Piqua Ohio	31-0537179	0.13809%
Mid-Willamette Family YMCA	93-0479079	0.00482%
Mon Valley YMCA	25-1118619	0.09808%
Monroeville Area YMCA	63-1058521	0.00029%
Montgomery County Family YMCA	42-1433436	0.01521%
Mount Desert Island YMCA	01-0211486	-0.00037%
Muscatine Community YMCA	42-0680340	0.08921%

Mystic Valley YMCA	04-2105874	0.16664%
Naugatuck YMCA	06-0646770	0.08541%
New Canaan Community YMCA	06-0763077	0.80580%
New Jersey State Alliance of YMCAs	56-2467563	0.03959%
New Rochelle YMCA	13-1740542	0.12173%
Newport County YMCA	05-0258916	0.00208%
Nishna Valley Family YMCA	42-0844143	0.06663%
Noble County Family YMCA	73-1099310	0.02510%
Norm Waitt Sr. YMCA	42-0738980	0.13821%
Northern Middlesex County YMCA	06-0646981	0.23249%
Northwestern Connecticut YMCA	22-2878484	0.23207%
Ocean County YMCA	22-1901046	0.11511%
Ohio Valley YMCA	34-0714794	0.04084%
Old Town-Orono YMCA	51-0201156	0.14798%
Olympic Peninsula YMCA	91-0652924	0.16562%
Osage Prairie YMCA Inc.	43-1706486	0.04596%
Oshkosh Community YMCA	39-0878909	0.53768%
Ozarks Family YMCA Inc.	43-1617662	0.06716%
Ozarks Regional YMCA	44-0545283	0.30696%
Palestine YMCA	75-0975622	0.00919%
Palm Beaches Metropolitan YMCA	59-0624470	0.11205%
Paris-Bourbon County YMCA	61-0676727	0.00052%
Penobscot Bay YMCA	01-0211813	0.00262%
Pickens County YMCA	57-0405623	0.00691%
Pocono Family YMCA	24-0795519	0.05590%
Prescott YMCA of Yavapai County	86-0119151	0.09039%
Randolph-Asheboro YMCA	13-1740521	0.09195%
Rappahannock Area YMCA	54-0965826	0.37532%
Raritan Bay Area YMCA	22-1487390	0.31026%
Raritan Valley YMCA	22-1494457	0.05592%
Reading & Berks Metro YMCA	23-1244009	0.39122%
Regional YMCA of Western Connecticut Inc	06-6051610	0.00305%
Rockland County YMCA	13-1740513	0.12064%
Rocky Mount Family YMCA Inc.	56-0543251	0.08901%
Rome-Floyd County YMCA	58-0814549	0.25249%
Rowan-Cabarrus YMCA	58-1574620	0.46601%
Salt Fork YMCA	43-1710180	0.02526%
San Angelo YMCA	75-0800698	0.16615%
Sanford-Springvale YMCA	01-0211814	0.10897%
Santa Monica Family YMCA	95-1643380	0.00090%
Saratoga Regional YMCA	14-1427442	0.02190%
Scottsbluff Family YMCA	47-0439999	0.00117%
Shasta County YMCA	94-1212141	0.00261%
Shawnee Family YMCA	73-0602462	0.02707%

