

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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).

Complete all entries in accordance with the instructions to the Form 5500.

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

- A This return/report is for: [] a multiemployer plan [X] 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 [X] 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: [X] 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

1a Name of plan: YOUNG MEN'S CHRISTIAN ASSOCIATION RETIREMENT FUND RETIREMENT PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 07/01/1922
2a Plan sponsor's name (employer, if for a single-employer plan): YOUNG MEN'S CHRISTIAN ASSOCIATION RETIREMENT FUND
2b Employer Identification Number (EIN): 13-5562401
2c Plan Sponsor's telephone number: 646-458-2400
2d Business code (see instructions): 813000

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.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes entries for plan administrator and employer/plan sponsor.

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2024) v. 240311

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	94903
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)	47199
	6a(2)	49535
	6b	
	6c	49188
	6d	98723
	6e	616
	6f	99339
	6g(1)	94903
6g(2)	99339	
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:
2C 2K 2L 2U

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input 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 checked="" 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 type="checkbox"/> A (Insurance Information) – Number Attached _____
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input type="checkbox"/> C (Service Provider Information)
(5) <input checked="" 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 _____

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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
--	--	--

For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025	
A Name of plan YOUNG MEN'S CHRISTIAN ASSOCIATION RETIREMENT FUND RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 YOUNG MEN'S CHRISTIAN ASSOCIATION RETIREMENT FUND	D Employer Identification Number (EIN) 13-5562401

Part I	Asset and Liability Statement
---------------	--------------------------------------

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		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	7100000	7100000
(2) Participant contributions	1b(2)	300000	300000
(3) Other	1b(3)	3728250000	3868843000
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)		
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

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	3735650000	3876243000
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	3735650000	3876243000

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)	224356000	
(B) Participants.....	2a(1)(B)	8353000	
(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)		232709000
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)		
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		0
(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)		
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		0
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(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)		
(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)		
c Other income	2c		142575000
d Total income. Add all income amounts in column (b) and enter total	2d		375284000

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	142549000	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)	92142000	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		234691000
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)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		0
j Total expenses. Add all expense amounts in column (b) and enter total	2j		234691000

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		140593000
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: **KPMG**

(2) EIN: **13-5565207**

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.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	183272
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
e Was this plan covered by a fidelity bond?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
l Has the plan failed to provide any benefit when due under the plan?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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.	<input type="checkbox"/>	<input type="checkbox"/>	

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 _____.

SCHEDULE R (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>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
--	---	---

For calendar plan year 2024 or fiscal plan year beginning **07/01/2024** and ending **06/30/2025**

A Name of plan YOUNG MEN'S CHRISTIAN ASSOCIATION RETIREMENT FUND RETIREMENT PLAN	B Three-digit plan number (PN)	001
C Plan sponsor's name as shown on line 2a of Form 5500 YOUNG MEN'S CHRISTIAN ASSOCIATION RETIREMENT FUND	D Employer Identification Number (EIN) 13-5562401	

Part I	Distributions
---------------	----------------------

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): _____		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	7601

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
----------------	---

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	232709000	
b Enter the amount contributed by the employer to the plan for this plan year	6b	232709000	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c	0	
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?.....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	<input type="checkbox"/> Increase	<input type="checkbox"/> Decrease	<input type="checkbox"/> Both	<input type="checkbox"/> No
--	-----------------------------------	-----------------------------------	-------------------------------	-----------------------------

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11 a Does the ESOP hold any preferred stock?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. Complete as many entries as needed to report all applicable employers.

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	
b The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14b	
c The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14c	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....	16b	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:
 Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
 High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
 0-5 years 5-10 years 10-15 years 15 years or more

20 PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? Yes No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation: _____

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? Yes No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ___/___/____ (MM/DD/YYYY) and the Opinion Letter serial number _____.

SCHEDULE MEP (Form 5500) <small>Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration</small>	MULTIPLE-EMPLOYER RETIREMENT PLAN 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
---	--	---

For calendar plan year 2024 or fiscal plan year beginning **07/01/2024** and ending **06/30/2025**

A Name of plan YOUNG MEN'S CHRISTIAN ASSOCIATION RETIREMENT FUND RETIREMENT PLAN	B Three-digit Plan number (PN)..... ▶	001
C Plan administrator's name as shown on line 3a of Form 5500/Form 5500-SF YOUNG MEN'S CHRISTIAN ASSOCIATION RETIREMENT FUND	D Administrator's EIN 13-5562401	

Part I Type of Multiple-Employer Pension Plan. All multiple-employer pension plans must complete.

1 Check the appropriate box to indicate type of multiple-employer pension plan. (Only defined contribution plans may check lines 1a, 1b, and 1c. Defined benefit plans and defined contribution plans not checking lines 1a, 1b, or 1c should check line 1d. See Instructions).

- a** association retirement plan (See 29 CFR 2510.3-55) (Complete Part II)
- b** professional employer organization plan (PEO Plan) (See 29 CFR 29 CFR 2510.3-55) (Complete Part II)
- c** pooled employer plan (PEP) (See 29 CFR 2510.3-44) (Complete Parts II and III)
- d** other multiple-employer pension plan (Describe) _____ (Complete Part II)

Part II Participating Employer Information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan. **Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).**

2a Name of Participating Employer STATE YMCA OF MAINE	2b EIN 01-0186800	2c Percentage of Total Contributions for the Plan Year 0.01	2d Aggregate Account Balances Attributable to Participating Employer 1024366
2a Name of Participating Employer BANGOR YMCA	2b EIN 01-0211485	2c Percentage of Total Contributions for the Plan Year 0.06	2d Aggregate Account Balances Attributable to Participating Employer 1556810

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

2e Does the plan include any individuals not participating through an employer or who are individual working owners?	2e	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2f If you answer "Yes" in line 2e, enter a good faith estimate of the percentage of total contributions made by all such individuals that are not listed on line 2a during the plan year.	2f	
2g If you answer "Yes" in Line 2e, enter the aggregate account balances for all such individuals that are not listed on line 2a.	2g	51713883

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

**Schedule MEP (2024)
v. 240311**

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MOUNT DESERT ISLAND YMCA	01-0211486	0.01	835513
AUBURN-LEWISTON YMCA	01-0211567	0.05	2111523
YMCA OF SOUTHERN MAINE	01-0211568	0.08	5234301
KENNEBEC VALLEY YMCA	01-0211811	0.02	709409
BATH AREA FAMILY YMCA	01-0211812	0.08	2863612
PENOBSCOT BAY YMCA	01-0211813	0.07	3053880
SANFORD-SPRINGVALE YMCA	01-0211814	0.04	1066676
BOOTHBAY REGION YMCA	01-0237912	0.06	1870321
DOWN EAST FAMILY YMCA	01-0412269	0.05	1591181

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WALDO COUNTY YMCA	01-0493123	0.03	800791
ALLIANCE OF NEW YORK STATE YMCAS, INC.	01-0567018	0.03	977067
TAKODAH YMCA	02-0222246	0.02	1453070
KEENE FAMILY YMCA	02-0222247	0.07	2369387
THE GRANITE YMCA	02-0222248	0.27	12504809
YMCA OF GREATER NASHUA	02-0222250	0.26	6689772
CARROLL COUNTY YMCA CAMP HUCKINS	02-6001065	0.03	836688
GREATER BURLINGTON YMCA	03-0185810	0.09	5157469
MEETING WATERS YMCA	03-0214294	0.00	356362

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
YMCA OF GREATER SPRINGFIELD INC.	04-1859893	0.14	5603075
YMCA OF GREATER BOSTON	04-2103551	1.11	45521576
ATHOL YMCA	04-2103727	0.03	1343036
SOMERVILLE YMCA	04-2103853	0.07	2119689
CAMBRIDGE YMCA	04-2103960	0.04	1782344
MERRIMACK VALLEY YMCA INC.	04-2104378	0.29	9479240
YMCA SOUTHCOAST	04-2104749	0.19	7182070
WEST SUBURBAN YMCA	04-2104783	0.13	5625205
BERKSHIRE FAMILY YMCA	04-2104837	0.04	1939500

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GREATER LOWELL FAMILY YMCA	04-2104898	0.07	1931643
YMCA OF THE NORTH SHORE	04-2104913	1.09	19079279
MYSTIC VALLEY YMCA	04-2105874	0.06	4493221
SOUTH SHORE YMCA	04-2105881	0.38	14445831
YMCA OF METRO NORTH, INC.	04-2105883	0.38	13165465
YMCA OF CENTRAL MASSACHUSETTS	04-2105885	0.39	15735713
HAMPSHIRE REGIONAL YMCA	04-2105887	0.03	2019533
BECKET-CHIMNEY CORNERS YMCA	04-2105946	0.07	4914826
OLD COLONY YMCA	04-2125014	1.14	36132681

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
YMCA OF GREATER WESTFIELD INC.	04-2126585	0.03	2313660
HOCKOMOCK AREA YMCA	04-2131749	0.38	12911662
GREENFIELD YMCA	04-2149363	0.04	2922708
WENDELL P. CLARK MEMORIAL YMCA	04-2173363	0.02	665332
GREATER HOLYOKE YMCA	04-2192693	0.03	1425492
YMCA OF ATTLEBORO	04-2255819	0.08	3236100
METROWEST YMCA INC.	04-2281530	0.19	9254686
COMMUNITY YMCA OF DANVERS MA INC.	04-2308404	0.03	1356356
CAPE COD YOUNG MEN'S CHRISTIAN ASSOCIATION	04-2394925	0.14	4256782

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ALLIANCE MASSACHUSETTS YMCAS	04-3170393	0.02	719239
YMCA OF MARTHA'S VINEYARD	04-3293959	0.07	2030499
YMCA CAMP BELKNAP INC.	04-3356887	0.04	621195
YMCA CAMP CONISTON	04-3357821	0.03	1634443
SOUTHERN DISTRICT YMCA CAMP LINCOLN INC.	04-3383996	0.04	875803
PROVIDENCE METROPOLITAN YMCA	05-0258878	0.20	12276435
NEWPORT COUNTY YMCA	05-0258916	0.07	2449546
PAWTUCKET AND CENTRAL FALLS METRO BD. YMCA	05-0259114	0.23	6352943
OCEAN COMMUNITY YMCA	05-0268126	0.08	4095579

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CAMP MOHAWK YMCA INC.	06-0646565	0.00	339931
NAUGATUCK YMCA	06-0646770	0.03	1199114
SOUTHINGTON-CHESHIRE COMMUNITY YMCAS INC.	06-0646905	0.23	6029145
YMCA OF GREENWICH INC.	06-0646976	0.07	3197353
MERIDEN-NEW BRITIAN-BERLIN YMCA	06-0646977	0.22	7159037
VALLEY-SHORE YMCA	06-0646979	0.03	1493935
NORTHERN MIDDLESEX COUNTY YMCA	06-0646981	0.08	3727971
WALLINGFORD FAMILY YMCA	06-0646987	0.06	2750042
GREATER WATERBURY YMCA	06-0646988	0.14	2787675

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
YMCA OF WESTPORT WESTON CT INC.	06-0646989	0.10	5585057
CENTRAL CONNECTICUT COAST YMCA	06-0662195	0.36	17940370
NEW CANAAN COMMUNITY YMCA	06-0763077	0.14	6343065
THE RIVERBROOK REGIONAL YMCA	06-0853258	0.06	3944834
YMCA OF DARIEN COMMUNITY INC	06-0859795	0.16	6656025
CAMP HAZEN YMCA	06-0860014	0.05	1985304
YMCA OF METROPOLITAN HARTFORD	06-0881325	0.38	18197848
REGIONAL YMCA OF WESTERN CONNECTICUT INC	06-6051610	0.05	5194789
YMCA OF LONG ISLAND	11-1649914	0.66	26099513

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
THE FOUR SEASONS YMCA	11-3774789	0.01	345377
YMCA OF GREATER NEW YORK	13-1624228	2.22	97541003
CAMP SLOANE YMCA INC.	13-1739939	0.02	1162529
ROCKLAND COUNTY YMCA	13-1740513	0.04	1943445
YMCA OF RYE NY	13-1740515	0.18	5267806
YMCA OF CENTRAL AND NORTHERN WESTCHESTER INC.	13-1740518	0.13	5510956
YMCA OF YONKERS INC.	13-1740520	0.02	1487281
NEW ROCHELLE YMCA	13-1740542	0.04	856272
BURLINGTON AREA YMCA	13-4289848	0.02	952090

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
YMCA RETIREMENT FUND	13-5562401	0.99	31518922
SILVER BAY YMCA OF THE ADIRONDACKS	13-5604788	0.08	3064154
YMCA OF KINGSTON AND ULSTER COUNTY	14-1338342	0.04	1628262
PLATTSBURGH YMCA	14-1340011	0.03	1267238
YMCA OF MIDDLETOWN NY	14-1340134	0.08	2061176
FULTON COUNTY YMCA	14-1374493	0.02	672988
SARATOGA REGIONAL YMCA	14-1427442	0.30	8541425
YMCA OF CAPITAL DISTRICT	14-1726531	0.52	17545072
ONEONTA FAMILY YMCA	15-0532270	0.01	499527

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
YMCA OF CENTRAL NEW YORK	15-0532278	0.36	7373298
YMCA OF BROOME COUNTY	15-0532282	0.02	1265791
CORTLAND COUNTY FAMILY YMCA	15-0533570	0.00	302544
ITHACA AND TOMPKINS COUNTY YMCA	15-0545415	0.02	583689
NORWICH YMCA	15-0550177	0.02	1442980
GLOW YMCA, INC.	16-0743230	0.05	2649285
YMCA BUFFALO NIAGARA	16-0743231	0.32	10500812
HORNELL AREA FAMILY YMCA	16-0743237	0.02	533335
JAMESTOWN YMCA	16-0743238	0.04	1594501

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
YMCA OF TWIN TIERS	16-0743241	0.14	2530263
YMCA OF GREATER ROCHESTER	16-0743242	0.75	28438857
AUBURN YMCA-WEIU	16-0978301	0.03	1811394
CLIFTON SPRINGS AREA YMCA	16-6000962	0.00	198729
ILLINOIS YMCA YOUTH AND GOVERNMENT	20-0270050	0.00	395037
YMCA OF GEORGIA'S PIEDMONT, INC	20-1759275	0.05	1847893
ALEXANDRIA AREA YMCA	20-2231427	0.04	974984
WILLIAMS YMCA OF AVERY COUNTY	20-4910495	0.04	1002105
THE YMCA OF GREATER MONMOUTH COUNTY	21-0635051	0.23	13592493

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TRENTON AREA FAMILY YMCA	21-0635052	0.04	1164726
CUMBERLAND CAPE ATLANTIC YMCA	21-0635053	0.08	2163022
CAMP OCKANICKON YMCA	21-0635054	0.08	2445338
HAMILTON AREA YMCA	21-0702879	0.07	2616181
THE GATEWAY FAMILY YMCA	22-1487381	0.20	7975001
YMCA OF MADISON NJ INC.	22-1487385	0.29	11940752
METROPOLITAN YMCA OF THE ORANGES	22-1487387	0.71	27644218
YMCA OF PATERSON NJ	22-1487389	0.06	2586862
RARITAN BAY AREA YMCA	22-1487390	0.09	2765365

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SUMMIT AREA YMCA	22-1487392	0.28	9653906
YMCA OF WESTFIELD	22-1487393	0.23	10898506
YMCA OF METUCHEN	22-1487616	0.15	6821763
YMCA OF MONTCLAIR	22-1487617	0.21	9634713
THE GREATER MORRISTOWN YMCA	22-1487618	0.17	5772387
RARITAN VALLEY YMCA	22-1494457	0.02	1550734
YMCA OF RIDGEWOOD	22-1508752	0.08	3136564
YMCA NEWARK AND VICINITY	22-1552820	0.13	5007932
LAKELAND HILLS FAMILY YMCA	22-1559438	0.06	4062834

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SOMERSET COUNTY YMCA	22-1559439	0.30	12778663
YMCA OF FANWOOD - SCOTCH PLAINS	22-1589199	0.09	3712474
WEST MORRIS AREA YMCA	22-1601259	0.06	2350874
FROST VALLEY YMCA	22-1625176	0.12	6819887
CAMP RALPH S. MASON YMCA	22-1625643	0.02	1129509
OCEAN COUNTY YMCA	22-1900146	0.03	1887372
MEADOWLANDS AREA YMCA	22-1997720	0.10	2501256
WYCKOFF FAMILY YMCA INC	22-2011431	0.33	12983797
YMCA OF GARFIELD	22-2324697	0.02	2401124

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
NORTHWESTERN CONNECTICUT YMCA	22-2878484	0.06	1731968
CENTRAL LINCOLN COUNTY YMCA	22-2978129	0.05	1120598
PHILADELPHIA FREEDOM VALLEY YMCA	23-1243965	1.15	46395516
LEBANON VALLEY FAMILY YMCA	23-1243980	0.07	3607026
READING AND BERKS METRO YMCA	23-1244009	0.09	3303916
YMCA OF THE ROSES	23-1352600	0.13	5008008
WAYNESBORO AREA YMCA	23-1352601	0.01	688710
BLAIR REGIONAL YMCA	23-1352603	0.04	1362074
STATE YMCA OF PENNSYLVANIA, INC.	23-1365990	0.00	206432

