The Young Women's Christian Association Retirement Fund Incorporated

600 LEXINGTON AVENUE NEW YORK, N. Y. 10022

212–753-4700

file

INCORPORATED UNDER THE LAWS OF THE STATE OF NEW YORK
AUTHORIZED BY THE NATIONAL CONVENTION OF 1922
IN OPERATION SINCE SEPTEMBER 1, 1925

September 8, 1977

TO: Executive Directors of YWCAs Participating in the YWCA Retirement Fund and Savings and Security Plan

FROM: Dorothy M. Andrus
Executive Director

RE: Required Filing of Form 5301 with Retirement Fund Office

On July 22nd, we wrote to you regarding the requirement that each Association file with this office a Form 5301 for the Retirement Fund, and if your Association participates in The Savings and Security Plan, a similar Form 5301 for the Plan. The Forms were to be returned to us by August 19th.

As of this date your Association is one of the few from whom we have not received Form(s) 5301. The Fund and Plan cannot proceed to file with the Internal Revenue Service for determination letters approving the plans until we can attach a Form 5301 for every Participating Association.

A number of the Associations which responded to our request sent in forms which were incomplete, inaccurate or altered in such a way as to make them unacceptable. Consequently, we have had to ask them to complete new Forms, and in an attempt to simplify the task as much as possible, we have prepared new and even more explicit instructions.

We enclose for your use another set of Forms with the revised instructions. Complete the Forms precisely as instructed and complete Item 15 based on coverage of employees as of June 30, 1977. PLEASE DISREGARD THE EARLIER INSTRUCTIONS.

If you have questions not covered by the instructions, please telephone 212-753-4700, Extension 430 or 432. Please do not write any explanations or comments on the Forms; attach a separate memorandum if necessary.

Your cooperation in completing and returning the required Form(s) to this office as soon as possible will be very much appreciated. Failure to submit these Forms promptly will delay our filing with the Internal Revenue Service by their required deadline.

I know we can count on your prompt response.

DMA/mb
encls.

Form **5301** (Rev. June 1976)
Department of the Treasury
Internal Revenue Service

Application for Determination for Defined Contribution Plan

For Profit-sharing, Stock Bonus and Money Purchase Plans
(Under sections 401(a), 405(a), 414(i) and 501(a) of the Internal Revenue Code)

This Form is Open to Public Inspection

File in Duplicate

For IRS Use Only
Case number ▶
Issue date ▶
EPMF status code ▶
File folder number ▶

▶ **Church and Governmental Plans.**—All items need not be completed. See instruction "B. What to File."

▶ **Please complete every applicable item on this form. If an item does not apply, enter N/A.**

1 (a) Name, address and ZIP code of employer
YWCA OF ALBANY (YOUNG WOMEN'S CHRISTIAN ASSOCIATION)
28 COLVIN AVENUE
ALBANY NEW YORK 12206 Telephone number ▶ (518) 438-6608

2 Employer's identification number 14 1340017
3 Business code number 9319
4 Date incorporated or business commenced 1888
5 Employer's taxable year ends 12/31

(b) Name, address and ZIP code of plan administrator, if other than employer
BOARD OF TRUSTEES, SAVINGS AND SECURITY PLAN FOR NON-SECRETARIAL EMPLOYEES OF THE YOUNG WOMEN'S CHRISTIAN ASSOCIATION, 600 LEXINGTON AVE., NEW YORK, N.Y. 10022

(c) Administrator's identification number ▶ 13-1624177 Telephone number ▶ (212) 753-4700

6 Determination requested for:
(a) (i) ☐ Initial qualification—date plan adopted ▶ 9/1/40 (ii) ☒ Amendment—date adopted ▶ 6/15/77
(iii) If (ii) is checked, enter file folder number ▶
(b) Were employees who are interested parties given the required notification of the filing of this application? ☒ Yes ☐ No
(c) If this application involves a merger or consolidation with another plan, enter the employer identification number(s) and the plan number(s) of such other plan(s) ▶ N/A

7 Type of entity: (a) ☐ Corporation (b) ☐ Subchapter S corporation (c) ☐ Sole proprietor (d) ☐ Partnership
(e) ☒ Tax exempt organization (f) ☐ Church (g) ☐ Governmental organization
(h) ☐ Other (specify) ▶

8 (a) Name of Plan THE SAVINGS AND SECURITY PLAN OF THE YWCA
(b) Plan number ▶ 002 (c) Plan year ends ▶ Aug. 31
(d) Is this a Keogh (H.R. 10) plan? ☐ Yes ☒ No
(e) If "Yes," is an owner-employee in the plan? ☐ Yes ☐ No