Sheboygan County YMCA	39-0830271	0.35855%
Sheridan County YMCA	83-0186708	0.18174%
Sherman Lake YMCA Outdoor Center	38-3167869	0.00227%
Silver Bay YMCA	13-5604788	0.38593%
Somerville YMCA	04-2103853	0.09441%
South Mountain YMCA Camps	23-2239399	0.08094%
South Shore YMCA	04-2105881	0.02997%
South Wood County YMCA	39-0929462	0.13237%
Stanly County Family YMCA	58-1582063	0.00139%
State YMCA of Maine	01-0186800	0.06658%
State YMCA of Pennsylvania, Inc.	23-1365990	0.00024%
Stateline Family YMCA of Beloit, Inc.	39-0806449	0.15571%
Staunton-Augusta YMCA	54-0506438	0.13632%
Sterling-Rock Falls Family YMCA	36-2225496	0.06497%
Stevens Point Area YMCA	39-1102612	0.26713%
Streator Family YMCA	36-2205999	0.00093%
Summit Area YMCA	22-1487392	0.88365%
Superior-Douglas County Family YMCA	39-0813468	0.04334%
Switzerland County YMCA	35-2090419	0.02288%
Tampa Metropolitan Area YMCA	59-1742909	0.95978%
The Buckeye Valley Family YMCA	31-6053101	0.53049%
The Family YMCA	85-0130054	0.12514%
The Riverbrook Regional YMCA	06-0853258	0.12801%
The West Cook YMCAs	36-2179780	0.16154%
Tiftarea YMCA Inc.	58-2383631	0.03903%
Tillamook County Family YMCA	93-0457167	0.00234%
Tri-County YMCA	35-2216734	0.06483%
Tri-County YMCA of the Ozarks	43-1658589	0.01751%
Tri-State Family YMCA	43-1729473	0.00859%
Tri-Town YMCA	36-2643097	0.00599%
Tuscarawas County YMCA Inc.	34-0714797	0.03787%
Two Rivers YMCA	36-2169199	0.00487%
Unicoi County Family YMCA	62-0478092	0.03790%
Union County Family YMCA	31-1355370	0.05214%
Union County YMCA	57-0832992	0.02274%
Union County YMCA	61-1173801	0.01323%
Upper Palmetto YMCA	57-0335422	0.00401%
Valdosta-Lowndes County YMCA	58-1052279	0.09882%
Valley of the Sun YMCA	86-0096799	0.08890%
Valley-Shore YMCA	06-0646979	0.06163%
Virginia YMCA	54-0881950	0.02291%
Wabash County YMCA	35-0733765	0.07683%
Waldo County YMCA	01-0493123	0.08211%
Wallingford Family YMCA	06-0646987	0.19404%

Wausau - Woodson YMCA	39-0808463	0.45580%
Waynesboro Family YMCA	54-0633243	-0.00073%
West End YMCA	95-1727678	0.00442%
West Suburban YMCA	04-2104783	0.45594%
Williams County Family YMCA	34-1448529	0.04802%
Williams YMCA of Avery County	20-4910495	0.16195%
Wood River Community YMCA	82-0481436	0.00368%
Worthington Area YMCA	41-6007569	0.00033%
Wyckoff Family YMCA Inc	22-2011431	0.89419%
YMCA Alliance of Northern New England (ME, NH & VT)	81-3187488	0.04587%
YMCA Camp Belknap Inc.	04-3356887	0.14955%
YMCA Camp Coniston	04-3357821	0.13152%
YMCA Newark and Vicinity	22-1552820	0.30292%
YMCA of Abilene Texas	75-0855638	0.10291%
YMCA of Anchorage Alaska	92-0034878	0.13027%
YMCA of Barry County	38-1358059	0.00192%
YMCA of Berwyn-Cicero	36-2702522	0.13398%
YMCA of Bristol	62-0521204	0.06382%
YMCA of Canton	37-0748000	0.00165%
YMCA of Catawba Valley	56-0928743	0.00603%
YMCA of Central & Northern Westchester Inc.	13-1740518	0.47553%
YMCA of Central Kentucky	61-0444842	0.48746%
YMCA of Central New York	15-0532278	0.85168%
YMCA of Central Ohio	31-4379594	0.01808%
YMCA of Central Texas	74-2206558	1.18010%
YMCA of Centre County	24-0802437	0.00567%
YMCA of Coastal Carolina	57-0747196	0.15516%
YMCA of Coastal Georgia Inc.	58-0603160	0.52795%
YMCA of Collier County	23-7039993	0.19327%
YMCA of Columbia	57-0314423	0.16328%
YMCA of Corsicana	75-0808817	0.13614%
YMCA of Dane County Inc.	39-0806253	0.01342%
YMCA of Darien Community Inc.	06-0859795	0.33196%
YMCA of Darke County Inc.	34-0969422	0.00062%
YMCA of Dodge County	39-0975426	0.00611%
YMCA of Dyer County	62-1616170	0.00008%
YMCA of Eastern Union County	22-1487381	0.39843%
YMCA of Fanwood - Scotch Plains	22-1589199	0.22016%
YMCA of Findlay Ohio	34-4428263	0.27977%
YMCA of Forest City Iowa	42-1257332	0.06008%
YMCA of Frederick County MD Inc.	52-0607953	0.01182%
YMCA of Garfield	22-2324697	0.08231%
YMCA of Georgia Piedmont, Inc	20-1759275	0.12956%
YMCA of Grant County	35-0886981	0.00045%