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
YMCA OF GREATER BRANDYWINE	23-1365994	0.65	28003728
CARLISLE FAMILY YMCA	23-1386198	0.04	928568
CHAMBERSBURG MEMORIAL YMCA	23-1476339	0.03	1218406
NORTH PENN YMCA	23-1489848	0.05	3842877
COMMUNITY YMCA OF EASTERN DELAWARE COUNTY	23-1614045	0.21	7771009
HARRISBURG AREA METROPOLITAN YMCA	23-1665437	0.25	9640678
JUNIATA VALLEY YMCA	23-1879734	0.00	353942
RIVER CROSSING YOUNG MEN'S CHRISTIAN ASSOCIATION	23-1903158	0.72	20466111
BLOOMSBURG AREA YMCA	23-2085257	0.00	455710

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WAYNE COUNTY YMCA	23-2122456	0.00	162504
SOUTH MOUNTAIN YMCA	23-2239299	0.02	1454806
SCHUYLKILL YMCA	23-2825683	0.00	221968
YMCA OF COLLIER COUNTY	23-7039993	0.09	3154462
YMCA OF THE GREATER TRI-VALLEY	23-7045379	0.03	731123
SMITHFIELD YMCA	23-7065619	0.01	116889
COLE CENTER FAMILY YMCA	23-7077600	0.03	892353
OAHE YMCA INC.	23-7169291	0.01	1027287
HANOVER AREA YMCA	23-7172265	0.09	3066982

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MUSKEGON YMCA	23-7229622	0.02	1515945
YMCA CAMP TECUMSEH INC.	23-7331099	0.10	3569224
HOPEWELL VALLEY YMCA	23-7380624	0.01	744863
CARBONDALE YMCA	24-0795515	0.04	1002331
GREATER SCRANTON YMCA	24-0795516	0.05	1508461
POCONO FAMILY YMCA	24-0795519	0.02	1024226
GREATER SUSQUEHANNA VALLEY YMCA	24-0795634	0.10	3111304
GREATER WYOMING VALLEY AREA YMCA	24-0795638	0.07	2869822
RIVER VALLEY REGIONAL YMCA	24-0795698	0.12	4682621

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FREELAND YMCA	24-0796037	0.00	117898
YMCA OF CENTRE COUNTY	24-0802437	0.08	4456902
BERWICK AREA YMCA	24-0813665	0.01	1088351
REGIONAL FAMILY YMCA OF LAUREL HIGHLANDS	25-0965554	0.01	758092
BUTLER COUNTY FAMILY YMCA	25-0965619	0.12	4623326
CLEARFIELD YMCA	25-0965620	0.00	335146
YMCA OF GREATER ERIE	25-0965621	0.28	10720255
GREENSBURG YMCA	25-0965622	0.01	1957158
GREATER JOHNSTOWN COMMUNITY YMCA	25-0965623	0.00	448113

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
VALLEY POINTS FAMILY YMCA	25-0965625	0.03	2221198
OIL CITY YMCA	25-0965626	0.05	1019667
RIDGWAY YMCA	25-0965629	0.01	341728
UNIONTOWN AREA YMCA	25-0965631	0.02	973676
DUBOIS AREA YMCA	25-0969494	0.01	738756
MEADVILLE YMCA	25-0969495	0.03	1684467
LAWRENCE COUNTY YMCA	25-0969496	0.02	1067455
YMCA OF GREATER PITTSBURGH	25-0969497	0.27	15166752
TITUSVILLE YMCA	25-0969498	0.01	672673

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SEWICKLEY VALLEY YMCA	25-0979384	0.12	4850943
BEAVER COUNTY YMCA	25-0993391	0.03	1938424
FRANKLIN GROVE CITY YMCA	25-0995782	0.06	1510831
YMCA OF WARREN COUNTY	25-0995783	0.05	1749883
BROOKVILLE YMCA	25-1028128	0.00	233737
YMCA OF CORRY	25-1032621	0.03	797933
RICHARD G. SNYDER YMCA CAMPUS	25-1034424	0.01	457540
INDIANA COUNTY YMCA	25-1191545	0.01	832042
LIGONIER VALLEY YMCA	25-1428011	0.03	1249519

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
RATHBUN LAKE AREA YMCA	26-2927214	0.00	31028
CADILLAC AREA YMCA	30-0013507	0.02	619624
GREAT MIAMI VALLEY YMCA	31-0536719	0.14	5967378
SPRINGFIELD FAMILY YMCA	31-0537169	0.01	486626
MIAMI COUNTY YMCA AT PIQUA OHIO	31-0537179	0.04	2340117
YMCA OF GREATER DAYTON	31-0537517	0.47	18508727
FAMILY YMCA OF LANCASTER AND FAIRFIELD COUNTY OH	31-1132606	0.02	738057
LAKOTA FAMILY YMCA	31-1223296	0.01	414284
UNION COUNTY FAMILY YMCA	31-1355370	0.01	594865

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CHAMPAIGN FAMILY YMCA	31-1506457	0.05	1405091
YMCA OF GREATER CINCINNATI	31-1537178	0.58	25226873
WAPAKONETA FAMILY YMCA	31-1568315	0.02	651972
PIKE COUNTY YMCA	31-1665134	0.00	134289
YMCA OF CENTRAL OHIO	31-4379594	0.83	23135038
YMCA OF ROSS COUNTY	31-4379806	0.02	610231
MARION FAMILY YMCA	31-4380058	0.03	950253
BUCKEYE VALLEY FAMILY YMCA	31-6053101	0.11	2780327
YMCA OF CENTRAL STARK COUNTY	34-0714392	0.23	6862237

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
YMCA OF AKRON OHIO INC.	34-0714727	0.20	6498698
YMCA OF GREATER CLEVELAND	34-0714728	0.27	13105260
YMCA OF YOUNGSTOWN OHIO	34-0714730	0.17	4222597
YMCA OF ASHLAND OHIO	34-0714793	0.02	1091121
YMCA OF NORTH CENTRAL OHIO	34-0714795	0.07	1838002
LAKE COUNTY YMCA	34-0714796	0.09	5121553
TUSCARAWAS COUNTY YMCA INC.	34-0714797	0.01	637897
YMCA OF WESTERN STARK COUNTY	34-0719180	0.02	1071654
ASHTABULA COUNTY FAMILY YMCA	34-0726066	0.02	759175

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
YMCA OF WAYNE COUNTY, OH	34-0766172	0.04	1347160
YMCA OF DARKE COUNTY INC.	34-0969422	0.02	1381032
DEFIANCE AREA YMCA	34-1014167	0.00	1026236
GALION COMMUNITY CENTER YMCA INC.	34-1267646	0.01	462330
WILLIAMS COUNTY FAMILY YMCA	34-1448529	0.01	352583
PUTNAM COUNTY YMCA	34-1946813	0.00	414790
YMCA OF GREATER TOLEDO	34-4428262	0.30	12373341
YMCA OF FINDLAY OHIO	34-4428263	0.05	2264296
YMCA OF LIMA OHIO	34-4431173	0.03	1317828

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GEARY FAMILY YMCA OF FOSTORIA OHIO INC.	34-4439890	0.01	472922
YMCA OF SANDUSKY COUNTY	34-4444246	0.01	489133
YMCA OF BUCYRUS-TIFFIN	34-4479386	0.04	818795
YMCA OF SIDNEY AND SHELBY COUNTY OHIO	34-6596911	0.03	1889712
WABASH COUNTY YMCA	35-0733765	0.03	1079977
YMCA OF MADISON COUNTY INC.	35-0868206	0.01	630809
YMCA OF THE WABASH VALLEY	35-0868207	0.01	604975
YMCA OF GREATER INDIANAPOLIS	35-0868211	0.74	28884809
YMCA OF LAFAYETTE INDIANA	35-0868213	0.07	3449641

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
YMCA OF MUNCIE INDIANA INC.	35-0868215	0.09	3279979
YMCA OF VINCENNES INDIANA	35-0868218	0.03	973898
YMCA OF DEKALB COUNTY INC.	35-0868958	0.06	1595465
YMCA OF SOUTHWESTERN INDIANA	35-0869074	0.11	4717681
HENRY COUNTY YMCA	35-0873347	0.01	744799
CASS COUNTY FAMILY YMCA INC.	35-0874281	0.01	792198
YMCA OF VALPARAISO INDIANA INC.	35-0876401	0.03	1377048
YMCA OF GREATER FORT WAYNE	35-0886850	0.31	8743699
YMCA OF LA PORTE INDIANA	35-0886851	0.02	1790006

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
YMCA OF GRANT COUNTY	35-0886981	0.00	128939
YMCA OF KOKOMO INDIANA	35-0893511	0.04	1915656
MIAMI COUNTY YMCA	35-0893512	0.02	1080032
PARKVIEW HUNTINGTON FAMILY YMCA	35-0905959	0.02	810443
DECATUR COUNTY FAMILY YMCA INC.	35-0919345	0.03	1705935
YMCA OF RICHMOND	35-0984030	0.01	284761
DAVIESS COUNTY FAMILY YMCA	35-1050606	0.01	367409
KOSCIUSKO COMMUNITY YMCA INC.	35-1068182	0.05	1348130
CROSSROADS YMCA, INC.	35-1369437	0.32	4193606

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
YMCA OF MONROE COUNTY INC.	35-1384859	0.06	2535594
YMCA OF PORTAGE TOWNSHIP INC.	35-1404478	0.01	347284
DUNELAND FAMILY YMCA	35-1404559	0.06	1723048
SOUTHEASTERN INDIANA YMCA	35-1855594	0.04	1785556
SCOTT COUNTY FAMILY YMCA	35-1876673	0.00	446802
YMCA OF STEUBEN COUNTY, INC.	35-1999599	0.01	297848
OWEN COUNTY FAMILY YMCA	35-2017600	0.00	123512
BARBARA B. JORDAN YMCA INC.	35-2019312	0.01	638731
BROWN COUNTY COMMUNITY YMCA	35-2038783	0.00	380891

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SWITZERLAND COUNTY YMCA	35-2090419	0.00	99026
WASHINGTON COUNTY FAMILY YMCA	35-2097432	0.01	187669
YMCA OF HARRISON COUNTY	35-2122124	0.01	243014
TRI-COUNTY YMCA	35-2216734	0.01	313349
MCGAW YMCA	36-2169194	0.23	9113507
YMCA OF NORTHWEST ILLINOIS	36-2169195	0.06	2235682
GREATER JOLIET AREA YMCA	36-2169197	0.17	4590855
KANKAKEE AREA YMCA	36-2169198	0.03	1281932
TWO RIVERS YMCA	36-2169199	0.11	4064601

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
YMCA OF ROCK RIVER VALLEY	36-2174838	0.13	4705991
THE WEST COOK YMCAS	36-2179780	0.02	2634356
YMCA OF METROPOLITAN CHICAGO	36-2179782	0.99	47997967
STREATOR FAMILY YMCA	36-2205999	0.00	92230
STERLING-ROCK FALLS FAMILY YMCA	36-2225496	0.01	941899
YMCA OF BELVIDERE	36-2287520	0.00	533072
YMCA OF OTTAWA ILLINOIS	36-2337893	0.03	908797
KISHWAUKEE FAMILY YMCA INC.	36-2379649	0.03	2478372
YMCA OF NORTHWESTERN DUPAGE COUNTY	36-2470895	0.06	4104797

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DIXON FAMILY YMCA	36-2487927	0.02	641463
NORTH SUBURBAN YMCA	36-2546842	0.04	2660158
TRI-TOWN YMCA	36-2643097	0.02	424359
YMCA OF BERWYN-CICERO	36-2702522	0.03	2028368
FOX VALLEY FAMILY YMCA INC.	36-3028169	0.09	2125095
GOLDEN CORRIDOR FAMILY YMCA	36-3234727	0.04	2509828
YMCA OF THE USA	36-3256696	1.65	75937786
ARMED SERVICES YMCA OF THE USA-NATIONAL HDQTRS	36-3274346	0.43	11227194
MERCER COUNTY FAMILY YMCA	36-3832360	0.02	786555

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ILLINOIS VALLEY YMCA INC.	36-6218217	0.03	761506
YMCA OF THE UNIVERSITY OF ILLINOIS	37-0661257	0.03	851204
DECATUR FAMILY YMCA	37-0661258	0.02	1663520
EDWARDSVILLE YMCA	37-0661259	0.06	1574993
YMCA OF KNOX COUNTY	37-0661260	0.02	518529
BOB FREESEN YMCA	37-0661261	0.01	564912
QUINCY FAMILY YMCA	37-0661262	0.02	1305655
YMCA OF SPRINGFIELD	37-0661263	0.06	2429397
BLOOMINGTON YMCA	37-0662603	0.04	707153

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
YMCA OF DANVILLE	37-0662604	0.00	662408
GREATER PEORIA FAMILY YMCA	37-0662605	0.02	874006
YMCA OF WARREN COUNTY	37-0663575	0.02	845245
CHAMPAIGN COUNTY YMCA	37-0673564	0.07	1770182
YMCA OF CANTON	37-0748000	0.01	754433
YMCA OF MCDONOUGH COUNTY	37-0792409	0.02	1427237
CLINTON COMMUNITY YMCA	37-0812114	0.01	432600
CHRISTIAN COUNTY YMCA	37-1071231	0.00	464771
MATTOON AREA FAMILY YMCA	37-1122559	0.02	987276

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
YMCA OF METROPOLITAN DETROIT	38-1358055	0.30	14536884
YMCA OF GREATER FLINT	38-1358056	0.07	2421832
YMCA OF GREATER GRAND RAPIDS	38-1358058	0.50	14436911
YMCA OF BARRY COUNTY	38-1358059	0.02	575391
YMCA OF MICHIANA	38-1358236	0.17	4422848
DOW BAY AREA FAMILY YMCA	38-1358415	0.04	426629
YMCA OF THE BLUE WATER AREA	38-1358417	0.03	919865
STATE YMCA OF MICHIGAN	38-1358418	0.02	813504
YMCA OF METROPOLITAN LANSING	38-1359576	0.08	6195350

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SHIAWASSEE FAMILY YMCA	38-1359577	0.00	326869
YMCA OF GREATER KALAMAZOO	38-1360592	0.16	4411550
YMCA OF SAGINAW	38-1360594	0.03	1223791
JACKSON YMCA CENTER INC.	38-1381139	0.02	940711
MONROE FAMILY YMCA	38-1508585	0.04	997590
ANN ARBOR YMCA	38-1525162	0.09	3077626
GRAND TRAVERSE BAY YMCA	38-1709640	0.08	1660795
TRI-CITIES FAMILY YMCA	38-1717502	0.04	1650381
BATTLE CREEK FAMILY YMCA	38-1986068	0.03	1161174

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
NORTHERN LIGHTS YMCA	38-2615035	0.05	1251492
SHERMAN LAKE YMCA OUTDOOR CENTER	38-3167869	0.05	1465133
YMCA OF MARQUETTE COUNTY	38-3211419	0.02	661573
GREATER MARINETTE-MENOMINEE YMCA INC.	38-6119445	0.01	729586
LA CROSSE AREA FAMILY YMCA	39-0806172	0.19	5871022
YMCA OF THE FOX CITIES INC	39-0806191	0.54	19512320
YMCA OF DANE COUNTY INC.	39-0806253	0.20	9421060
YMCA OF METROPOLITAN MILWAUKEE INC.	39-0806314	0.22	20886349
YMCA OF CHIPPEWA VALLEY INC.	39-0806351	0.13	4221241

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
YMCA OF NORTHERN ROCK COUNTY	39-0806368	0.02	1206414
GLACIAL COMMUNITY YMCA	39-0806378	0.13	4699244
FOND DU LAC FAMILY YMCA	39-0806436	0.07	1952461
STATELINE FAMILY YMCA OF BELOIT, INC.	39-0806449	0.04	2278896
RACINE FAMILY YMCA	39-0807254	0.02	1829305
WAUSAU - WOODSON YMCA	39-0808463	0.14	3891710
GREATER GREEN BAY YMCA INC.	39-0813466	0.24	9480397
SUPERIOR-DOUGLAS COUNTY FAMILY YMCA	39-0813468	0.01	1307685
GENEVA LAKES FAMILY YMCA	39-0816867	0.04	1274260

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
KENOSHA YMCA	39-0826296	0.04	976833
SHEBOYGAN COUNTY YMCA	39-0830271	0.10	3439943
YMCA OF GREATER WAUKESHA COUNTY	39-0847658	0.25	9423969
OSHKOSH COMMUNITY YMCA	39-0878909	0.14	5208869
SOUTH WOOD COUNTY YMCA	39-0929462	0.03	1130655
YMCA OF DODGE COUNTY	39-0975426	0.06	2033081
MANITOWOC-TWO RIVERS AREA YMCA	39-1028773	0.04	2411219
STEVENS POINT AREA YMCA	39-1102612	0.05	2843656
CAMP MANITO-WISH YMCA INC.	39-1136315	0.03	1468529

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
KETTLE MORAINÉ YMCA INC.	39-1175559	0.22	6461698
GREEN COUNTY FAMILY YMCA INC.	39-1405623	0.02	760263
PHANTOM LAKE YMCA CAMP INC.	39-1501649	0.02	959439
MARSHFIELD AREA YMCA	39-1557086	0.10	1885744
DOOR COUNTY YMCA	39-1738982	0.06	2475974
YMCA OF THE NORTHWOODS	39-1942168	0.03	994340
WINONA FAMILY YMCA INC.	41-0693890	0.03	1615629
DULUTH AREA FAMILY YMCA	41-0693931	0.17	4089993
BRAINERD FAMILY YMCA INC.	41-0693938	0.03	1670008

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
YMCA OF RED WING MINNESOTA	41-0695614	0.03	1858887
YMCA OF AUSTIN MINNESOTA	41-0718359	0.02	918920
YMCA OF MANKATO	41-0739108	0.05	1929702
ST. CLOUD AREA FAMILY YMCA	41-0952420	0.07	1775416
YMCA CAMP OLSON	41-0967781	0.01	822551
ALBERT LEA FAMILY YMCA	41-1000679	0.00	281729
ITASCA COUNTY FAMILY YMCA	41-1358634	0.04	1855174
KANDIYOHI COUNTY AREA FAMILY YMCA	41-1908049	0.03	701920
MARSHALL AREA YMCA	41-1984589	0.01	216786

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WORTHINGTON AREA YMCA	41-6007569	0.00	237492
YMCA OF THE CEDAR RAPIDS METROPOLITAN AREA	42-0680306	0.07	5112757
FAMILY YMCA OF CHARLES CITY IOWA	42-0680309	0.01	1072699
MASON CITY FAMILY YMCA	42-0680330	0.01	373878
MUSCATINE COMMUNITY YMCA	42-0680340	0.04	2612997
YMCA OF GREATER DES MOINES IOWA	42-0680438	0.11	10757561
FAMILY YMCA OF BLACK HAWK COUNTY	42-0681109	0.02	1327001
HOERNER YMCA	42-0690393	0.00	67263
YMCA OF WASHINGTON IOWA	42-0698186	0.02	888571

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
YMCA OF THE IOWA MISSISSIPPI VALLEY	42-0703278	0.13	5263563
YMCA OF OTTUMWA IOWA	42-0725202	0.02	907039
NORM WAITT SR. YMCA	42-0738980	0.03	974106
MAHASKA COUNTY YMCA	42-0741010	0.02	789557
YMCA OF SPENCER IOWA	42-0820570	0.04	1488688
NISHNA VALLEY FAMILY YMCA	42-0844143	0.02	708320
YMCA OF DUBUQUE IOWA	42-0934471	0.03	1528018
CAMP FOSTER YMCA	42-0958909	0.04	1467919
ALGONA FAMILY YMCA	42-1225829	0.01	250972

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
YMCA OF FOREST CITY IOWA	42-1257332	0.02	775951
LE MARS AREA FAMILY YMCA	42-1413807	0.01	360711
MONTGOMERY COUNTY FAMILY YMCA	42-1433436	0.00	160439
YMCA OF MARSHALLTOWN IOWA	42-1478611	0.04	1279272
FORT MADISON FAMILY YMCA	42-6080176	0.00	439675
GATEWAY REGION YMCA	43-0653616	0.97	37054128
YMCA OF HANNIBAL	43-0663323	0.03	649123
ADAIR COUNTY FAMILY YMCA	43-0811428	0.00	155684
JEFFERSON CITY AREA YMCA	43-0953286	0.08	3243548

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MEXICO AREA FAMILY YMCA	43-1147430	0.00	34279
GRAND RIVER AREA FAMILY YMCA INC.	43-1493664	0.03	1082717
CALLAWAY COUNTY YMCA	43-1552855	0.00	146054
FAIR ACRES FAMILY YMCA	43-1558437	0.02	368334
OZARKS FAMILY YMCA INC.	43-1617662	0.02	751462
YMCA OF SOUTHEAST MISSOURI	43-1666987	0.01	323320
TWIN PIKE FAMILY YMCA INC.	43-1675923	0.01	333796
OSAGE PRAIRIE YMCA INC.	43-1706486	0.00	197921
SALT FORK YMCA	43-1710180	0.01	590409

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TRI-STATE FAMILY YMCA	43-1729473	0.02	714614
LONG BRANCH AREA YMCA	43-1761240	0.00	255320
BOONSLICK HEARTLAND YMCA	43-1798929	0.02	520733
CAMERON REGIONAL YMCA	43-1933672	0.00	302858
OZARKS REGIONAL YMCA	44-0545283	0.08	3635320
YMCA OF GREATER KANSAS CITY	44-0546002	0.41	22411744
JOPLIN FAMILY YMCA	44-0552026	0.02	1685546
YMCA OF ST. JOSEPH MISSOURI	44-0552491	0.01	538453
GRAND FORKS YMCA FAMILY CENTER	45-0226434	0.03	1719819

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
YMCA OF THE NORTHERN SKY	45-0232096	0.40	10672315
YMCA OF MINOT NORTH DAKOTA	45-0237612	0.02	893926
MISSOURI VALLEY FAMILY YMCA	45-0305520	0.14	4672785
YMCA OF THE NORTH	45-2563299	1.59	92609339
YMCA OF SIOUX FALLS	46-0225021	0.02	1008033
YMCA OF RAPID CITY SOUTH DAKOTA	46-0227218	0.15	5469023
ABERDEEN FAMILY YMCA	46-0255779	0.03	1506560
GENERAL CONVENTION OF SIOUX YMCAS	46-0336514	0.01	360561
PUTNAM COUNTY FAMILY YMCA	46-5501752	0.01	580946

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
YMCA OF NORFOLK NEBRASKA	47-0376546	0.04	1486084
YMCA OF LINCOLN NEBRASKA	47-0376578	0.15	7424930
YMCA OF GREATER OMAHA	47-0376586	0.36	12926760
YMCA OF FREMONT NEBRASKA	47-0376600	0.04	1829286
YMCA OF HASTINGS NEBRASKA	47-0376607	0.02	983980
ED THOMAS YMCA	47-0377999	0.00	260437
COLUMBUS FAMILY YMCA INC.	47-0398817	0.02	716978
BEATRICE MARY FAMILY YMCA	47-0415814	0.01	546319
YMCA OF GRAND ISLAND NEBRASKA	47-0425015	0.01	696426

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SCOTTSBLUFF FAMILY YMCA	47-0439999	0.02	675276
KEARNEY FAMILY YMCA	47-0720055	0.03	905606
BLAIR FAMILY YMCA	47-0782711	0.01	253614
YMCA OF THE PRAIRIE	47-0807617	0.03	802837
DICKSON COUNTY FAMILY YMCA	47-1215122	0.00	392121
ILLINOIS STATE ALLIANCE OF YMCAS	47-1468519	0.01	44842
CALIFORNIA STATE ALLIANCE OF YMCAS	47-1924794	0.02	799032
YMCA OF TOPEKA KANSAS	48-0543757	0.01	1221301
YMCA OF SALINA KANSAS	48-0544573	0.03	1154325

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
YMCA OF WICHITA KANSAS	48-0554440	0.45	15458587
MCPHERSON FAMILY YMCA	48-0650061	0.01	658460
JUNCTION CITY FAMILY YMCA INC.	48-0677789	0.03	424947
YMCA OF SOUTHWEST KANSAS, INC.	48-0693241	0.01	863889
CAMP WOOD YMCA	48-0908238	0.02	499485
YMCA OF DELAWARE	51-0065748	0.56	22945574
RALPH J. STOLLE COUNTRYSIDE YMCA OF WARREN CO.	51-0181689	0.20	7669233
OLD TOWN-ORONO YMCA	51-0201156	0.04	1548319
YMCA OF CENTRAL MARYLAND	52-0591699	1.17	31563122

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
YMCA OF CUMBERLAND MD	52-0591700	0.02	1586070
YMCA OF HAGERSTOWN MARYLAND INC.	52-0591701	0.06	2032501
YMCA OF FREDERICK COUNTY MD INC.	52-0607953	0.27	7864257
YMCA OF THE CHESAPEAKE INC.	52-0646895	0.26	7650196
YMCA OF METROPOLITAN WASHINGTON	53-0207403	0.72	37600619
YMCA OF SOUTH HAMPTON ROADS	54-0445205	0.67	28559102
YMCA OF CENTRAL VIRGINIA	54-0505924	0.15	5566145
DANVILLE YMCA	54-0505982	0.03	816650
YMCA OF PULASKI COUNTY, INC.	54-0505984	0.00	134284

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
YMCA OF GREATER RICHMOND	54-0505986	0.72	26749831
STAUNTON-AUGUSTA YMCA	54-0506438	0.04	1310608
YMCA OF VIRGINIA'S BLUE RIDGE	54-0515736	0.13	3850127
YMCA OF THE VIRGINIA PENINSULAS	54-0524905	0.37	11780352
WAYNESBORO FAMILY YMCA	54-0633243	0.01	822153
MARTINSVILLE AND HENRY COUNTY FAMILY YMCA	54-0839746	0.02	1051422
VIRGINIA YMCA	54-0881950	0.00	241573
ALTAVISTA AREA YMCA	54-0895639	0.08	2002990
RAPPAHANNOCK AREA YMCA	54-0965826	0.15	4383477

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BEDFORD AREA FAMILY YMCA	54-1140513	0.03	1518961
MECKLENBURG COUNTY YMCA	54-1351309	0.00	54594
ALLEGHANY HIGHLANDS YMCA	54-1637131	0.02	591028
PIEDMONT FAMILY YMCA INC.	54-1717336	0.11	1731213
FRANKLIN COUNTY FAMILY YMCA	54-1740065	0.04	1023522
FAMILY YMCA OF EMPORIA GREENSVILLE, INC	54-2005981	0.01	854479
CAMP JORN YMCA INC.	54-2184387	0.01	632955
YMCA OF KANAWHA INC.	55-0357058	0.07	2291212
YMCA OF PARKERSBURG WEST VIRGINIA	55-0357059	0.02	610374

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
YMCA OF WHEELING	55-0357071	0.01	888914
ELKINS-RANDOLPH COUNTY YMCA	55-0376877	0.00	23327
YMCA OF SOUTHERN WEST VIRGINIA INC.	55-0464596	0.02	1144582
HARRISON COUNTY YMCA INC.	55-0486791	0.00	396802
TRI-COUNTY YMCA INC.	55-0702900	0.02	936194
YMCA OF WESTERN NORTH CAROLINA INC.	56-0530013	0.38	11319610
YMCA OF HIGH POINT INC.	56-0530014	0.16	7563739
YMCA OF NORTHWEST NORTH CAROLINA	56-0530015	0.37	14612710
YMCA BLUE RIDGE ASSEMBLY, INC.	56-0532130	0.07	3793739

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
YMCA OF SOUTHEASTERN NORTH CAROLINA	56-0532317	0.14	3295866
YMCA OF GREENSBORO	56-0543243	0.21	8774983
ROCKY MOUNT FAMILY YMCA INC.	56-0543251	0.03	1304733
J. SMITH YOUNG FAMILY YMCA	56-0576153	0.01	772128
YMCA OF SANDHILLS	56-0582025	0.02	599630
YMCA OF THE TRIANGLE AREA	56-0591307	1.37	48327330
ALAMANCE COUNTY COMMUNITY YMCA	56-0611575	0.03	3220726
GASTON COUNTY FAMILY YMCA	56-0655420	0.10	3801917
YMCA OF CATAWBA VALLEY	56-0928743	0.13	4377177

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
RANDOLPH-ASHEBORO YMCA	56-0991786	0.02	978376
TOM A. FINCH COMMUNITY YMCA	56-1004370	0.02	1456628
YMCA OF GREATER CHARLOTTE	56-1045299	0.80	38568776
GOLDSBORO FAMILY YMCA	56-1285595	0.01	829019
BERTIE COUNTY YMCA	56-1738475	0.00	160411
FOUNDATION YMCA OF WILSON	56-2220375	0.02	713677
NEW JERSEY ALLIANCE OF YMCAS	56-2467563	0.02	1788592
YMCA OF SUMTER	57-0314417	0.04	1159492
YMCA OF COLUMBIA	57-0314423	0.07	2366806

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
YMCA OF GREENVILLE	57-0314424	0.33	11492842
YMCA OF GREATER SPARTANBURG	57-0314425	0.09	4709218
ANDERSON AREA YMCA	57-0314465	0.06	3415100
UPPER PALMETTO YMCA	57-0335422	0.20	6601435
LAKELANDS REGION YMCA OF SOUTH CAROLINA	57-0365055	0.03	1487685
PICKENS COUNTY YMCA	57-0405623	0.05	2118258
CLINTON FAMILY YMCA	57-0506273	0.01	741124
FLORENCE FAMILY YMCA	57-0516770	0.02	2839301
CHEROKEE COUNTY FAMILY YMCA	57-0557200	0.00	262038

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SUMMERVILLE FAMILY YMCA	57-0643100	0.06	2093597
YMCA OF COASTAL CAROLINA	57-0747196	0.06	1495630
NEWBERRY COUNTY FAMILY YMCA	57-0783484	0.00	384012
YMCA OF THE UPPER PEE DEE	57-0794011	0.02	1399494
UNION COUNTY YMCA	57-0832992	0.00	123105
BEAUFORT-JASPER YMCA OF THE LOWCOUNTRY	57-0910326	0.03	782408
FOOTHILLS YMCA	57-0934024	0.03	599203
CANNON STREET YMCA	57-0935533	0.02	1430405
YMCAS OF WAYCROSS GA INC.	58-0566129	0.02	954611

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
YMCA OF METROPOLITAN ATLANTA INC.	58-0566253	0.85	41878367
METROPOLITAN AUGUSTA YMCA	58-0566254	0.17	5072203
THOMASVILLE YMCA AND YOUTH CENTER INC.	58-0566255	0.08	3342166
YMCA OF THE GEORGIA SUNBELT	58-0593424	0.05	2174342
ATHENS YMCA	58-0593443	0.06	2918758
YMCA OF COASTAL GEORGIA INC.	58-0603160	0.27	7823663
ALBANY YMCA	58-0610051	0.01	1287096
COLUMBUS METROPOLITAN YMCA	58-0648697	0.02	563775
ROME-FLOYD COUNTY YMCA	58-0814549	0.03	983550

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
EASTERN CAROLINA YMCA, INC.	58-1402035	0.03	1627253
HENDERSON FAMILY YMCA	58-1406066	0.03	983638
GREATER KINGSPORT FAMILY YMCA	58-1564232	0.06	1236306
ROWAN - CABARRUS YMCA	58-1574620	0.15	8260535
STANLY COUNTY FAMILY YMCA	58-1582063	0.02	1938635
CLEVELAND COUNTY FAMILY YMCA	58-2016066	0.07	3107710
HEART OF THE VALLEY YMCA	58-2058795	0.09	3239949
GEORGIA MOUNTAINS YMCA	58-2203268	0.04	1458701
TIFTAREA YMCA INC.	58-2383631	0.00	132437

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CENTRAL FLORIDA METRO YMCA	59-0624430	0.44	27386908
YMCA OF SOUTH FLORIDA INC.	59-0624464	0.57	22969011
YMCA OF NORTHWEST FLORIDA	59-0624465	0.06	2203381
YMCA OF GREATER ST. PETERSBURG	59-0624468	0.34	9849436
PALM BEACHES METROPOLITAN YMCA	59-0624470	0.02	777652
FLORIDA'S FIRST COAST YMCA - METROPOLITAN	59-0638514	0.38	20920778
YMCA OF THE SUNCOAST	59-0810731	0.42	15976149
YMCA OF WEST CENTRAL FLORIDA	59-1158144	0.06	1905122
YMCA OF SOUTH PALM BEACH COUNTY	59-1416281	0.21	7763206

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
YMCA OF SOUTHWEST FLORIDA	59-1629660	0.52	13567275
TAMPA METROPOLITAN AREA YMCA	59-1742909	0.54	23932399
YMCA OF THE TREASURE COAST	59-1911653	0.03	2151449
HIGHLANDS COUNTY FAMILY YMCA	59-2859656	0.00	647226
VOLUSIA FLAGLER FAMILY YMCA	59-3284968	0.10	4736587
NORTHFIELD AREA FAMILY YMCA	59-3817686	0.01	422699
ASHLAND AREA YMCA	61-0444836	0.01	869715
KENTUCKY YMCA YOUTH ASSOCIATION INC.	61-0444841	0.01	563385
YMCA OF CENTRAL KENTUCKY	61-0444842	0.26	6968669

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
YMCA OF GREATER LOUISVILLE	61-0444843	0.70	24366317
YMCA OF OWENSBORO DAVIESS COUNTY	61-0561344	0.01	534552
HENDERSON COUNTY FAMILY YMCA	61-0597114	0.02	922324
PARIS-BOURBON COUNTY YMCA	61-0676727	0.02	784701
HOPKINS COUNTY FAMILY YMCA	61-0904719	0.02	746819
LIMESTONE FAMILY YMCA	61-1080836	0.01	627621
UNION COUNTY YMCA	61-1173801	0.00	379697
PIKEVILLE AREA FAMILY YMCA	61-1177162	0.02	409264
YMCA OF MAYFIELD GRAVES COUNTY	61-1204017	0.00	154077

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HOPKINSVILLE CHRISTIAN COUNTY FAMILY YMCA	61-1297293	0.01	513527
FAYETTE COUNTY FAMILY YMCA	61-1416843	0.01	445550
TELFORD COMMUNITY CENTER YMCA	61-6000619	0.01	234365
YMCA OF METRO CHATTANOOGA	62-0475699	0.27	9198505
YMCA OF EAST TENNESSEE	62-0475700	0.21	6604738
YMCA OF MIDDLE TENNESSEE	62-0476243	0.94	45381498
YMCA OF MEMPHIS AND THE MID-SOUTH	62-0476304	0.51	12004749
UNICOI COUNTY FAMILY YMCA	62-0478092	0.00	189109
YMCA OF BRISTOL	62-0521204	0.04	1340140