YMCA of Grants Pass Oregon	93-0848122	0.05878%
YMCA of Grays Harbor	91-1984900	0.00150%
YMCA of Greater Birmingham	63-0299894	0.01288%
YMCA of Greater Cincinnati	31-0537178	1.60065%
YMCA of Greater Cleveland	34-0714728	1.10039%
YMCA of Greater Dayton	31-0537517	1.34687%
YMCA of Greater Des Moines Iowa	42-0680438	0.53961%
YMCA of Greater El Paso TX & Rio Grande Valley	74-1109880	0.00316%
YMCA of Greater Fort Wayne	35-0886850	0.00223%
YMCA of Greater Indianapolis	35-0868211	2.30926%
YMCA of Greater Kansas City	44-0546002	1.78253%
YMCA of Greater Louisville	61-0444843	0.01743%
YMCA of Greater Monmouth County	21-0635051	0.81731%
YMCA of Greater Nashua	02-0222250	0.01470%
YMCA of Greater New York	13-1624228	7.79931%
YMCA of Greater Oklahoma City	73-0579270	1.27901%
YMCA of Greater Omaha	47-0376586	1.19623%
YMCA of Greater Pittsburgh	25-0969497	1.12368%
YMCA of Greater Rochester	16-0743242	1.59164%
YMCA of Greater Tulsa	73-0579269	0.05033%
YMCA of Greater Waterville	01-0283465	-0.00001%
YMCA of Greater Waukesha County	39-0847658	0.86914%
YMCA of Greater Whittier	95-1684795	0.00767%
YMCA of Greenwich Inc.	06-0646976	0.22294%
YMCA of Harrison County	35-2122124	0.04511%
YMCA of Hot Springs Arkansas Inc.	71-0236925	0.04673%
YMCA of Huntington West Virginia	55-0397261	0.17364%
YMCA of La Porte Indiana	35-0886851	0.07511%
YMCA of Lafayette Indiana	35-0868213	0.00822%
YMCA of Lawton Oklahoma	73-0642616	0.00145%
YMCA of Lima Ohio	34-4431173	0.17027%
YMCA of Long Island	11-1649914	1.59168%
YMCA of Madison NJ Inc.	22-1487385	0.89657%
YMCA of Mankato	41-0739108	0.10622%
YMCA of McDonough County	37-0792409	0.00033%
YMCA of Memphis & The Mid-South	62-0476304	0.07140%
YMCA of Metro North, Inc.	04-2105883	0.73703%
YMCA of Metropolitan Atlanta Inc.	58-0566253	1.70287%
YMCA of Metropolitan Chattanooga	62-0475699	0.62539%
YMCA of Metropolitan Dallas	75-0800696	2.64533%
YMCA of Metropolitan Denver	84-0402696	0.98861%
YMCA of Metropolitan Fort Worth	75-0827471	0.94721%
YMCA of Metropolitan Milwaukee Inc.	39-0806314	0.60444%
YMCA of Metropolitan Washington	53-0207403	1.34260%

YMCA of Metuchen	22-1487616	0.40021%
YMCA of Middletown NY	14-1340134	0.23443%
YMCA of Midland Texas	75-0871732	0.00055%
YMCA of Monroe County Inc.	35-1384859	0.36511%
YMCA of Montclair	22-1487617	0.50471%
YMCA of Moore County Inc.	75-1073132	0.04617%
YMCA of Morgan County	35-2019312	0.07479%
YMCA of Mount Vernon Ohio	31-4379595	0.00127%
YMCA of Munice Indiana	35-0868215	0.68255%
YMCA of Northern Colorado	84-0459944	0.51065%
YMCA of Northern Rock County	39-0806368	0.08580%
YMCA of Northwest Florida	59-0624465	0.24532%
YMCA of Northwest Louisiana	72-0408997	0.00549%
YMCA of Northwest North Carolina	56-0530015	1.40783%
YMCA of Northwestern Dupage County	36-2470895	0.30755%
YMCA of Ottawa Illinois	36-2337893	0.00516%
YMCA of Ottumwa Iowa	42-0725202	0.05633%
YMCA of Owensboro/Daviess County	61-0561344	0.05059%
YMCA of Parkersburg West Virginia	55-0357059	0.00233%
YMCA of Pierce and Kitsap Counties	91-0565562	0.09944%
YMCA of Plainview Texas	75-6042150	0.01217%
YMCA of Pueblo	84-0404925	0.07776%
YMCA of Red Wing Minnesota	41-0695614	0.14142%
YMCA of Ridgewood	22-1508752	0.42769%
YMCA of Rock River Valley	36-2174838	0.00001%
YMCA of Ross County	31-4379806	0.00111%
YMCA of Rye NY	13-1740515	0.55155%
YMCA of Sandusky County	34-4444246	0.06477%
YMCA of Sioux Falls	46-0225021	0.10106%
YMCA of Snohomish County	91-0565561	1.12546%
YMCA of Southeast Missouri	43-1666987	0.03380%
YMCA of Southeastern North Carolina	56-0532317	0.01155%
YMCA of Southern Arizona	86-0101237	0.14461%
YMCA of Southern Nevada	88-0059266	0.01060%
YMCA of Southern West Virginia, Inc.	55-0464596	0.06971%
YMCA of Southwestern Indiana	35-0869074	0.47813%
YMCA of Springfield	37-0661263	0.29113%
YMCA of St. Joseph Missouri	44-0552491	0.00312%
YMCA of the Capital Area	72-0408994	0.22461%
YMCA of the Cedar Rapids Metropolitan Area	42-0680306	0.22903%
YMCA of the Chesapeake, Inc.	52-0646895	0.02174%
YMCA of the Coastal Bend	74-1211670	0.04097%
YMCA of the Foothills	95-1976183	0.03251%
YMCA of the Georgia Sunbelt	58-0593424	0.29211%