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
YMCA OF GREENE COUNTY	62-0809014	0.01	725925
BARREN COUNTY FAMILY YMCA	62-1364505	0.00	265054
SOUTHSIDE VIRGINIA FAMILY YMCA	62-1487256	0.00	75568
SPARTA WHITE COUNTY FAMILY YMCA	62-1501707	0.00	91390
YMCA OF DYER COUNTY	62-1616172	0.00	221428
LEGACY YMCA	63-0288881	0.01	923314
YMCA OF GREATER MONTGOMERY	63-0288885	0.23	7680440
BIRMINGHAM METROPOLITAN YMCA	63-0299894	0.32	14860151
YMCA OF SOUTH ALABAMA, INC	63-0302187	0.04	2405220

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TUSCALOOSA METROPOLITAN YMCA	63-0302189	0.01	903172
YMCA OF CALHOUN COUNTY	63-0332253	0.01	833833
YMCA OF SELMA-DALLAS COUNTY	63-0414814	0.00	350959
YMCA OF THE COOSA VALLEY, INC	63-0436456	0.00	392820
YMCA OF THE SHOALS	63-0545200	0.02	1081748
ENTERPRISE YMCA	63-0589262	0.00	423665
CHILTON COUNTY YMCA	63-0921199	0.01	102535
BREWTON AREA YMCA	63-0999102	0.02	1328055
PRATTVILLE YMCA	63-6052425	0.07	3805139

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
JACKSON METROPOLITAN YMCA	64-0303099	0.03	2281318
JUNIUS WARD JOHNSON YMCA	64-0303115	0.02	970485
HODDING CARTER MEMORIAL YMCA	64-0306257	0.00	426953
FAMILY YMCA OF SOUTHEAST MISSISSIPPI INC.	64-0340760	0.02	997637
MISSISSIPPI GULF COAST YMCA	64-0584648	0.02	1004821
FRANK P. PHILLIPS MEMORIAL YMCA	64-6025994	0.01	508924
MONROEVILLE AREA YMCA	65-1058521	0.01	439153
SAN JUAN - PUERTO RICO YMCA	66-0190784	0.02	618232
PONCE YMCA	66-0204831	0.00	284506

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SISKIYOU FAMILY YMCA	68-0294653	0.01	516986
YMCA OF WARREN AND BRADLEY COUNTY	70-0275848	0.00	223150
THE DENNY PRICE FAMILY YMCA OF ENID, OKLAHOMA	70-0599309	0.02	626463
YMCA OF HOT SPRINGS ARKANSAS INC.	71-0236925	0.02	725520
YMCA OF THE CAPITAL AREA	72-0408994	0.12	3833047
YMCA OF NORTHWEST LOUISIANA	72-0408997	0.04	1514736
YMCA OF GREATER NEW ORLEANS	72-0423490	0.09	2759887
DRYADES YMCA	72-0428019	0.02	1088650
BAYOULAND YMCA	72-0880478	0.01	505109

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FAMILY YMCA OF BARTLESVILLE	73-0521535	0.02	589194
YMCA OF GREATER TULSA	73-0579269	0.15	6322097
YMCA OF GREATER OKLAHOMA CITY	73-0579270	0.47	14412595
SHAWNEE FAMILY YMCA	73-0602462	0.01	780823
ARDMORE FAMILY YMCA AT ARDMORE OKLAHOMA	73-0603523	0.01	623407
YMCA OF LAWTON OKLAHOMA	73-0642616	0.01	223556
NOBLE COUNTY FAMILY YMCA	73-1099310	0.00	484144
RANDOLPH AREA YMCA	73-1663479	0.00	254072
YMCA OF GREATER SAN ANTONIO	74-1109634	0.51	17159058

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
YMCA OF THE GREATER HOUSTON AREA	74-1109737	1.51	63400452
YMCA OF GREATER EL PASO TX AND RIO GRANDE VALLEY	74-1109880	0.03	1424017
YMCA OF SOUTHEAST TEXAS	74-1143027	0.03	1200704
AUSTIN METROPOLITAN YMCA	74-1193464	0.47	11517453
YMCA OF THE COASTAL BEND	74-1211670	0.01	519336
THE YMCA OF THE GOLDEN CRESCENT INC.	74-1368574	0.06	2683573
YMCA OF CENTRAL TEXAS	74-2206558	0.45	13223254
YMCA OF METROPOLITAN DALLAS	75-0800696	0.81	39337061
SAN ANGELO YMCA	75-0800698	0.03	1288749

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
YMCA OF CORSICANA	75-0808817	0.02	634221
WICHITA FALLS METROPOLITAN YMCA	75-0808818	0.05	1606523
YMCA OF BIG SPRING TEXAS	75-0827470	0.02	451823
YMCA OF METROPOLITAN FORT WORTH	75-0827471	0.32	13428062
YMCA OF ABILENE TEXAS	75-0855638	0.03	1285693
YMCA OF MIDLAND TEXAS	75-0871732	0.07	2125812
PALESTINE YMCA	75-0975622	0.02	631478
ARLINGTON-MANSFIELD AREA YMCA	75-1000839	0.09	4098393
YMCA OF MOORE COUNTY INC.	75-1073132	0.01	467383

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ODESSA FAMILY YMCA	75-1187026	0.03	1016840
YMCA OF PLAINVIEW TEXAS	75-6042150	0.00	441415
CENTRAL COAST YMCA	77-0202335	0.08	2872696
BILLINGS FAMILY YMCA	81-0229368	0.04	1504794
YMCA OF HELENA INC.	81-0231815	0.00	420097
BUTTE FAMILY YMCA INC.	81-0233504	0.01	718031
GREATER MISSOULA FAMILY YMCA	81-0300829	0.05	2236993
SOUTHWESTERN MONTANA FAMILY YMCA, INC	81-0486053	0.00	98816
GALLATIN VALLEY YMCA, INC	81-0542574	0.01	333391

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
STATE ALLIANCE OF MICHIGAN YMCAS	81-2010263	0.04	969749
PENNSYLVANIA STATE ALLIANCE OF YMCAS	81-2214509	0.01	832863
YMCA OF BOISE INC.	82-0200908	0.47	12561228
YMCA OF IDAHO FALLS INC.	82-0222174	0.01	1314990
WOOD RIVER COMMUNITY YMCA	82-0481436	0.04	1490238
YMCA OF NATRONA COUNTY	83-0197773	0.02	539227
JOHNSON COUNTY FAMILY YMCA	83-0237890	0.01	492456
YMCA OF METROPOLITAN DENVER	84-0402696	0.25	14324324
YMCA OF THE PIKES PEAK REGION	84-0404266	0.31	12620208

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
YMCA OF THE ROCKIES	84-0404913	0.50	15053147
YMCA OF PUEBLO	84-0404925	0.04	1682308
YMCA OF BOULDER VALLEY	84-0459944	0.26	8090459
DODGE CITY FAMILY YMCA	84-4575948	0.01	228632
THE YMCA OF CENTRAL NEW MEXICO	85-0105592	0.05	3857215
THE FAMILY YMCA	85-0130054	0.05	1529237
VALLEY OF THE SUN YMCA	86-0096799	0.53	18650455
YMCA OF SOUTHERN ARIZONA	86-0101237	0.10	4857763
PRESCOTT YMCA OF YAVAPAI COUNTY	86-0119151	0.03	1678658

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
YMCA OF NORTHERN UTAH	87-0212472	0.08	2084037
YMCA OF SOUTHERN NEVADA	88-0059266	0.13	4240625
CT AND RI YMCA PARTNERSHIP, INC	88-2789422	0.01	529108
WHATCOM FAMILY YMCA	91-0482690	0.11	3028552
YMCA OF GREATER SEATTLE	91-0482710	1.86	67445609
YMCA OF SOUTHWEST WASHINGTON	91-0565021	0.02	972181
SKAGIT VALLEY FAMILY YMCA	91-0565022	0.08	2120644
YMCA OF SNOHOMISH COUNTY	91-0565561	0.58	17656137
YMCA OF PIERCE AND KITSAP COUNTIES	91-0565562	0.61	26132766

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
YMCA OF YAKIMA	91-0568717	0.03	2132231
WENATCHEE VALLEY YMCA	91-0578224	0.04	1585687
YMCA OF WALLA WALLA	91-0580856	0.04	1612520
SOUTH SOUND YMCA	91-0586473	0.14	5934908
OLYMPIC PENINSULA YMCA	91-0652924	0.05	1784278
YMCA OF THE INLAND NORTHWEST	91-0827958	0.19	7335069
YMCA OF THE GREATER TRI-CITIES	91-1655754	0.07	2020637
YMCA OF GRAYS HARBOR	91-1984900	0.06	2290303
YMCA OF ANCHORAGE ALASKA	92-0034878	0.07	1888435

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
YMCA OF ASHLAND	93-0386976	0.04	1033019
THE YMCA OF KLAMATH FALLS	93-0386978	0.03	1305279
YMCA OF COLUMBIA-WILLAMETTE ASSOCIATION SERVICES	93-0386981	0.16	14654224
FAMILY YMCA OF MARION AND POLK COUNTIES	93-0386982	0.05	1744259
YMCA OF MEDFORD	93-0391645	0.05	1831380
YMCA OF DOUGLAS COUNTY	93-0395593	0.03	1846245
TILLAMOOK COUNTY FAMILY YMCA	93-0457167	0.03	1454324
MID-WILLAMETTE FAMILY YMCA	93-0479079	0.06	928272
EUGENE FAMILY YMCA	93-0500679	0.10	2987051

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BAKER COUNTY YMCA	93-0621433	0.00	135812
YMCA OF GRANTS PASS OREGON	93-0848122	0.02	1004390
NEW RIVER YMCA	93-2810741	0.03	412056
YMCA OF SAN FRANCISCO	94-0997140	1.94	72067730
YMCA OF SILICON VALLEY	94-1156318	0.95	54477906
YMCA OF SAN JOAQUIN COUNTY	94-1156319	0.04	971132
YMCA OF SUPERIOR CALIFORNIA	94-1156634	0.11	5625565
YMCA OF THE EAST BAY	94-1156635	1.25	41057925
SHASTA COUNTY YMCA	94-1212141	0.05	2211414

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SONOMA COUNTY FAMILY YMCA	94-1265049	0.09	5068108
GOLDEN STATE YMCA	94-1459198	0.01	2451056
CHANNEL ISLANDS YMCA	95-1643379	0.26	12555933
SANTA MONICA FAMILY YMCA	95-1643380	0.05	2511055
YMCA OF GREATER LONG BEACH	95-1643396	0.58	14998710
YMCA OF WEST SAN GABRIEL VALLEY	95-1644051	0.01	1103000
YMCA OF METROPOLITAN LOS ANGELES	95-1644052	1.14	69311781
YMCA OF ORANGE COUNTY	95-1644055	0.76	26898161
YMCA OF GLENDALE	95-1661118	0.04	3325458

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
YMCA OF THE EAST VALLEY	95-1684787	0.23	5126766
YMCA OF GREATER WHITTIER	95-1684795	0.07	2572928
YMCA OF ANAHEIM	95-1709299	0.10	6626336
WEST END YMCA	95-1727678	0.04	2366415
YMCA OF THE FOOTHILLS	95-1976183	0.12	5231023
YMCA OF SAN DIEGO COUNTY	95-2039198	2.86	97110208
SANTA MARIA VALLEY YMCA	95-2158363	0.07	1971853
SOUTHEAST VENTURA COUNTY YMCA	95-2305501	0.12	4427708
CORONA-NORCO FAMILY YMCA	95-2879893	0.11	3141809

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FAMILY YMCA OF THE DESERT	95-3673295	0.10	4633679
YMCA OF HONOLULU	99-0073533	0.46	22393243
YMCA OF KAUAI	99-0074494	0.00	851689
MAUI FAMILY YMCA	99-0105206	0.03	2649597

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part III	Pooled Employer Plan Information
-----------------	---

Line 3. All Pooled employer plans must answer all of the questions in Part III, in addition to completing all of Parts I and II.

3a Is the pooled plan provider (identified as the plan sponsor and administrator in Part II of the Form 5500) currently in compliance with the Form PR (Pooled Plan Provider Registration Statement) requirements? (See instructions and 29 CFR 2510.3-44)..... Yes No

3b If line 3a is "Yes", enter the ACK ID for the most recent Form PR that was required to be filed under the Form PR filing requirements. (Failure to enter a valid ACK ID will subject the Form 5500 filing to rejection as incomplete.)

ACK ID _____



KPMG LLP
Two Manhattan West
375 9th Avenue, 17th Floor
New York, NY 10001

Independent Auditors' Report

The Young Men's Christian Association Retirement Fund as Trustee of
The Young Men's Christian Association Retirement Fund Retirement Plan:

Opinion

We have audited the financial statements of The Young Men's Christian Association Retirement Fund Retirement Plan (the Plan), a church plan subject to certain provisions of the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of June 30, 2025 and June 30, 2024, and the related statements of changes in net assets available for benefits 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 of the Plan as of June 30, 2025 and June 30, 2024, and the changes in its net assets available for benefits for the years then ended, in accordance with U.S. generally accepted accounting principles.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' 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 U.S. generally accepted accounting principles, 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 that 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.

Auditors' 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 auditors' 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 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 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 Schedule H, line 4i - Schedule of Assets (Held at End of Year) as of June 30, 2025, Schedule H, line 4j - Schedule of Reportable Transactions for the year ended June 30, 2025, and Schedule H, line 4a - Schedule of Delinquent Participant Contributions for the year ended June 30, 2025 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 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, including 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 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 schedules is 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 a church plan subject to certain provisions of ERISA.

KPMG LLP

New York, New York
January 15, 2026

**THE YOUNG MEN'S CHRISTIAN ASSOCIATION RETIREMENT FUND
RETIREMENT PLAN**

Schedule H, line 4i – Schedule of Assets (Held at End of Year)

June 30, 2025

(Dollar amounts in thousands)

<u>Identity of issue, borrower, lessor or similar party</u>	<u>Description of investment including maturity date, rate of interest, collateral, par, or maturity value</u>	<u>Cost</u>	<u>Current value</u>
* The YMCA Retirement Fund	Due from the YMCA Retirement Fund	\$ 3,876,243	3,876,243

* Related party as defined by ERISA.

See accompanying independent auditors' report.

Multiple-Employer Plan Participating Employer Information
THE YOUNG MEN'S CHRISTIAN ASSOCIATION RETIREMENT FUND RETIREMENT PLAN
Employer Identification Number (EIN) 13-5562401

Form 5500 Part 1, Line A

Year ended June 30, 2025

(a)	(b)	(c)
Name of Participating Employer	EIN	Percent of Total Contributions
State YMCA of Maine	010186800	0.0166%
Bangor YMCA	010211485	0.0635%
Mount Desert Island YMCA	010211486	0.0141%
Auburn-Lewiston YMCA	010211567	0.0522%
YMCA of Southern Maine	010211568	0.0812%
Kennebec Valley YMCA	010211811	0.0268%
Bath Area Family YMCA	010211812	0.0843%
Penobscot Bay YMCA	010211813	0.0759%
Sanford-Springvale YMCA	010211814	0.0426%
Boothbay Region YMCA	010237912	0.0677%
Down East Family YMCA	010412269	0.0524%
Waldo County YMCA	010493123	0.0309%
Alliance of New York State YMCAs, Inc.	010567018	0.0309%
Takodah YMCA	020222246	0.0257%
Keene Family YMCA	020222247	0.0743%
The Granite YMCA	020222248	0.2728%
YMCA of Greater Nashua	020222250	0.2619%
Carroll County YMCA/Camp Huckins	026001065	0.0346%
Greater Burlington YMCA	030185810	0.0927%
Meeting Waters YMCA	030214294	0.0066%
YMCA of Greater Springfield Inc.	041859893	0.1427%
YMCA of Greater Boston	042103551	1.1106%
Athol YMCA	042103727	0.0394%
Somerville YMCA	042103853	0.0705%
Cambridge YMCA	042103960	0.0473%
Merrimack Valley YMCA Inc.	042104378	0.2916%
YMCA Southcoast	042104749	0.1956%
West Suburban YMCA	042104783	0.1350%
Berkshire Family YMCA	042104837	0.0474%
Greater Lowell Family YMCA	042104898	0.0706%
YMCA of the North Shore	042104913	1.0941%
Mystic Valley YMCA	042105874	0.0658%
South Shore YMCA	042105881	0.3834%
YMCA of Metro North, Inc.	042105883	0.3801%
YMCA of Central Massachusetts	042105885	0.3919%
Hampshire Regional YMCA	042105887	0.0349%
Becket-Chimney Corners YMCA	042105946	0.0742%
Old Colony YMCA	042125014	1.1467%
YMCA of Greater Westfield Inc.	042126585	0.0343%
Hockomock Area YMCA	042131749	0.3842%
Greenfield YMCA	042149363	0.0490%
Wendell P. Clark Memorial YMCA	042173363	0.0212%
Greater Holyoke YMCA	042192693	0.0379%
YMCA of Attleboro	042255819	0.0826%
MetroWest YMCA Inc.	042281530	0.1948%
Community YMCA of Danvers MA Inc.	042308404	0.0379%
Cape Cod Young Men's Christian Association	042394925	0.1474%
Alliance Massachusetts YMCAs	043170393	0.0288%
YMCA of Martha's Vineyard	043293959	0.0747%
YMCA Camp Belknap Inc.	043356887	0.0417%
YMCA Camp Coniston	043357821	0.0373%
Southern District YMCA/Camp Lincoln Inc.	043383996	0.0411%
Providence Metropolitan YMCA	050258878	0.2022%

Multiple-Employer Plan Participating Employer Information
THE YOUNG MEN'S CHRISTIAN ASSOCIATION RETIREMENT FUND RETIREMENT PLAN
Employer Identification Number (EIN) 13-5562401

Form 5500 Part 1, Line A

Year ended June 30, 2025

(a)	(b)	(c)
Name of Participating Employer	EIN	Percent of Total Contributions
Newport County YMCA	050258916	0.0771%
Pawtucket and Central Falls Metro Bd. YMCA	050259114	0.2350%
Ocean Community YMCA	050268126	0.0851%
Camp Mohawk YMCA Inc.	060646565	0.0100%
Naugatuck YMCA	060646770	0.0365%
Southington-Cheshire Community YMCAs Inc.	060646905	0.2322%
YMCA of Greenwich Inc.	060646976	0.0717%
Meriden-New Britian-Berlin YMCA	060646977	0.2209%
Valley-Shore YMCA	060646979	0.0355%
Northern Middlesex County YMCA	060646981	0.0891%
Wallingford Family YMCA	060646987	0.0649%
Greater Waterbury YMCA	060646988	0.1444%
YMCA of Westport/Weston CT Inc.	060646989	0.1087%
Central Connecticut Coast YMCA	060662195	0.3695%
New Canaan Community YMCA	060763077	0.1490%
The Riverbrook Regional YMCA	060853258	0.0635%
YMCA of Darien Community Inc	060859795	0.1609%
Camp Hazen YMCA	060860014	0.0543%
YMCA of Metropolitan Hartford	060881325	0.3896%
Regional YMCA of Western Connecticut Inc	066051610	0.0595%
YMCA of Long Island	111649914	0.6646%
The Four Seasons YMCA	113774789	0.0119%
YMCA of Greater New York	131624228	2.2241%
Camp Sloane YMCA Inc.	131739939	0.0253%
Rockland County YMCA	131740513	0.0499%
YMCA of Rye NY	131740515	0.1818%
YMCA of Central and Northern Westchester Inc.	131740518	0.1313%
YMCA of Yonkers Inc.	131740520	0.0277%
New Rochelle YMCA	131740542	0.0450%
Burlington Area YMCA	134289848	0.0219%
YMCA Retirement Fund	135562401	0.9914%
Silver Bay YMCA of the Adirondacks	135604788	0.0898%
YMCA of Kingston and Ulster County	141338342	0.0493%
Plattsburgh YMCA	141340011	0.0351%
YMCA of Middletown NY	141340134	0.0874%
Fulton County YMCA	141374493	0.0244%
Saratoga Regional YMCA	141427442	0.3015%
YMCA of Capital District	141726531	0.5295%
Oneonta Family YMCA	150532270	0.0125%
YMCA of Central New York	150532278	0.3644%
YMCA of Broome County	150532282	0.0230%
Cortland County Family YMCA	150533570	0.0036%
Ithaca and Tompkins County YMCA	150545415	0.0265%
Norwich YMCA	150550177	0.0286%
GLOW YMCA, Inc.	160743230	0.0588%
YMCA Buffalo Niagara	160743231	0.3224%
Hornell Area Family YMCA	160743237	0.0290%
Jamestown YMCA	160743238	0.0411%
YMCA of Twin Tiers	160743241	0.1483%
YMCA of Greater Rochester	160743242	0.7596%
Auburn YMCA-WEIU	160978301	0.0318%
Clifton Springs Area YMCA	166000962	0.0071%
Illinois YMCA Youth and Government	200270050	0.0019%

Multiple-Employer Plan Participating Employer Information
THE YOUNG MEN'S CHRISTIAN ASSOCIATION RETIREMENT FUND RETIREMENT PLAN
Employer Identification Number (EIN) 13-5562401

Form 5500 Part 1, Line A

Year ended June 30, 2025

(a)	(b)	(c)
Name of Participating Employer	EIN	Percent of Total Contributions
YMCA of Georgia's Piedmont, Inc	201759275	0.0586%
Alexandria Area YMCA	202231427	0.0464%
Williams YMCA of Avery County	204910495	0.0441%
The YMCA of Greater Monmouth County	210635051	0.2353%
Trenton Area Family YMCA	210635052	0.0453%
Cumberland Cape Atlantic YMCA	210635053	0.0836%
Camp Ockanickon YMCA	210635054	0.0879%
Hamilton Area YMCA	210702879	0.0797%
The Gateway Family YMCA	221487381	0.2095%
YMCA of Madison NJ Inc.	221487385	0.2989%
Metropolitan YMCA of the Oranges	221487387	0.7125%
YMCA of Paterson NJ	221487389	0.0685%
Raritan Bay Area YMCA	221487390	0.0973%
Summit Area YMCA	221487392	0.2884%
YMCA of Westfield	221487393	0.2386%
YMCA of Metuchen	221487616	0.1595%
YMCA of Montclair	221487617	0.2154%
The Greater Morristown YMCA	221487618	0.1781%
Raritan Valley YMCA	221494457	0.0252%
YMCA of Ridgewood	221508752	0.0848%
YMCA Newark and Vicinity	221552820	0.1377%
Lakeland Hills Family YMCA	221559438	0.0672%
Somerset County YMCA	221559439	0.3007%
YMCA of Fanwood - Scotch Plains	221589199	0.0905%
West Morris Area YMCA	221601259	0.0640%
Frost Valley YMCA	221625176	0.1240%
Camp Ralph S. Mason YMCA	221625643	0.0275%
Ocean County YMCA	221900146	0.0358%
Meadowlands Area YMCA	221997720	0.1077%
Wyckoff Family YMCA Inc	222011431	0.3324%
YMCA of Garfield	222324697	0.0297%
Northwestern Connecticut YMCA	222878484	0.0652%
Central Lincoln County YMCA	222978129	0.0510%
Philadelphia Freedom Valley YMCA	231243965	1.1598%
Lebanon Valley Family YMCA	231243980	0.0720%
Reading and Berks Metro YMCA	231244009	0.0941%
YMCA of the Roses	231352600	0.1366%
Waynesboro Area YMCA	231352601	0.0161%
Blair Regional YMCA	231352603	0.0437%
State YMCA of Pennsylvania, Inc.	231365990	0.0074%
YMCA of Greater Brandywine	231365994	0.6593%
Carlisle Family YMCA	231386198	0.0410%
Chambersburg Memorial YMCA	231476339	0.0373%
North Penn YMCA	231489848	0.0589%
Community YMCA of Eastern Delaware County	231614045	0.2130%
Harrisburg Area Metropolitan YMCA	231665437	0.2594%
Juniata Valley YMCA	231879734	0.0093%
River Crossing Young Men's Christian Association	231903158	0.7202%
Bloomsburg Area YMCA	232085257	0.0070%
Wayne County YMCA	232122456	0.0070%
South Mountain YMCA	232239299	0.0285%
Schuylkill YMCA	232825683	0.0094%
YMCA of Collier County	237039993	0.0916%

Multiple-Employer Plan Participating Employer Information
THE YOUNG MEN'S CHRISTIAN ASSOCIATION RETIREMENT FUND RETIREMENT PLAN
Employer Identification Number (EIN) 13-5562401

Form 5500 Part 1, Line A

Year ended June 30, 2025

(a)	(b)	(c)
Name of Participating Employer	EIN	Percent of Total Contributions
YMCA of the Greater Tri-Valley	237045379	0.0379%
Smithfield YMCA	237065619	0.0154%
Cole Center Family YMCA	237077600	0.0310%
Oahe YMCA Inc.	237169291	0.0187%
Hanover Area YMCA	237172265	0.0926%
Muskegon YMCA	237229622	0.0279%
YMCA Camp Tecumseh Inc.	237331099	0.1034%
Hopewell Valley YMCA	237380624	0.0173%
Carbondale YMCA	240795515	0.0475%
Greater Scranton YMCA	240795516	0.0568%
Pocono Family YMCA	240795519	0.0278%
Greater Susquehanna Valley YMCA	240795634	0.1022%
Greater Wyoming Valley Area YMCA	240795638	0.0711%
River Valley Regional YMCA	240795698	0.1283%
Freeland YMCA	240796037	0.0001%
YMCA of Centre County	240802437	0.0895%
Berwick Area YMCA	240813665	0.0164%
Regional Family YMCA of Laurel Highlands	250965554	0.0185%
Butler County Family YMCA	250965619	0.1274%
Clearfield YMCA	250965620	0.0055%
YMCA of Greater Erie	250965621	0.2834%
Greensburg YMCA	250965622	0.0141%
Greater Johnstown Community YMCA	250965623	0.0080%
Valley Points Family YMCA	250965625	0.0362%
Oil City YMCA	250965626	0.0581%
Ridgway YMCA	250965629	0.0105%
Uniontown Area YMCA	250965631	0.0219%
DuBois Area YMCA	250969494	0.0110%
Meadville YMCA	250969495	0.0397%
Lawrence County YMCA	250969496	0.0226%
YMCA of Greater Pittsburgh	250969497	0.2799%
Titusville YMCA	250969498	0.0148%
Sewickley Valley YMCA	250979384	0.1231%
Beaver County YMCA	250993391	0.0326%
Franklin/Grove City YMCA	250995782	0.0689%
YMCA of Warren County	250995783	0.0554%
Brookville YMCA	251028128	0.0065%
YMCA of Corry	251032621	0.0380%
Richard G. Snyder YMCA Campus	251034424	0.0184%
Indiana County YMCA	251191545	0.0173%
Ligonier Valley YMCA	251428011	0.0324%
Rathbun Lake Area YMCA	262927214	0.0034%
Cadillac Area YMCA	300013507	0.0292%
Great Miami Valley YMCA	310536719	0.1428%
Springfield Family YMCA	310537169	0.0114%
Miami County YMCA at Piqua Ohio	310537179	0.0447%
YMCA of Greater Dayton	310537517	0.4785%
Family YMCA of Lancaster and Fairfield County OH	311132606	0.0257%
Lakota Family YMCA	311223296	0.0151%
Union County Family YMCA	311355370	0.0152%
Champaign Family YMCA	311506457	0.0519%
YMCA of Greater Cincinnati	311537178	0.5829%
Wapakoneta Family YMCA	311568315	0.0246%

Multiple-Employer Plan Participating Employer Information
THE YOUNG MEN'S CHRISTIAN ASSOCIATION RETIREMENT FUND RETIREMENT PLAN
Employer Identification Number (EIN) 13-5562401

Form 5500 Part 1, Line A

Year ended June 30, 2025

(a)	(b)	(c)
Name of Participating Employer	EIN	Percent of Total Contributions
Pike County YMCA	311665134	0.0050%
YMCA of Central Ohio	314379594	0.8349%
YMCA of Ross County	314379806	0.0217%
Marion Family YMCA	314380058	0.0337%
Buckeye Valley Family YMCA	316053101	0.1155%
YMCA of Central Stark County	340714392	0.2338%
YMCA of Akron Ohio Inc.	340714727	0.2050%
YMCA of Greater Cleveland	340714728	0.2701%
YMCA of Youngstown Ohio	340714730	0.1720%
YMCA of Ashland Ohio	340714793	0.0213%
YMCA of North Central Ohio	340714795	0.0789%
Lake County YMCA	340714796	0.0975%
Tuscarawas County YMCA Inc.	340714797	0.0197%
YMCA of Western Stark County	340719180	0.0294%
Ashtabula County Family YMCA	340726066	0.0257%
YMCA of Wayne County, OH	340766172	0.0484%
YMCA of Darke County Inc.	340969422	0.0232%
Defiance Area YMCA	341014167	0.0075%
Galion Community Center YMCA Inc.	341267646	0.0164%
Williams County Family YMCA	341448529	0.0113%
Putnam County YMCA	341946813	0.0070%
YMCA of Greater Toledo	344428262	0.3001%
YMCA of Findlay Ohio	344428263	0.0563%
YMCA of Lima Ohio	344431173	0.0301%
Geary Family YMCA of Fostoria Ohio Inc.	344439890	0.0199%
YMCA of Sandusky County	344444246	0.0124%
YMCA of Bucyrus-Tiffin	344479386	0.0408%
YMCA of Sidney and Shelby County Ohio	346596911	0.0380%
Wabash County YMCA	350733765	0.0337%
YMCA of Madison County Inc.	350868206	0.0108%
YMCA of the Wabash Valley	350868207	0.0200%
YMCA of Greater Indianapolis	350868211	0.7439%
YMCA of Lafayette Indiana	350868213	0.0745%
YMCA of Muncie Indiana Inc.	350868215	0.0971%
YMCA of Vincennes Indiana	350868218	0.0331%
YMCA of Dekalb County Inc.	350868958	0.0691%
YMCA of Southwestern Indiana	350869074	0.1158%
Henry County YMCA	350873347	0.0128%
Cass County Family YMCA Inc.	350874281	0.0113%
YMCA of Valparaiso Indiana Inc.	350876401	0.0386%
YMCA of Greater Fort Wayne	350886850	0.3164%
YMCA of La Porte Indiana	350886851	0.0226%
YMCA of Grant County	350886981	0.0080%
YMCA of Kokomo Indiana	350893511	0.0405%
Miami County YMCA	350893512	0.0263%
Parkview Huntington Family YMCA	350905959	0.0260%
Decatur County Family YMCA Inc.	350919345	0.0390%
YMCA of Richmond	350984030	0.0109%
Daviess County Family YMCA	351050606	0.0111%
Kosciusko Community YMCA Inc.	351068182	0.0522%
Crossroads YMCA, INC.	351369437	0.3224%
YMCA of Monroe County Inc.	351384859	0.0648%
YMCA of Portage Township Inc.	351404478	0.0151%

Multiple-Employer Plan Participating Employer Information
THE YOUNG MEN'S CHRISTIAN ASSOCIATION RETIREMENT FUND RETIREMENT PLAN
Employer Identification Number (EIN) 13-5562401

Form 5500 Part 1, Line A

Year ended June 30, 2025

(a)	(b)	(c)
Name of Participating Employer	EIN	Percent of Total Contributions
Duneland Family YMCA	351404559	0.0614%
Southeastern Indiana YMCA	351855594	0.0457%
Scott County Family YMCA	351876673	0.0034%
YMCA of Steuben County, Inc.	351999599	0.0123%
Owen County Family YMCA	352017600	0.0059%
Barbara B. Jordan YMCA Inc.	352019312	0.0186%
Brown County Community YMCA	352038783	0.0068%
Switzerland County YMCA	352090419	0.0002%
Washington County Family YMCA	352097432	0.0123%
YMCA of Harrison County	352122124	0.0119%
Tri-County YMCA	352216734	0.0176%
McGaw YMCA	362169194	0.2305%
YMCA of Northwest Illinois	362169195	0.0607%
Greater Joliet Area YMCA	362169197	0.1771%
Kankakee Area YMCA	362169198	0.0390%
Two Rivers YMCA	362169199	0.1199%
YMCA of Rock River Valley	362174838	0.1352%
The West Cook YMCAs	362179780	0.0299%
YMCA of Metropolitan Chicago	362179782	0.9982%
Streator Family YMCA	362205999	0.0092%
Sterling-Rock Falls Family YMCA	362225496	0.0188%
YMCA of Belvidere	362287520	0.0084%
YMCA of Ottawa Illinois	362337893	0.0314%
Kishwaukee Family YMCA Inc.	362379649	0.0394%
YMCA of Northwestern Dupage County	362470895	0.0608%
Dixon Family YMCA	362487927	0.0295%
North Suburban YMCA	362546842	0.0485%
Tri-Town YMCA	362643097	0.0218%
YMCA of Berwyn-Cicero	362702522	0.0383%
Fox Valley Family YMCA Inc.	363028169	0.0917%
Golden Corridor Family YMCA	363234727	0.0418%
YMCA of the USA	363256696	1.6529%
Armed Services YMCA of the USA-National HDQTRS	363274346	0.4347%
Mercer County Family YMCA	363832360	0.0211%
Illinois Valley YMCA Inc.	366218217	0.0318%
YMCA of the University of Illinois	370661257	0.0344%
Decatur Family YMCA	370661258	0.0278%
Edwardsville YMCA	370661259	0.0610%
YMCA of Knox County	370661260	0.0217%
Bob Freesen YMCA	370661261	0.0115%
Quincy Family YMCA	370661262	0.0238%
YMCA of Springfield	370661263	0.0632%
Bloomington YMCA	370662603	0.0434%
YMCA of Danville	370662604	0.0087%
Greater Peoria Family YMCA	370662605	0.0222%
YMCA of Warren County	370663575	0.0220%
Champaign County YMCA	370673564	0.0791%
YMCA of Canton	370748000	0.0173%
YMCA of McDonough County	370792409	0.0299%
Clinton Community YMCA	370812114	0.0112%
Christian County YMCA	371071231	0.0069%
Mattoon Area Family YMCA	371122559	0.0233%
YMCA of Metropolitan Detroit	381358055	0.3039%