YMCA of the Inland Northwest	91-0827958	0.71849%
YMCA of the Iowa Mississippi Valley	42-0703278	0.43445%
YMCA of the North Shore	04-2104913	2.25770%
YMCA of the Palouse	91-0573117	0.00718%
YMCA of the Pines	22-1601259	0.25581%
YMCA of the Rockies	84-0404913	1.83782%
YMCA of the Roses	23-1352600	0.51866%
YMCA of the Sandhills	56-0582025	0.06731%
YMCA of the Shoals	63-0545200	0.00107%
YMCA of the Twin Tiers	16-0743241	0.00515%
YMCA of the University of Illinois	37-0661257	0.08156%
YMCA of the Upper Pee Dee	57-0794011	0.09383%
YMCA of the USA	36-3258696	4.84995%
YMCA of Topeka Kansas	48-0543757	0.05144%
YMCA of Valparaiso Indiana Inc.	35-0876401	0.00137%
YMCA of Van Wert County Ohio	34-4428264	0.04228%
YMCA of Vincennes Indiana	35-0868218	0.18467%
YMCA of Virginia's Blue Ridge Inc	54-0515736	0.31720%
YMCA of Walla Walla	91-0580856	0.20203%
YMCA of Warren County	37-0663575	0.04521%
YMCA of Wayne County	34-0766172	0.12275%
YMCA of West Central Florida	59-1158144	0.20577%
YMCA of West Central Illinois	37-0661262	0.00221%

Financial Statements and Report of
Independent Certified Public
Accountants

YMCA Employee Benefits Plan

December 31, 2024 and 2023

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REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS

Management Committee
YMCA Employee Benefits Plan

Opinion

We have audited the financial statements of YMCA Employee Benefits Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits and benefit obligations as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits and benefit obligations for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits and accumulated plan benefits of the Plan as of December 31, 2024 and 2023, and the changes in its net assets available for benefits and changes in its accumulated plan benefits for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for opinion

We conducted our audits of the financial statements in accordance with auditing standards generally accepted in the United States of America (US GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of management for the financial statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the plan, and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining sufficient records with

respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with US GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with US GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Supplemental schedules required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets (held at end of year) as of December 31, 2024 and reportable transactions for the year ended December 31, 2024 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such supplementary information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures. These additional procedures included comparing and



reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with US GAAS.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying supplemental schedules are fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Grant Thornton LLP

Bellevue, Washington
May 13, 2025

YMCA Employee Benefits Plan

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS AND BENEFIT OBLIGATIONS

December 31,

	<u>2024</u>	<u>2023</u>
ASSETS		
Cash	\$ 1,196,383	\$ 1,955,156
Investments, at fair value		
Mutual funds	27,664,382	28,772,387
Hedge fund	3,991,530	4,159,895
Limited partnership	<u>3,254,919</u>	<u>3,472,239</u>
Total investments, at fair value	<u>34,910,831</u>	<u>36,404,521</u>
Receivables		
Association contributions receivable	2,917	2,124
Employee contributions receivable	1,061	846
Receivables from third-party administrator	7,028,000	6,410,000
Receivable from insurance company	64,124	26,564
Claim overpayment recovery	-	838,728
Interest income	50,016	57,885
Pending trade sales	<u>32,971</u>	<u>32,805</u>
Total receivables	<u>7,179,089</u>	<u>7,368,952</u>
Total assets	43,286,303	45,728,629
LIABILITIES		
Accounts payable for administrative expenses		
Due to third-party administrators	449,055	223,279
Due to YMCA of the USA	<u>296,021</u>	<u>195,302</u>
Total accounts payable for administrative expenses	<u>745,076</u>	<u>418,581</u>
Association contributions received in advance	-	8,298
Other liabilities	<u>100,331</u>	<u>19,534</u>
Total liabilities	<u>845,407</u>	<u>446,413</u>
NET ASSETS AVAILABLE FOR BENEFITS	42,440,896	45,282,216
Benefit obligations, currently payable		
Claims payable	789,595	859,849
Estimated liability for claims incurred but not reported to the Plan	<u>9,970,000</u>	<u>9,700,000</u>
Total benefit obligations	<u>10,759,595</u>	<u>10,559,849</u>
NET ASSETS AVAILABLE FOR BENEFITS OVER BENEFIT OBLIGATIONS	<u>\$ 31,681,301</u>	<u>\$ 34,722,367</u>

The accompanying notes are an integral part of these financial statements.

YMCA Employee Benefits Plan

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS AND BENEFIT OBLIGATIONS

Years ended December 31,

	<u>2024</u>	<u>2023</u>
Increase (decrease) in net assets available for benefits		
Additions		
Contributions		
Association	\$ 70,116,932	\$ 69,887,838
Employee	<u>25,514,454</u>	<u>27,857,390</u>
Total contributions	<u>95,631,386</u>	<u>97,745,228</u>
Investment income		
Net appreciation in fair value of investments	1,345,348	1,218,457
Interest and dividends	<u>1,740,759</u>	<u>1,382,466</u>
Net investment income	<u>3,086,107</u>	<u>2,600,923</u>
Miscellaneous income	<u>100</u>	<u>400</u>
Total additions	98,717,593	100,346,551
Deductions		
Payments of health and dental benefits, net of rebates	87,184,111	79,941,253
Administrative services only fees	7,692,390	6,834,826
Insurance premiums	4,014,186	3,566,738
Administrative expenses	<u>2,668,226</u>	<u>2,231,500</u>
Total deductions	<u>101,558,913</u>	<u>92,574,317</u>
Increase (decrease) in net assets available for benefits	(2,841,320)	7,772,234
Change in benefit obligations		
Increase (decrease) at year-end attributable to		
Change in claims payable	(70,254)	(81,564)
Change in estimated liability for claims incurred but not reported to the Plan	<u>270,000</u>	<u>(164,000)</u>
Increase (decrease) in benefit obligations	<u>199,746</u>	<u>(245,564)</u>
INCREASE (DECREASE) IN NET ASSETS AVAILABLE FOR BENEFITS OVER BENEFIT OBLIGATIONS	(3,041,066)	8,017,798
Net assets available for benefits over benefit obligations		
Beginning of year	<u>34,722,367</u>	<u>26,704,569</u>
End of year	<u>\$ 31,681,301</u>	<u>\$ 34,722,367</u>

The accompanying notes are an integral part of these financial statements.

YMCA Employee Benefits Plan
NOTES TO FINANCIAL STATEMENTS
December 31, 2024 and 2023

NOTE A - DESCRIPTION OF THE PLAN

The following description of the YMCA Employee Benefits Plan (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan provides health (medical, dental and prescription drug), long-term disability, accidental death and dismemberment and vision benefits to all eligible employees and their dependents. Retired employees are entitled to similar benefits. The Plan also provides continuation of certain benefits upon termination of employment through the Consolidated Omnibus Budget Reconciliation Act (COBRA).

The Plan was organized under the auspices of the Finance Committee of the National Council of Young Men's Christian Associations of the United States of America (Plan Sponsor or the National Council) and it is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

Certain Plan assets are held in a voluntary employees' beneficiary association (VEBA trust).

Association Membership

Any member association may adopt the Plan in the manner described in subsection 3.1 of the Plan document. For purposes of the Plan, a member association is any corporate Young Men's Christian Association (YMCA) (including the branches thereof) that has been recognized for membership in the National Council and includes other recognized units of the YMCA work and auxiliary or related organizations as described in the Constitution of the National Council.

Eligibility

All YMCA full-time employees and dependents of adopting associations are eligible to participate in the Plan. Each association determines the waiting period that each employee must satisfy before becoming eligible to join the Plan; however, the general guideline is one month of employment.

Retired employees at certain associations may participate in the Plan provided they have attained at least age fifty-five and have at least ten years of service with their association. Medical and prescription drug benefits for retirees ends at age sixty-five.