Multiple-Employer Plan Participating Employer Information
THE YOUNG MEN'S CHRISTIAN ASSOCIATION RETIREMENT FUND RETIREMENT PLAN
Employer Identification Number (EIN) 13-5562401

Form 5500 Part 1, Line A

Year ended June 30, 2025

(a)	(b)	(c)
Name of Participating Employer	EIN	Percent of Total Contributions
YMCA of Greater Flint	381358056	0.0776%
YMCA of Greater Grand Rapids	381358058	0.5017%
YMCA of Barry County	381358059	0.0228%
YMCA of Michiana	381358236	0.1760%
Dow Bay Area Family YMCA	381358415	0.0431%
YMCA of the Blue Water Area	381358417	0.0355%
State YMCA of Michigan	381358418	0.0206%
YMCA of Metropolitan Lansing	381359576	0.0868%
Shiawassee Family YMCA	381359577	0.0099%
YMCA of Greater Kalamazoo	381360592	0.1623%
YMCA of Saginaw	381360594	0.0343%
Jackson YMCA Center Inc.	381381139	0.0224%
Monroe Family YMCA	381508585	0.0435%
Ann Arbor YMCA	381525162	0.0960%
Grand Traverse Bay YMCA	381709640	0.0808%
Tri-Cities Family YMCA	381717502	0.0406%
Battle Creek Family YMCA	381986068	0.0345%
Northern Lights YMCA	382615035	0.0545%
Sherman Lake YMCA Outdoor Center	383167869	0.0589%
YMCA of Marquette County	383211419	0.0298%
Greater Marinette-Menominee YMCA Inc.	386119445	0.0165%
La Crosse Area Family YMCA	390806172	0.1904%
YMCA of the Fox Cities Inc	390806191	0.5443%
YMCA of Dane County Inc.	390806253	0.2000%
YMCA of Metropolitan Milwaukee Inc.	390806314	0.2293%
YMCA of Chippewa Valley Inc.	390806351	0.1356%
YMCA of Northern Rock County	390806368	0.0266%
Glacial Community YMCA	390806378	0.1394%
Fond Du Lac Family YMCA	390806436	0.0743%
Stateline Family YMCA of Beloit, Inc.	390806449	0.0496%
Racine Family YMCA	390807254	0.0297%
Wausau - Woodson YMCA	390808463	0.1473%
Greater Green Bay YMCA Inc.	390813466	0.2477%
Superior-Douglas County Family YMCA	390813468	0.0153%
Geneva Lakes Family YMCA	390816867	0.0455%
Kenosha YMCA	390826296	0.0405%
Sheboygan County YMCA	390830271	0.1093%
YMCA of Greater Waukesha County	390847658	0.2535%
Oshkosh Community YMCA	390878909	0.1424%
South Wood County YMCA	390929462	0.0303%
YMCA of Dodge County	390975426	0.0601%
Manitowoc-Two Rivers Area YMCA	391028773	0.0407%
Stevens Point Area YMCA	391102612	0.0585%
Camp Manito-Wish YMCA Inc.	391136315	0.0361%
Kettle Moraine YMCA Inc.	391175559	0.2237%
Green County Family YMCA Inc.	391405623	0.0241%
Phantom Lake YMCA Camp Inc.	391501649	0.0219%
Marshfield Area YMCA	391557086	0.1003%
Door County YMCA	391738982	0.0634%
YMCA of the Northwoods	391942168	0.0392%
Winona Family YMCA Inc.	410693890	0.0352%
Duluth Area Family YMCA	410693931	0.1725%
Brainerd Family YMCA Inc.	410693938	0.0316%

Multiple-Employer Plan Participating Employer Information
THE YOUNG MEN'S CHRISTIAN ASSOCIATION RETIREMENT FUND RETIREMENT PLAN
Employer Identification Number (EIN) 13-5562401

Form 5500 Part 1, Line A

Year ended June 30, 2025

(a)	(b)	(c)
Name of Participating Employer	EIN	Percent of Total Contributions
YMCA of Red Wing Minnesota	410695614	0.0305%
YMCA of Austin Minnesota	410718359	0.0267%
YMCA of Mankato	410739108	0.0537%
St. Cloud Area Family YMCA	410952420	0.0711%
YMCA Camp Olson	410967781	0.0182%
Albert Lea Family YMCA	411000679	0.0093%
Itasca County Family YMCA	411358634	0.0406%
Kandiyohi County Area Family YMCA	411908049	0.0318%
Marshall Area YMCA	411984589	0.0114%
Worthington Area YMCA	416007569	0.0093%
YMCA of the Cedar Rapids Metropolitan Area	420680306	0.0784%
Family YMCA of Charles City Iowa	420680309	0.0141%
Mason City Family YMCA	420680330	0.0112%
Muscatine Community YMCA	420680340	0.0413%
YMCA of Greater Des Moines Iowa	420680438	0.1186%
Family YMCA of Black Hawk County	420681109	0.0283%
Hoerner YMCA	420690393	0.0077%
YMCA of Washington Iowa	420698186	0.0235%
YMCA of the Iowa Mississippi Valley	420703278	0.1371%
YMCA of Ottumwa Iowa	420725202	0.0277%
Norm Waitt Sr. YMCA	420738980	0.0359%
Mahaska County YMCA	420741010	0.0244%
YMCA of Spencer Iowa	420820570	0.0455%
Nishna Valley Family YMCA	420844143	0.0298%
YMCA of Dubuque Iowa	420934471	0.0334%
Camp Foster YMCA	420958909	0.0470%
Algona Family YMCA	421225829	0.0113%
YMCA of Forest City Iowa	421257332	0.0239%
Le Mars Area Family YMCA	421413807	0.0170%
Montgomery County Family YMCA	421433436	0.0086%
YMCA of Marshalltown Iowa	421478611	0.0421%
Fort Madison Family YMCA	426080176	0.0092%
Gateway Region YMCA	430653616	0.9708%
YMCA of Hannibal	430663323	0.0308%
Adair County Family YMCA	430811428	0.0052%
Jefferson City Area YMCA	430953286	0.0864%
Mexico Area Family YMCA	431147430	0.0083%
Grand River Area Family YMCA Inc.	431493664	0.0311%
Callaway County YMCA	431552855	0.0049%
Fair Acres Family YMCA	431558437	0.0201%
Ozarks Family YMCA Inc.	431617662	0.0205%
YMCA of Southeast Missouri	431666987	0.0161%
Twin Pike Family YMCA Inc.	431675923	0.0151%
Osage Prairie YMCA Inc.	431706486	0.0096%
Salt Fork YMCA	431710180	0.0130%
Tri-State Family YMCA	431729473	0.0272%
Long Branch Area YMCA	431761240	0.0048%
Boonslick Heartland YMCA	431798929	0.0266%
Cameron Regional YMCA	431933672	0.0044%
Ozarks Regional YMCA	440545283	0.0887%
YMCA of Greater Kansas City	440546002	0.4167%
Joplin Family YMCA	440552026	0.0246%
YMCA of St. Joseph Missouri	440552491	0.0104%

Multiple-Employer Plan Participating Employer Information
THE YOUNG MEN'S CHRISTIAN ASSOCIATION RETIREMENT FUND RETIREMENT PLAN
Employer Identification Number (EIN) 13-5562401

Form 5500 Part 1, Line A

Year ended June 30, 2025

(a)	(b)	(c)
Name of Participating Employer	EIN	Percent of Total Contributions
Grand Forks YMCA Family Center	450226434	0.0352%
YMCA of the Northern Sky	450232096	0.4079%
YMCA of Minot North Dakota	450237612	0.0282%
Missouri Valley Family YMCA	450305520	0.1464%
YMCA of the North	452563299	1.5947%
YMCA of Sioux Falls	460225021	0.0211%
YMCA of Rapid City South Dakota	460227218	0.1566%
Aberdeen Family YMCA	460255779	0.0393%
General Convention of Sioux YMCAs	460336514	0.0149%
Putnam County Family YMCA	465501752	0.0186%
YMCA of Norfolk Nebraska	470376546	0.0493%
YMCA of Lincoln Nebraska	470376578	0.1545%
YMCA of Greater Omaha	470376586	0.3626%
YMCA of Fremont Nebraska	470376600	0.0444%
YMCA of Hastings Nebraska	470376607	0.0224%
Ed Thomas YMCA	470377999	0.0087%
Columbus Family YMCA Inc.	470398817	0.0299%
Beatrice Mary Family YMCA	470415814	0.0171%
YMCA of Grand Island Nebraska	470425015	0.0158%
Scottsbluff Family YMCA	470439999	0.0260%
Kearney Family YMCA	470720055	0.0362%
Blair Family YMCA	470782711	0.0116%
YMCA of the Prairie	470807617	0.0343%
Dickson County Family YMCA	471215122	0.0055%
Illinois State Alliance of YMCAs	471468519	0.0112%
California State Alliance of YMCAs	471924794	0.0222%
YMCA of Topeka Kansas	480543757	0.0153%
YMCA of Salina Kansas	480544573	0.0301%
YMCA of Wichita Kansas	480554440	0.4539%
McPherson Family YMCA	480650061	0.0136%
Junction City Family YMCA Inc.	480677789	0.0301%
YMCA of Southwest Kansas, Inc.	480693241	0.0162%
Camp Wood YMCA	480908238	0.0217%
YMCA of Delaware	510065748	0.5646%
Ralph J. Stolle Countryside YMCA of Warren Co.	510181689	0.2080%
Old Town-Orono YMCA	510201156	0.0417%
YMCA of Central Maryland	520591699	1.1752%
YMCA of Cumberland MD	520591700	0.0292%
YMCA of Hagerstown Maryland Inc.	520591701	0.0623%
YMCA of Frederick County MD Inc.	520607953	0.2772%
YMCA of the Chesapeake Inc.	520646895	0.2612%
YMCA of Metropolitan Washington	530207403	0.7220%
YMCA of South Hampton Roads	540445205	0.6778%
YMCA of Central Virginia	540505924	0.1513%
Danville YMCA	540505982	0.0315%
YMCA of Pulaski County, Inc.	540505984	0.0039%
YMCA of Greater Richmond	540505986	0.7236%
Staunton-Augusta YMCA	540506438	0.0457%
YMCA of Virginia's Blue Ridge	540515736	0.1334%
YMCA of the Virginia Peninsulas	540524905	0.3708%
Waynesboro Family YMCA	540633243	0.0166%
Martinsville and Henry County Family YMCA	540839746	0.0224%
Virginia YMCA	540881950	0.0000%

Multiple-Employer Plan Participating Employer Information
THE YOUNG MEN'S CHRISTIAN ASSOCIATION RETIREMENT FUND RETIREMENT PLAN
Employer Identification Number (EIN) 13-5562401

Form 5500 Part 1, Line A

Year ended June 30, 2025

(a)	(b)	(c)
Name of Participating Employer	EIN	Percent of Total Contributions
Altavista Area YMCA	540895639	0.0813%
Rappahannock Area YMCA	540965826	0.1555%
Bedford Area Family YMCA	541140513	0.0318%
Mecklenburg County YMCA	541351309	0.0029%
Alleghany Highlands YMCA	541637131	0.0255%
Piedmont Family YMCA Inc.	541717336	0.1194%
Franklin County Family YMCA	541740065	0.0423%
Family YMCA of Emporia/Greenville, Inc	542005981	0.0173%
Camp Jorn YMCA Inc.	542184387	0.0149%
YMCA of Kanawha Inc.	550357058	0.0718%
YMCA of Parkersburg West Virginia	550357059	0.0211%
YMCA of Wheeling	550357071	0.0194%
Elkins-Randolph County YMCA	550376877	0.0065%
YMCA of Southern West Virginia Inc.	550464596	0.0235%
Harrison County YMCA Inc.	550486791	0.0078%
Tri-County YMCA Inc.	550702900	0.0278%
YMCA of Western North Carolina Inc.	560530013	0.3885%
YMCA of High Point Inc.	560530014	0.1609%
YMCA of Northwest North Carolina	560530015	0.3713%
YMCA Blue Ridge Assembly, Inc.	560532130	0.0758%
YMCA of Southeastern North Carolina	560532317	0.1448%
YMCA of Greensboro	560543243	0.2160%
Rocky Mount Family YMCA Inc.	560543251	0.0352%
J. Smith Young Family YMCA	560576153	0.0191%
YMCA of Sandhills	560582025	0.0270%
YMCA of the Triangle Area	560591307	1.3779%
Alamance County Community YMCA	560611575	0.0391%
Gaston County Family YMCA	560655420	0.1039%
YMCA of Catawba Valley	560928743	0.1379%
Randolph-Asheboro YMCA	560991786	0.0274%
Tom A. Finch Community YMCA	561004370	0.0274%
YMCA of Greater Charlotte	561045299	0.8002%
Goldsboro Family YMCA	561285595	0.0155%
Bertie County YMCA	561738475	0.0037%
Foundation YMCA of Wilson	562220375	0.0278%
New Jersey Alliance of YMCAs	562467563	0.0254%
YMCA of Sumter	570314417	0.0493%
YMCA of Columbia	570314423	0.0784%
YMCA of Greenville	570314424	0.3334%
YMCA of Greater Spartanburg	570314425	0.0967%
Anderson Area YMCA	570314465	0.0642%
Upper Palmetto YMCA	570335422	0.2056%
Lakelands Region YMCA of South Carolina	570365055	0.0376%
Pickens County YMCA	570405623	0.0568%
Clinton Family YMCA	570506273	0.0138%
Florence Family YMCA	570516770	0.0277%
Cherokee County Family YMCA	570557200	0.0077%
Summerville Family YMCA	570643100	0.0673%
YMCA of Coastal Carolina	570747196	0.0602%
Newberry County Family YMCA	570783484	0.0065%
YMCA of the Upper Pee Dee	570794011	0.0299%
Union County YMCA	570832992	0.0060%
Beaufort-Jasper YMCA of the Lowcountry	570910326	0.0339%

Multiple-Employer Plan Participating Employer Information
THE YOUNG MEN'S CHRISTIAN ASSOCIATION RETIREMENT FUND RETIREMENT PLAN
Employer Identification Number (EIN) 13-5562401

Form 5500 Part 1, Line A

Year ended June 30, 2025

(a)	(b)	(c)
Name of Participating Employer	EIN	Percent of Total Contributions
Foothills YMCA	570934024	0.0311%
Cannon Street YMCA	570935533	0.0238%
YMCAs of Waycross GA Inc.	580566129	0.0251%
YMCA of Metropolitan Atlanta Inc.	580566253	0.8572%
Metropolitan Augusta YMCA	580566254	0.1737%
Thomasville YMCA and Youth Center Inc.	580566255	0.0858%
YMCA of the Georgia Sunbelt	580593424	0.0507%
Athens YMCA	580593443	0.0609%
YMCA of Coastal Georgia Inc.	580603160	0.2711%
Albany YMCA	580610051	0.0198%
Columbus Metropolitan YMCA	580648697	0.0297%
Rome-Floyd County YMCA	580814549	0.0311%
Eastern Carolina YMCA, Inc.	581402035	0.0397%
Henderson Family YMCA	581406066	0.0313%
Greater Kingsport Family YMCA	581564232	0.0604%
Rowan - Cabarrus YMCA	581574620	0.1575%
Stanly County Family YMCA	581582063	0.0203%
Cleveland County Family YMCA	582016066	0.0735%
Heart of the Valley YMCA	582058795	0.0976%
Georgia Mountains YMCA	582203268	0.0483%
Tiftarea YMCA Inc.	582383631	0.0067%
Central Florida Metro YMCA	590624430	0.4482%
YMCA of South Florida Inc.	590624464	0.5711%
YMCA of Northwest Florida	590624465	0.0633%
YMCA of Greater St. Petersburg	590624468	0.3476%
Palm Beaches Metropolitan YMCA	590624470	0.0261%
Florida's First Coast YMCA - Metropolitan	590638514	0.3838%
YMCA of the Suncoast	590810731	0.4216%
YMCA of West Central Florida	591158144	0.0606%
YMCA of South Palm Beach County	591416281	0.2168%
YMCA of Southwest Florida	591629660	0.5287%
Tampa Metropolitan Area YMCA	591742909	0.5497%
YMCA of the Treasure Coast	591911653	0.0307%
Highlands County Family YMCA	592859656	0.0094%
Volusia/Flagler Family YMCA	593284968	0.1085%
Northfield Area Family YMCA	593817686	0.0195%
Ashland Area YMCA	610444836	0.0186%
Kentucky YMCA Youth Association Inc.	610444841	0.0158%
YMCA of Central Kentucky	610444842	0.2623%
YMCA of Greater Louisville	610444843	0.7032%
YMCA of Owensboro/Daviess County	610561344	0.0194%
Henderson County Family YMCA	610597114	0.0258%
Paris-Bourbon County YMCA	610676727	0.0294%
Hopkins County Family YMCA	610904719	0.0273%
Limestone Family YMCA	611080836	0.0123%
Union County YMCA	611173801	0.0023%
Pikeville Area Family YMCA	611177162	0.0241%
YMCA of Mayfield/Graves County	611204017	0.0064%
Hopkinsville/Christian County Family YMCA	611297293	0.0111%
Fayette County Family YMCA	611416843	0.0120%
Telford Community Center YMCA	616000619	0.0102%
YMCA of Metro Chattanooga	620475699	0.2769%
YMCA of East Tennessee	620475700	0.2127%