The Plan is self-insured for its health (medical, dental and prescription drug) benefits. Health benefits are generally subject to individual and family deductibles, as well as co-payment of expenses up to a defined limit. The claims for self-insured benefits are processed by the Plan's third-party claims processors under administrative services only (ASO) arrangements. The Plan utilizes a pharmacy benefit manager (PBM) which periodically provides rebates to the Plan based on the Plan's actual utilization pattern of specific drugs.

Plan Benefit Obligations

Benefit obligations for medical and dental claims incurred but not reported are estimated by the health administrators' underwriters based on historical claim experience and lag factors. The Plan fully insures the long-term disability, accidental death and dismemberment and vision benefits. The Plan pays premiums to insurance companies for these insured benefits.

Contributions

Individual associations make contributions to the Plan for medical and dental benefits based on a flat rate per participant, which is set by the Plan's management committee. In general, these rates are based on the

YMCA Employee Benefits Plan

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2024 and 2023

Plan's loss experience, coverages selected by individual YMCAs and geographic/experience factors. Contributions for life, long-term disabilities and vision benefits are actuarially determined by the insurance carriers based on age and other such factors. Individual associations are responsible for determining the extent of the contribution that will be paid by the participant. For retirees the full cost of benefit coverage is generally the responsibility of the retiree. It is the National Council's intention to continue to fund the Plan as required to meet current Plan obligations.

The Plan's management committee approved a waiver of association and employee contributions for November medical coverage for associations meeting certain criteria. The waiver resulted in a decrease in contributions of approximately \$8,100,000 for the year ended December 31, 2024.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Presentation

The accompanying financial statements of the Plan have been prepared on the accrual basis of accounting.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America (U.S. GAAP) requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosures of contingent assets and liabilities at the date of the financial statements, and the reported amounts of increases in and deductions from net assets available for benefits and benefit obligations during the reporting period. Actual results could differ from those estimates.

Concentration of Credit Risk

The Plan is exposed to concentrations of credit risk. The Plan maintains cash at financial institutions where the total cash balance is insured by the Federal Deposit Insurance Corporation (FDIC) up to \$250,000 per depositor, per bank. The Plan's cash balance in one of the financial institutions exceeding the balance insured by the FDIC was approximately \$855,000 and \$1,652,000 for the years ended December 31, 2024 and 2023, respectively. The Plan monitors such credit risk at the financial institutions and has not experienced any losses related to such risks to date.

Payment of Benefits

Premiums paid by the VEBA trust are recorded as insurance premiums in the accompanying statements of changes in net assets available for benefits and benefit obligations.

Payments for self-insured health and dental claims are recorded when paid by the third-party claims processors and are recorded as payments of health and dental benefits, net of rebates in the accompanying statements of changes in net assets available for benefits and benefit obligations. Amounts due to claims processors that have yet to be reimbursed by the Plan are recorded as due to third-party administrators in the accompanying statements of net assets available for benefits and benefit obligations.

Pharmacy Rebates

Rebates due from the Plan's PBM are recorded when earned. Rebates due as of the financial statement date have been recorded as receivables from third-party administrator, with the offset being netted against payment of health and dental benefits. Pharmacy rebates totaling approximately \$9,900,000 and \$9,800,000 have been netted against payment of health and dental benefits in the accompanying

YMCA Employee Benefits Plan

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2024 and 2023

statements of changes in net assets available for benefits and benefit obligations for the years ended December 31, 2024 and 2023, respectively.

Administrative Expenses

The Plan pays administrative expenses that consist primarily of administrative fees paid to the trustee, legal, consulting and a proportionate allocation of various expenses from the Plan Sponsor related to the administration of the Plan, including salaries. These expenses are reported on the statements of changes in net assets available for benefits and benefit obligations as administrative expenses.

Valuation of Investments and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's management committee determines the Plan's valuation policies and procedures and reports to the Plan Sponsor's Audit Committee. See below for discussion of fair value measurements. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Fair Value Measurements

U.S. GAAP defines fair value, establishes a framework for measuring fair value, specifies a fair value hierarchy based on the inputs used to measure fair value and specifies disclosure requirements for fair value measurements. U.S. GAAP also maximizes the use of observable inputs by requiring that the observable inputs be used when available. In addition, the presentation of the Plan's investments in the fair value hierarchy is required to be presented by a major category as determined on the basis of the nature and risks of the investments.

Observable inputs are inputs that market participants would use in pricing the asset or liability based on market data obtained from independent sources. Unobservable inputs reflect assumptions that market participants would use in pricing the asset or liability based on the best information available in the circumstances. The fair value hierarchy is broken down into three levels based on the transparency of inputs as follows:

Level 1 - Quoted prices in active markets for identical securities.