Multiple-Employer Plan Participating Employer Information
THE YOUNG MEN'S CHRISTIAN ASSOCIATION RETIREMENT FUND RETIREMENT PLAN
Employer Identification Number (EIN) 13-5562401

Form 5500 Part 1, Line A

Year ended June 30, 2025

(a)	(b)	(c)
Name of Participating Employer	EIN	Percent of Total Contributions
YMCA of Middle Tennessee	620476243	0.9454%
YMCA of Memphis and The Mid-South	620476304	0.5139%
Unicoi County Family YMCA	620478092	0.0085%
YMCA of Bristol	620521204	0.0408%
YMCA of Greene County	620809014	0.0103%
Barren County Family YMCA	621364505	0.0045%
Southside Virginia Family YMCA	621487256	0.0024%
Sparta/White County Family YMCA	621501707	0.0090%
YMCA of Dyer County	621616172	0.0004%
Legacy YMCA	630288881	0.0134%
YMCA of Greater Montgomery	630288885	0.2307%
Birmingham Metropolitan YMCA	630299894	0.3295%
YMCA of South Alabama, Inc	630302187	0.0495%
Tuscaloosa Metropolitan YMCA	630302189	0.0157%
YMCA of Calhoun County	630332253	0.0146%
YMCA of Selma-Dallas County	630414814	0.0036%
YMCA of the Coosa Valley, Inc	630436456	0.0040%
YMCA of the Shoals	630545200	0.0253%
Enterprise YMCA	630589262	0.0097%
Chilton County YMCA	630921199	0.0101%
Brewton Area YMCA	630999102	0.0210%
Prattville YMCA	636052425	0.0763%
Jackson Metropolitan YMCA	640303099	0.0337%
Junius Ward Johnson YMCA	640303115	0.0229%
Hodding Carter Memorial YMCA	640306257	0.0079%
Family YMCA of Southeast Mississippi Inc.	640340760	0.0295%
Mississippi Gulf Coast YMCA	640584648	0.0238%
Frank P. Phillips Memorial YMCA	646025994	0.0133%
Monroeville Area YMCA	651058521	0.0128%
San Juan - Puerto Rico YMCA	660190784	0.0210%
Ponce YMCA	660204831	0.0045%
Siskiyou Family YMCA	680294653	0.0184%
YMCA of Warren and Bradley County	700275848	0.0038%
The Denny Price Family YMCA of Enid, Oklahoma	700599309	0.0226%
YMCA of Hot Springs Arkansas Inc.	710236925	0.0272%
YMCA of the Capital Area	720408994	0.1249%
YMCA of Northwest Louisiana	720408997	0.0425%
YMCA of Greater New Orleans	720423490	0.0932%
Dryades YMCA	720428019	0.0262%
Bayouland YMCA	720880478	0.0104%
Family YMCA of Bartlesville	730521535	0.0269%
YMCA of Greater Tulsa	730579269	0.1544%
YMCA of Greater Oklahoma City	730579270	0.4708%
Shawnee Family YMCA	730602462	0.0136%
Ardmore Family YMCA at Ardmore Oklahoma	730603523	0.0136%
YMCA of Lawton Oklahoma	730642616	0.0153%
Noble County Family YMCA	731099310	0.0046%
Randolph Area YMCA	731663479	0.0067%
YMCA of Greater San Antonio	741109634	0.5145%
YMCA of the Greater Houston Area	741109737	1.5170%
YMCA of Greater El Paso TX and Rio Grande Valley	741109880	0.0398%
YMCA of Southeast Texas	741143027	0.0308%
Austin Metropolitan YMCA	741193464	0.4798%

Multiple-Employer Plan Participating Employer Information
THE YOUNG MEN'S CHRISTIAN ASSOCIATION RETIREMENT FUND RETIREMENT PLAN
Employer Identification Number (EIN) 13-5562401

Form 5500 Part 1, Line A

Year ended June 30, 2025

(a) Name of Participating Employer	(b) EIN	(c) Percent of Total Contributions
YMCA of the Coastal Bend	741211670	0.0118%
The YMCA of the Golden Crescent Inc.	741368574	0.0656%
YMCA of Central Texas	742206558	0.4506%
YMCA of Metropolitan Dallas	750800696	0.8181%
San Angelo YMCA	750800698	0.0394%
YMCA of Corsicana	750808817	0.0221%
Wichita Falls Metropolitan YMCA	750808818	0.0502%
YMCA of Big Spring Texas	750827470	0.0245%
YMCA of Metropolitan Fort Worth	750827471	0.3276%
YMCA of Abilene Texas	750855638	0.0378%
YMCA of Midland Texas	750871732	0.0733%
Palestine YMCA	750975622	0.0284%
Arlington-Mansfield Area YMCA	751000839	0.0919%
YMCA of Moore County Inc.	751073132	0.0154%
Odessa Family YMCA	751187026	0.0350%
YMCA of Plainview Texas	756042150	0.0085%
Central Coast YMCA	770202335	0.0863%
Billings Family YMCA	810229368	0.0488%
YMCA of Helena Inc.	810231815	0.0082%
Butte Family YMCA Inc.	810233504	0.0117%
Greater Missoula Family YMCA	810300829	0.0568%
Southwestern Montana Family YMCA, Inc	810486053	0.0055%
Gallatin Valley YMCA, Inc	810542574	0.0147%
State Alliance of Michigan YMCAs	812010263	0.0409%
Pennsylvania State Alliance of YMCAs	812214509	0.0193%
YMCA of Boise Inc.	820200908	0.4740%
YMCA of Idaho Falls Inc.	820222174	0.0153%
Wood River Community YMCA	820481436	0.0401%
YMCA of Natrona County	830197773	0.0219%
Johnson County Family YMCA	830237890	0.0121%
YMCA of Metropolitan Denver	840402696	0.2571%
YMCA of the Pikes Peak Region	840404266	0.3188%
YMCA of the Rockies	840404913	0.5060%
YMCA of Pueblo	840404925	0.0455%
YMCA of Boulder Valley	840459944	0.2619%
Dodge City Family YMCA	844575948	0.0149%
The YMCA of Central New Mexico	850105592	0.0574%
The Family YMCA	850130054	0.0515%
Valley of the Sun YMCA	860096799	0.5342%
YMCA of Southern Arizona	860101237	0.1079%
Prescott YMCA of Yavapai County	860119151	0.0355%
YMCA of Northern Utah	870212472	0.0852%
YMCA of Southern Nevada	880059266	0.1398%
CT and RI YMCA Partnership, Inc	882789422	0.0140%
Whatcom Family YMCA	910482690	0.1188%
YMCA of Greater Seattle	910482710	1.8628%
YMCA of Southwest Washington	910565021	0.0207%
Skagit Valley Family YMCA	910565022	0.0859%
YMCA of Snohomish County	910565561	0.5859%
YMCA of Pierce and Kitsap Counties	910565562	0.6110%
YMCA of Yakima	910568717	0.0350%
Wenatchee Valley YMCA	910578224	0.0481%
YMCA of Walla Walla	910580856	0.0472%

Multiple-Employer Plan Participating Employer Information
THE YOUNG MEN'S CHRISTIAN ASSOCIATION RETIREMENT FUND RETIREMENT PLAN
Employer Identification Number (EIN) 13-5562401

Form 5500 Part 1, Line A

Year ended June 30, 2025

(a) Name of Participating Employer	(b) EIN	(c) Percent of Total Contributions
South Sound YMCA	910586473	0.1452%
Olympic Peninsula YMCA	910652924	0.0524%
YMCA of the Inland Northwest	910827958	0.1929%
YMCA of the Greater Tri-Cities	911655754	0.0761%
YMCA of Grays Harbor	911984900	0.0616%
YMCA of Anchorage Alaska	920034878	0.0783%
YMCA of Ashland	930386976	0.0444%
The YMCA of Klamath Falls	930386978	0.0377%
YMCA of Columbia-Willamette Association Services	930386981	0.1625%
Family YMCA of Marion and Polk Counties	930386982	0.0568%
YMCA of Medford	930391645	0.0576%
YMCA of Douglas County	930395593	0.0312%
Tillamook County Family YMCA	930457167	0.0367%
Mid-Willamette Family YMCA	930479079	0.0610%
Eugene Family YMCA	930500679	0.1079%
Baker County YMCA	930621433	0.0097%
YMCA of Grants Pass Oregon	930848122	0.0280%
New River YMCA	932810741	0.0309%
YMCA of San Francisco	940997140	1.9407%
YMCA of Silicon Valley	941156318	0.9505%
YMCA of San Joaquin County	941156319	0.0427%
YMCA of Superior California	941156634	0.1104%
YMCA of the East Bay	941156635	1.2578%
Shasta County YMCA	941212141	0.0571%
Sonoma County Family YMCA	941265049	0.0985%
Golden State YMCA	941459198	0.0135%
Channel Islands YMCA	951643379	0.2680%
Santa Monica Family YMCA	951643380	0.0598%
YMCA of Greater Long Beach	951643396	0.5884%
YMCA of West San Gabriel Valley	951644051	0.0114%
YMCA of Metropolitan Los Angeles	951644052	1.1457%
YMCA of Orange County	951644055	0.7661%
YMCA of Glendale	951661118	0.0437%
YMCA of the East Valley	951684787	0.2315%
YMCA of Greater Whittier	951684795	0.0773%
YMCA of Anaheim	951709299	0.1095%
West End YMCA	951727678	0.0487%
YMCA of the Foothills	951976183	0.1204%
YMCA of San Diego County	952039198	2.8656%
Santa Maria Valley YMCA	952158363	0.0761%
Southeast Ventura County YMCA	952305501	0.1285%
Corona-Norco Family YMCA	952879893	0.1114%
Family YMCA of the Desert	953673295	0.1022%
YMCA of Honolulu	990073533	0.4602%
YMCA of Kauai	990074494	0.0092%
Maui Family YMCA	990105206	0.0361%
—		
—		
Totals		100.0000%

**THE YOUNG MEN'S CHRISTIAN ASSOCIATION RETIREMENT FUND
RETIREMENT PLAN**

Schedule H, line 4j – Schedule of Reportable Transactions

Year ended June 30, 2025

(Dollar amounts in thousands)

Identity of party involved	Description of asset (include interest rate and maturity in case of loan)	Purchase price	Selling price	Lease rental	Expense incurred with transaction	Cost of assets	Current value of assets on transaction date	Net gain or (loss)
Series of transactions:								
* The YMCA Retirement Fund	Due from the YMCA Retirement Fund	\$	234,961			234,961	234,961	
* The YMCA Retirement Fund	Due from the YMCA Retirement Fund	\$	375,284			375,284	375,284	

* Related party as defined by ERISA.

See accompanying independent auditors' report.

**THE YOUNG MEN'S CHRISTIAN ASSOCIATION RETIREMENT FUND
RETIREMENT PLAN**

Financial Statements and Supplemental Schedules

June 30, 2025 and 2024

(With Independent Auditors' Report Thereon)



KPMG LLP
Two Manhattan West
375 9th Avenue, 17th Floor
New York, NY 10001

Independent Auditors' Report

The Young Men's Christian Association Retirement Fund as Trustee of
The Young Men's Christian Association Retirement Fund Retirement Plan:

Opinion

We have audited the financial statements of The Young Men's Christian Association Retirement Fund Retirement Plan (the Plan), a church plan subject to certain provisions of the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of June 30, 2025 and June 30, 2024, and the related statements of changes in net assets available for benefits 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 of the Plan as of June 30, 2025 and June 30, 2024, and the changes in its net assets available for benefits for the years then ended, in accordance with U.S. generally accepted accounting principles.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' 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 U.S. generally accepted accounting principles, 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 that 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.

Auditors' 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 auditors' 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 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 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 Schedule H, line 4i - Schedule of Assets (Held at End of Year) as of June 30, 2025, Schedule H, line 4j - Schedule of Reportable Transactions for the year ended June 30, 2025, and Schedule H, line 4a - Schedule of Delinquent Participant Contributions for the year ended June 30, 2025 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 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, including 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 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 schedules is 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 a church plan subject to certain provisions of ERISA.

KPMG LLP

New York, New York
January 15, 2026

**THE YOUNG MEN'S CHRISTIAN ASSOCIATION RETIREMENT FUND
RETIREMENT PLAN**

Statements of Net Assets Available for Benefits

June 30, 2025 and 2024

(Dollar amounts in thousands)

	2025	2024
Due from The Young Men's Christian Association Retirement Fund (Note 4)	\$ 3,868,843	3,728,250
Contributions receivable:		
Participants	300	300
YMCAs	7,100	7,100
Total contributions receivable	7,400	7,400
Net assets available for benefits	\$ 3,876,243	3,735,650

See accompanying notes to financial statements.

**THE YOUNG MEN'S CHRISTIAN ASSOCIATION RETIREMENT FUND
RETIREMENT PLAN**

Statements of Changes in Net Assets Available for Benefits

Years ended June 30, 2025 and 2024

(Dollar amounts in thousands)

	2025	2024
Additions in net assets attributable to:		
Contributions:		
Participants	\$ 8,353	7,896
YMCAs	224,356	200,784
Total contributions	232,709	208,680
Interest credited to account balances from The Young Men's Christian Association Retirement Fund	142,575	122,560
Total additions	375,284	331,240
Deductions from net assets attributable to:		
Benefit payments:		
Consideration provided to purchase life annuities	142,549	132,864
Lump-sum distributions	84,011	80,372
Death benefits	8,131	6,584
Total deductions	234,691	219,820
Net increase	140,593	111,420
YMCA Retirement Fund Retirement Plan:		
Net assets available for benefits at beginning of year	3,735,650	3,624,230
Net assets available for benefits at end of year	\$ 3,876,243	3,735,650

See accompanying notes to financial statements.

**THE YOUNG MEN'S CHRISTIAN ASSOCIATION RETIREMENT FUND
RETIREMENT PLAN**

Notes to Financial Statements

June 30, 2025 and 2024

(Dollar amounts in thousands)

(1) Organization

The Young Men's Christian Association (YMCA) Retirement Fund Retirement Plan (Retirement Plan) is a defined contribution, money purchase, church pension plan that is intended to satisfy the qualification requirements of Section 401(a) of the Internal Revenue Code of 1986, as amended (Code). The Retirement Plan is sponsored by The Young Men's Christian Association Retirement Fund (Fund or the YMCA Retirement Fund) which was incorporated in the state of New York in 1921.

The Fund is a not-for-profit corporation that is exempt from Federal income taxation pursuant to Section 501(c)(3) of the Code. As a church pension fund under Section 414(e)(3)(A) of the Code, the Fund is organized and operated for the purpose of providing retirement and other benefits for employees of participating YMCAs throughout the United States. The Fund also sponsors The Young Men's Christian Association Retirement Fund 403(b) Savings Plan (Savings Plan) which is a church retirement income account plan as defined in Section 403(b)(9) of the Code.

On December 21, 2004, President Bush signed legislation (U.S. Public Law 108-476) permanently classifying the plans sponsored by the Fund as church plans. As a result of the legislation, the Retirement Plan elected, effective July 1, 2006, under Section 410(d) of the Code, to be treated as a retirement plan subject to the Employee Retirement Income Security Act of 1974, as amended (ERISA). During the plan year ended June 30, 2006, the Fund amended its articles of incorporation and restated the Retirement Plan document to comply with the legislation.

As plan sponsor, the Fund provides administrative and investment services to the Retirement Plan. All administrative and investment expenses related to the operation of the Retirement Plan are paid from the Fund's general assets.

The Fund is domiciled in the State of New York and is examined every five years by the New York State Department of Financial Services (NYSDFS). The Fund is currently under examination by NYSDFS for the five-year periods ended June 30, 2019, and June 30, 2024. The examination will focus on various core Fund functions, including fiduciary, financial, actuarial, investment, risk management, information technology, and member treatment.

(2) Description of the Retirement Plan

The Retirement Plan is a multiple employer plan under which Young Men's Christian Associations have elected to participate in order to provide retirement benefits for their employees (YMCAs).

The following brief description of the Retirement Plan is provided for general information purposes only. Participants should refer to the Retirement Plan document for complete information.

(a) YMCA Participation

YMCAs have the option of selecting contribution rates based on a percentage of compensation for the Retirement Plan. The options range from 8% to 12%. A YMCA may also elect for its employees to participate on a noncontributory basis by remitting the total contribution or on a contributory basis by requiring mandatory payroll deduction.

**THE YOUNG MEN'S CHRISTIAN ASSOCIATION RETIREMENT FUND
RETIREMENT PLAN**

Notes to Financial Statements

June 30, 2025 and 2024

(Dollar amounts in thousands)

(b) Eligibility

Employees of YMCAs and the Fund must meet the eligibility requirements of a two-year service requirement and attainment of age 21. To satisfy the service requirement, employees must complete 1,000 hours of service in any two anniversary years of employment. All contributions to the Retirement Plan for participants who have completed two years of service are immediately and fully vested.

(c) Participant Accounts and Interest

Participants do not direct the investment of their accounts. The Fund's Investment Committee and Management to the extent delegated by the Board of Trustees of the Fund (Board of Trustees) are responsible for directing the investments of all assets of the plans sponsored by the Fund. Assets are commingled to achieve economies of scale and diversification. Participant accounts earn interest credits as declared by the Board of Trustees in its sole discretion. The Fund also serves as plan administrator of the Retirement Plan. However, YMCAs are responsible for timely enrollment of eligible employees and remittance of contributions.

The Board of Trustees sets interest credit rate. Interest is credited were declared in the reporting period shown below. Interest is credited to participant accounts daily. Account balance interest credits declared for the period beginning July 2023 were:

Declaration Period	Total Interest Credits
July 2023 – June 2024:	
Post '95 – June 30, 2021 balance	3.0 %
Post June 30, 2023 contribution and interest	4.5
July 2024 – June 2025:	
Post '95 – June 30, 2021 balance	3.0
Post June 30, 2024 contribution and interest	5.5
July 2025 – December 2025:	
Post '95 – June 30, 2021 balance	3.0
Post June 30, 2024 contribution and interest	5.0

A participant's contributions and interest thereon are maintained in the participant's Personal Account. In addition, each participant has an account attributable to YMCA contributions made on the participant's behalf, referred to as the YMCA Account. Contributions and interest thereon are maintained in accounts based upon the source of the contribution. Mandatory participant contributions and interest thereon are maintained in the participant's Personal Account. All employer contributions and interest thereon are maintained in the YMCA Account. Participants are immediately vested in contributions made on or after July 1, 2006. For calendar years 2025 and 2024, federal law limits total

**THE YOUNG MEN'S CHRISTIAN ASSOCIATION RETIREMENT FUND
RETIREMENT PLAN**

Notes to Financial Statements

June 30, 2025 and 2024

(Dollar amounts in thousands)

contributions to all Plan (Retirement Plan and Savings Plan) accounts to the lesser of \$70 and \$69, respectively or 100% of a participants' annual compensation.

(d) Retirement

Normal retirement occurs when participants retire at age 62 or older. Early retirement occurs on or after age 55 but before age 62. Retirement benefits are based on the participant's Personal and YMCA Account balances plus any voluntary accounts. At retirement, the account balances (except for certain balances which may be paid in a lump-sum) are converted into a life annuity from the Fund using annuity purchase tables then in effect.

(e) Disability and Death Benefits

The Retirement Plan through the Fund provides a permanent disability retirement benefit for participants under the age of 60 with five or more years of Retirement Plan participation who become permanently and totally disabled. The pre-retirement permanent disability benefit is based on projections of contributions to age 60, with compensation fixed at the average of the five years immediately preceding the disability. Interest credits during this projected period are set at 3% per annum.

The Retirement Plan also provides death benefits. The pre-retirement benefit for active participants provides the greater of \$10 or the sum of the basic Personal and YMCA accounts at the time of death. The post-retirement death benefit is an additional amount based on the maximum annual retirement benefit derived from basic Personal and YMCA Account balances as determined at retirement. The Retirement Plan permits participants at retirement to use up to 90% of their post-retirement death benefit to permanently increase their retirement annuity. The remaining balance is payable as a death benefit. The Retirement Plan was amended to state that any participant under age 55 as of January 1, 2019, will not be eligible to use 90% of the death benefit as an annuity. Instead the entire balance will be payable as a lump-sum distribution upon death. In addition, all new participants entering the Retirement Plan on or after January 1, 2019, will not be entitled to any such death benefit.

(f) Lump-Sum Distributions

Participants who have severed employment from YMCAs may request a distribution of their account balances subject to conditions and circumstances described in the Retirement Plan document.

(g) Plan Mergers

Plan mergers or transfers between the Retirement Plan and any other plan are prohibited.

**THE YOUNG MEN'S CHRISTIAN ASSOCIATION RETIREMENT FUND
RETIREMENT PLAN**

Notes to Financial Statements

June 30, 2025 and 2024

(Dollar amounts in thousands)

(3) Summary of Significant Accounting Policies

The accompanying financial statements are prepared in accordance with U.S. generally accepted accounting principles (GAAP).

(a) Use of Estimates

The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and that affect the reported amounts of revenues, benefits and expenses during the reporting period.

(b) Amounts Due from the YMCA Retirement Fund

The receivable from the YMCA Retirement Fund represents accumulated account balances of participants which are equal to contributions received and allocated to participant accounts plus interest credited on those accounts less lump-sum distributions. At retirement, participants elect a form of annuity benefit, the consideration for which is provided from the respective accumulated account balances. Transactions in the accumulated account balances are recorded on a trade-date basis. Interest income on accumulated account balances is recorded as earned.

(c) Benefit Payments

Benefit payments are recorded when paid.

(4) Due from the YMCA Retirement Fund

Pursuant to U.S. Public Law 108-476 the plans of the Fund have church plan status. This status enables the Fund to maintain the contributions of the Retirement Plan and the Savings Plan in a commingled account for the purposes of investing. This commingled account is credited with earnings from the underlying investments and charged for Retirement Plan and Savings Plan withdrawals and administrative expenses. The Retirement Plan's interest in the Fund consists of the total of all contributions and interest credits as declared by the Board of Trustees, in its sole discretion, net of distributions. The interest credit to the Retirement Plan participant accounts is detailed in footnote 2(c).

**THE YOUNG MEN'S CHRISTIAN ASSOCIATION RETIREMENT FUND
RETIREMENT PLAN**

Notes to Financial Statements

June 30, 2025 and 2024

(Dollar amounts in thousands)

The following represents the fair value of the investments of the Fund as of June 30:

	2025	2024
Investments and cash at fair value:		
Cash and cash equivalents	\$ 432,237	395,397
Assets held under securities lending agreement	47,707	22,502
Domestic equities	137,666	139,452
Foreign equities	380,007	355,187
Government bonds	157,189	240,383
Corporate bonds	109,008	94,493
Common/collective trusts:		
Domestic equities	989,083	1,101,310
Foreign equities	606,490	374,687
Fixed maturities	1,293,845	1,056,853
Alternative investments:		
Hedge funds	1,589,985	1,360,762
Private equity	1,980,602	2,006,283
Private real estate	808,809	728,505
Private energy	474,694	519,454
Distressed debt	749,524	778,805
Payable under securities loan agreement	(47,707)	(22,502)
Other assets and liabilities, net	46,217	17,974
	\$ 9,755,356	9,169,545

The accumulated account balances and reserves of the Fund for the fiscal years ended June 30:

	2025	2024
Accumulated account balances of the Retirement Plan	\$ 3,868,843	3,728,250
Accumulated account balances of the Savings Plan	1,010,229	961,810
Liabilities for future annuity benefits	3,663,427	3,613,120
Death and disability benefit reserves	146,465	149,203
	\$ 8,688,964	8,452,383
Fund surplus	\$ 1,066,392	717,162

**THE YOUNG MEN'S CHRISTIAN ASSOCIATION RETIREMENT FUND
RETIREMENT PLAN**

Notes to Financial Statements

June 30, 2025 and 2024

(Dollar amounts in thousands)

The following is a summary of the investment results of the Fund for the fiscal years ended June 30:

	2025	2024
Interest and dividends	\$ 59,052	57,827
Net realized gain on investments	413,765	376,877
Net unrealized gain/(loss) on investments	363,025	315,710
Investment expenses	(27,860)	(25,891)
Total investment revenues	\$ 807,982	724,523

(5) Related Party Transactions

The Fund is the plan sponsor and administrator of the Retirement Plan. Therefore, transactions between the Fund and the Retirement Plan are considered related party transactions.

(6) Plan Termination

Although the Fund has not expressed any intent to do so, it has the right under the Retirement Plan to terminate the Retirement Plan subject to applicable laws.

(7) Tax Status

The Retirement Plan is intended to be qualified under Section 401(a) of the Internal Revenue Code of 1986, as amended and the Fund intends to operate the Retirement Plan in compliance therewith. The Retirement Plan received a favorable determination letter, dated April 24, 2014, from the Internal Revenue Service (IRS) indicating that it meets all of the requirements of a qualified pension plan under the Internal Revenue Code. GAAP requires the Fund's management to evaluate tax positions taken by the Retirement Plan and recognize a tax liability (or asset) if the Retirement Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. Management has analyzed the tax positions, and has concluded that as of June 30, 2025, 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 IRS and other taxing jurisdictions generally have the ability to examine an organization's activity for up to three years. There are no IRS audits of the Plan currently in progress.

**THE YOUNG MEN'S CHRISTIAN ASSOCIATION RETIREMENT FUND
RETIREMENT PLAN**

Notes to Financial Statements

June 30, 2025 and 2024

(Dollar amounts in thousands)

(8) Subsequent Events

Management has evaluated subsequent events through January 15, 2026, the date the financial statements were available to be issued and no events have occurred subsequent to the balance sheet date and before the date of evaluation that would require disclosure.

**THE YOUNG MEN'S CHRISTIAN ASSOCIATION RETIREMENT FUND
RETIREMENT PLAN**

Schedule H, line 4i – Schedule of Assets (Held at End of Year)

June 30, 2025

(Dollar amounts in thousands)

<u>Identity of issue, borrower, lessor or similar party</u>	<u>Description of investment including maturity date, rate of interest, collateral, par, or maturity value</u>	<u>Cost</u>	<u>Current value</u>
* The YMCA Retirement Fund	Due from the YMCA Retirement Fund	\$ 3,876,243	3,876,243

* Related party as defined by ERISA.

See accompanying independent auditors' report.

**THE YOUNG MEN'S CHRISTIAN ASSOCIATION RETIREMENT FUND
RETIREMENT PLAN**

Schedule H, line 4j – Schedule of Reportable Transactions

Year ended June 30, 2025

(Dollar amounts in thousands)

Identity of party involved	Description of asset (include interest rate and maturity in case of loan)	Purchase price	Selling price	Lease rental	Expense incurred with transaction	Cost of assets	Current value of assets on transaction date	Net gain or (loss)
Series of transactions:								
* The YMCA Retirement Fund	Due from the YMCA Retirement Fund	\$	234,961			234,961	234,961	
* The YMCA Retirement Fund	Due from the YMCA Retirement Fund	\$	375,284			375,284	375,284	

* Related party as defined by ERISA.

See accompanying independent auditors' report.

**THE YOUNG MEN'S CHRISTIAN ASSOCIATION RETIREMENT FUND
RETIREMENT PLAN**

Schedule H, Line 4a, Schedule of Delinquent Participant Contributions

Year ended June 30, 2025

(Amounts in dollars)

(a) Identity of party involved	(b) Relationship to the plan, employer, or other party in interest	(c) Amount of transaction	(d) Interest incurred on loan
Albany YMCA	Participating Employer	\$ 921	1
Bath Area Family YMCA	Participating Employer	9,217	18
Bayouland YMCA	Participating Employer	264	-
Bertie County YMCA	Participating Employer	806	2
Blair Family YMCA	Participating Employer	1,209	2
Bloomsburg Area YMCA	Participating Employer	412	-
Brown County Community YMCA	Participating Employer	894	1
Chilton County YMCA	Participating Employer	1,595	2
Cortland County Family YMCA	Participating Employer	1,695	7
Elkins-Randolph County YMCA	Participating Employer	232	-
Family YMCA of Black Hawk County	Participating Employer	1,634	4
Gallatin Valley YMCA, Inc	Participating Employer	960	1
Greensburg YMCA	Participating Employer	1,778	5
Highlands County Family YMCA	Participating Employer	334	1
Hopewell Valley YMCA	Participating Employer	4,881	11
Illinois Valley YMCA Inc.	Participating Employer	1,196	4
Lafayette Louisiana YMCA	Participating Employer	248	-
Meadowlands Area YMCA	Participating Employer	12,899	3
Meeting Waters YMCA	Participating Employer	312	-
New Rochelle YMCA	Participating Employer	16,700	14
Northern Lights YMCA	Participating Employer	16,587	7
Norwich YMCA	Participating Employer	2,190	5
Paris-Bourbon County YMCA	Participating Employer	207	-
Pike County YMCA	Participating Employer	438	-
Randolph Area YMCA	Participating Employer	5,898	12
Sanford-Springvale YMCA	Participating Employer	37,128	195
Scott County Family YMCA	Participating Employer	549	1
Southwestern Montana Family YMCA, Inc	Participating Employer	407	-
Springfield Family YMCA	Participating Employer	2,435	2
State YMCA of Michigan	Participating Employer	556	1
The Four Seasons YMCA	Participating Employer	421	-
The MidMo YMCA	Participating Employer	11,235	9
Union County YMCA	Participating Employer	549	-
YMCA of Big Spring Texas	Participating Employer	496	-
YMCA of Douglas County	Participating Employer	1,302	3
YMCA of Garfield	Participating Employer	1,124	1
YMCA of Glendale	Participating Employer	1,009	1
YMCA of Greater El Paso TX and Rio Grande Valley	Participating Employer	2,345	2
YMCA of Natrona County	Participating Employer	4,326	1
YMCA of Paterson NJ	Participating Employer	5,269	8
YMCA of Selma-Dallas County	Participating Employer	164	-
YMCA of Sioux Falls	Participating Employer	1,837	1
YMCA of the Coosa Valley, Inc	Participating Employer	1,094	2
YMCA of the Prairie	Participating Employer	19,279	37

RETIREMENT PLAN

Schedule H, Line 4a, Schedule of Delinquent Participant Contributions

Year ended June 30, 2025

(Amounts in dollars)

(a) Identity of party involved	(b) Relationship to the plan, employer, or other party in interest	(c) Amount of transaction	(d) Interest incurred on loan
YMCA of Warren County	Participating Employer	\$ 5,783	5
YMCA of West San Gabriel Valley	Participating Employer	2,457	1
		<u>\$ 183,272</u>	<u>370</u>

– Represents amounts less than \$1.

See accompanying independent auditors' report.

**THE YOUNG MEN'S CHRISTIAN ASSOCIATION RETIREMENT FUND
RETIREMENT PLAN**

Schedule H, Line 4a, Schedule of Delinquent Participant Contributions

Year ended June 30, 2025

(Amounts in dollars)

(a) Identity of party involved	(b) Relationship to the plan, employer, or other party in interest	(c) Amount of transaction	(d) Interest incurred on loan
Albany YMCA	Participating Employer	\$ 921	1
Bath Area Family YMCA	Participating Employer	9,217	18
Bayouland YMCA	Participating Employer	264	-
Bertie County YMCA	Participating Employer	806	2
Blair Family YMCA	Participating Employer	1,209	2
Bloomsburg Area YMCA	Participating Employer	412	-
Brown County Community YMCA	Participating Employer	894	1
Chilton County YMCA	Participating Employer	1,595	2
Cortland County Family YMCA	Participating Employer	1,695	7
Elkins-Randolph County YMCA	Participating Employer	232	-
Family YMCA of Black Hawk County	Participating Employer	1,634	4
Gallatin Valley YMCA, Inc	Participating Employer	960	1
Greensburg YMCA	Participating Employer	1,778	5
Highlands County Family YMCA	Participating Employer	334	1
Hopewell Valley YMCA	Participating Employer	4,881	11
Illinois Valley YMCA Inc.	Participating Employer	1,196	4
Lafayette Louisiana YMCA	Participating Employer	248	-
Meadowlands Area YMCA	Participating Employer	12,899	3
Meeting Waters YMCA	Participating Employer	312	-
New Rochelle YMCA	Participating Employer	16,700	14
Northern Lights YMCA	Participating Employer	16,587	7
Norwich YMCA	Participating Employer	2,190	5
Paris-Bourbon County YMCA	Participating Employer	207	-
Pike County YMCA	Participating Employer	438	-
Randolph Area YMCA	Participating Employer	5,898	12
Sanford-Springvale YMCA	Participating Employer	37,128	195
Scott County Family YMCA	Participating Employer	549	1
Southwestern Montana Family YMCA, Inc	Participating Employer	407	-
Springfield Family YMCA	Participating Employer	2,435	2
State YMCA of Michigan	Participating Employer	556	1
The Four Seasons YMCA	Participating Employer	421	-
The MidMo YMCA	Participating Employer	11,235	9
Union County YMCA	Participating Employer	549	-
YMCA of Big Spring Texas	Participating Employer	496	-
YMCA of Douglas County	Participating Employer	1,302	3
YMCA of Garfield	Participating Employer	1,124	1
YMCA of Glendale	Participating Employer	1,009	1
YMCA of Greater El Paso TX and Rio Grande Valley	Participating Employer	2,345	2
YMCA of Natrona County	Participating Employer	4,326	1
YMCA of Paterson NJ	Participating Employer	5,269	8
YMCA of Selma-Dallas County	Participating Employer	164	-
YMCA of Sioux Falls	Participating Employer	1,837	1
YMCA of the Coosa Valley, Inc	Participating Employer	1,094	2
YMCA of the Prairie	Participating Employer	19,279	37

RETIREMENT PLAN

Schedule H, Line 4a, Schedule of Delinquent Participant Contributions

Year ended June 30, 2025

(Amounts in dollars)

(a) Identity of party involved	(b) Relationship to the plan, employer, or other party in interest	(c) Amount of transaction	(d) Interest incurred on loan
YMCA of Warren County	Participating Employer	\$ 5,783	5
YMCA of West San Gabriel Valley	Participating Employer	2,457	1
		<u>\$ 183,272</u>	<u>370</u>

– Represents amounts less than \$1.

See accompanying independent auditors' report.