Level 2 - Other significant observable inputs (including quoted prices for similar securities, interest rates, prepayment speeds, credit risk, etc.).

Level 3 - Significant unobservable inputs (including the Plan's own assumptions in determining fair value of investments).

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2024 and 2023.

Mutual Funds

Mutual funds are valued at the quoted net asset value (NAV) of shares held by the Plan at year-end and traded on an active market.

YMCA Employee Benefits Plan

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2024 and 2023

Hedge Fund

Dollar Senior Loan Offshore Fund, Ltd. (CS Fund)

The CS Fund invests substantially all of its investable assets in the Dollar Senior Loan Fund, Ltd. (the Master Fund). The principal investment objective of the CS Fund through the Master Fund is to invest on an unlevered basis predominantly in senior secured loans to below investment grade U.S. and non-U.S. obligors, as well as in other debt securities issued by U.S. and non-U.S. obligors including, without limitation, second lien loans, high yield bonds and cash-flow collateralized loans of U.S. and non-U.S. obligors. The NAV, as provided by the investment manager, is used as a practical expedient to estimate fair value. The CS Fund allows for monthly redemptions with 20 days' notice provided that any such redemption made prior to the first anniversary of the date of issuance will be subject to a redemption fee equal to 0.50% of the NAV of the shares being redeemed. Proceeds are payable within 30 days of withdrawal.

Limited Partnership

Clarion Lion Properties Fund, LP (CLP Fund)

CLP Fund is a core-style, open-end real estate fund that holds a strategically diversified portfolio of real estate assets across the four main property types in major markets located throughout the United States. The CLP Fund's principal investment objective is to combine an attractive income yield with long-term capital growth by acquiring or otherwise investing in primarily institutional quality real estate assets and real estate-related investments within the U.S. In particular, the performance objectives of the CLP Fund are to (i) outperform the NCREIF Fund Index Open-End Diversified Core Equity and (ii) be a consistently top performing fund among peer group investment funds. The NAV, as provided by the investment manager, is used as a practical expedient to estimate fair value. Redemptions are allowed daily with 90 days' notice. However, in third quarter 2022 the investment manager imposed a redemption queue. A portion of redemption requests are being paid on a quarterly basis based on the operating and cash needs of the fund. The time at which the redemption restriction might lapse cannot be estimated. Redemption requests of approximately \$550,000 remain unpaid to the Plan as of December 31, 2024.

The following tables set forth by level, within the fair value hierarchy, the Plan's investments at December 31:

	2024			Total
	Level 1	Level 2	Level 3	
Mutual funds	\$ 27,664,382	\$ -	\$ -	\$ 27,664,382
Investments measured at NAV, as a practical expedient				
Hedge fund				3,991,530
Limited partnership				3,254,919
Total investments at fair value				\$ 34,910,831

YMCA Employee Benefits Plan

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2024 and 2023

	2023			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 28,772,387	\$ -	\$ -	\$ 28,772,387
Investments measured at NAV, as a practical expedient				
Hedge fund				4,159,895
Limited partnership				3,472,239
Total investments at fair value				\$ 36,404,521

NOTE C - SELF-INSURED PLAN

The Plan has entered into ASO contracts for the medical and prescription drug benefits with United Healthcare Services, Inc. and for the dental benefits with Cigna Health and Life Insurance Company. Under the ASO contracts, an administrator pays claims and performs all services generally associated with an insured plan, except assumed risk.

The Plan has a specific excess loss insurance contract with Unimerica Insurance Company. The contract provides that the Plan would receive reimbursement for medical claim amounts that exceed \$600,000 on most individual claimants, subject to a self-funded aggregating deductible of \$450,000. Stop-loss reimbursements for the years ended December 31, 2024 and 2023, were approximately \$450,000 and \$285,000, respectively. Reimbursements due as of the financial statement date have been recorded as receivable from insurance company, with the offset being netted against payment of health and dental benefits.

NOTE D - RELATED PARTY AND PARTY IN INTEREST

Certain administrative expenses of the Plan are paid by the National Council. Such expenses paid are fully reimbursed by the Plan. Expenses of \$2,397,430 and \$2,117,199 were reimbursed by the Plan for the years ended December 31, 2024 and 2023, respectively. The Government Obligations Fund is managed by an affiliate of U.S. Bank National Association, the trustee as defined by the Plan; therefore, those transactions qualify as party-in-interest transactions. As described in Notes A and C, the Plan has several arrangements with service providers. These transactions are party in interest transaction under ERISA.

NOTE E - RISKS AND UNCERTAINTIES

The Plan invests in various investment securities that, in general, are exposed to various risks, such as interest rate, credit and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits and benefit obligations.

YMCA Employee Benefits Plan

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2024 and 2023

NOTE F - TAX STATUS

The trust established under the Plan to hold the Plan's assets is qualified pursuant to Section 501(c)(9) of the Internal Revenue Code (IRC) and, accordingly, the trust's net investment income is exempt from federal income taxes. The trust has obtained a favorable tax exemption letter dated May 4, 1983, from the Internal Revenue Service and the Plan Sponsor believes that the trust, as amended, continues to qualify and operate in accordance with the applicable provisions of the IRC.

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by applicable taxing authorities. The Plan Administrator has analyzed tax positions taken by the Plan and has concluded that, as of December 31, 2024 and 2023, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE G - TERMINATION OF PLAN

Although it has not expressed any intention to do so, the Plan Sponsor has the right under the Plan to modify the benefits provided to, and contributions required of, participants, to discontinue its contributions at any time and/or to terminate the Plan subject to the provisions of ERISA. In the event of termination of the Plan, remaining assets will be applied in a uniform and nondiscriminatory manner toward the provision of benefits for or on account of the participants. No assets of the Plan may revert to the Plan Sponsor or be used for purposes other than for the exclusive benefit of the Plan's participants.

NOTE H - SUBSEQUENT EVENTS

The Plan evaluated its December 31, 2024, financial statements for subsequent events through May 13, 2025, the date the financial statements were available to be issued. The Plan is not aware of any subsequent events that would require recognition or disclosure in the financial statements.

SUPPLEMENTAL SCHEDULES

YMCA Employee Benefits Plan

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2024

E.I.N #: 36-3258696, PLAN #: 501

(a)	(b) Identity of Issue	Shares	(c) Description of Investment, Including Maturity Date, Rate of Interest or Collateral	(d) Cost	(e) Current Value
*	First American Funds, Inc.	1280	Government Obligations Fund	\$ 1,280	\$ 1,280
	The Vanguard Group	36186	Total World Stock Index Fund	6,335,677	8,676,222
	Baird Funds, Inc.	324157	Ultra Short Bond Fund	3,259,979	3,273,985
	Baird Funds, Inc.	1360617	Intermediate Bond Fund	14,368,162	13,973,541
	MFS Fund Distributors, Inc.	145553	Emerging Market Debt Fund	2,056,662	1,739,354
	UBS Asset Management LLC	399	Dollar Senior Loan Offshore Fund, Ltd. CL A	3,998,781	3,991,530
	Clarion Partners	2198	Clarion Lion Properties Fund, LP	3,069,220	3,254,919
	Total investments			<u>\$ 33,089,762</u>	<u>\$ 34,910,831</u>

**Party-in-interest.*

YMCA Employee Benefits Plan

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

For the year ended December 31, 2024

E.I.N #: 36-3258696, PLAN #: 501

(a) Identity of Party Involved	(b) Description of Asset	Purchases				Sales				(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
		Number of Purchase Transactions	(c) Purchase Price	Number of Sales Transactions	(d) Selling Price	(f) Expense Incurred with Transaction**	(g) Cost of Asset				
Series in same security											
First American Funds, Inc.	Government Obligations Fund	30	\$ 21,164,643	-	\$ -	-	\$ 21,164,643	-	\$ 21,164,643	\$ -	-
	Purchases	-	-	18	21,337,500	-	21,337,500	-	21,337,500	-	-
	Sales										
The Vanguard Group	Total World Stock Index Fund	8	1,804,587	-	-	-	1,804,587	-	1,804,587	-	-
	Purchases	-	-	4	4,250,000	-	3,109,128	-	4,250,000	-	1,140,872
	Sales										
Baird Funds, Inc.	Ultra Short Bond Fund	14	1,177,669	-	-	-	1,177,669	-	1,177,669	-	-
	Purchases	-	-	4	1,650,000	-	1,636,468	-	1,650,000	-	13,532
	Sales										
Baird Funds, Inc.	Intermediate Bond Fund	16	5,087,224	-	-	-	5,087,224	-	5,087,224	-	-
	Purchases	-	-	4	4,550,000	-	4,624,860	-	4,550,000	-	(74,860)
	Sales										

There were no category (i), (ii) or (iv) reportable transactions during the 2024 Plan year.

**The commissions and fees related to purchases and sales of investments are included in the cost of the investment proceeds from the sale and are not separately identified by the trustee.