9 (a) If this is an adoption of a master or prototype plan (other than Keogh) or a district approved pattern plan, enter name of such plan N/A
(b) Letter serial number or notification letter number N/A

10 Type of plan: (a) ☐ Profit-sharing (b) ☐ Stock bonus (c) ☒ Money purchase (d) ☐ Target benefit

11 Effective date of plan Sept. 1, 1940
12 Effective date of amendment Sept. 1, 1976
13 Date plan was communicated to employees ▶ Oct. 26, 1976
How communicated? ▶ First Class Mail

14 (a) Indicate the general eligibility requirements for participation under the plan and indicate the section and page number of plan or trust where each provision is contained: — Section and page number * 2;7 — GOVERNMENT USE ONLY

(i) ☐ All employees
(ii) ☐ Hourly rate employee only
(iii) ☐ Salaried employee only
(iv) ☒ Other job class (specify) ▶ Clerical, maintenance and food service
(v) Length of service (number of years) ▶ .25
(vi) Minimum age (specify) ▶ N/A
(vii) Maximum age (specify) ▶ N/A
(viii) Minimum pay (specify) ▶ N/A

(b) Are the eligibility requirements the same for future employees? ☒ Yes ☐ No
If "No," explain ▶
(c) Does the plan recognize service only with this employer? ☐ Yes ☒ No
If "No," explain ▶ RECOGNIZE SERVICE WITH PARTICIPATING ASSOCIATIONS — 3;10

15 Coverage of plan at (give date) ▶ June 30 1977 *
Enter here the number of self-employed individuals ▶ N/A

	Number
(a) Total employed (if a Keogh plan, include all self-employed individuals)	5
(b) Exclusions under plan (do not count an employee more than once):	
(i) Minimum age or years of service required (specify) ▶	0
(ii) Employees included in collective bargaining	0
(iii) Nonresident aliens who receive no earned income from United States sources	N/A
(c) Total exclusions, sum of (b)(i) through (iii)	0
(d) Employees not excluded under the statute, (a) less (c)	5

* Of plan or trust or other document constituting the plan.

Under penalties of perjury, I declare that I have examined this application, including accompanying statements, and to the best of my knowledge and belief it is true, correct and complete.

Signature ▶ Janet Biesemeyer Title Executive Director Date ▶ Oct. 13 1977
ASSOCIATION EXECUTIVE DIRECTOR, OR
PRESIDENT OF ASSOCIATION BOARD OF TRUSTEES

575-229-1

* Figures in Item 15 are on the basis of combined coverage under the YWCA Retirement Fund and The Savings and Security Plan of the YWCA.
See Letter of Transmittal

(Section references are to the Internal Revenue Code)

	Number	GOVERNMENT USE ONLY
15 Coverage *(continued)*:		
(e) Ineligible under plan on account of (do not count an employee included in (b)):		
(i) Minimum pay	0	
(ii) Hourly-paid	0	
(iii) Maximum age	0	
(iv) Other (specify) ►	0	
(f) Employees ineligible, sum of (e)(i) through (iv)	0	
(g) Employees eligible to participate, line (d) less line (f)	5	
(h) Number of employees participating in plan	3	
(i) Percent of nonexcluded employees who are participating, (h) divided by (d) — 60 %		
Complete (j) only if (i) is less than 70% and complete (k) only if (j) is 70% or more.		
(j) Percent of nonexcluded employees who are eligible to participate, (g) divided by (d) — N/A %		
(k) Percent of eligible employees who are participating, (h) divided by (g) — N/A %		
If (i) and (j) are less than 70% or (k) is less than 80%, see instructions.		
(l) Total number of participants, include certain retired and terminated employees, see instructions	*	

* This information not available at member Association level.
See Letter of Transmittal.

Form **5301**

(Rev. June 1976)

Department of the Treasury
Internal Revenue Service

Application for
Determination for Defined Contribution Plan
For Profit-sharing, Stock Bonus and Money Purchase Plans
(Under sections 401(a), 405(a), 414(i) and 501(a) of the Internal Revenue Code)

This Form is Open to Public Inspection

File in Duplicate

For IRS Use Only
Case number ►
Issue date ►
EPMF status code ►
File folder number ►

► Church and Governmental Plans.—All items need not be completed. See instruction "B. What to File."

► Please complete every applicable item on this form. If an item does not apply, enter N/A.

1 (a) Name, address and ZIP code of employer
YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF ALBANY
28 COLVIN AVENUE
ALBANY N.Y. 12206 Telephone number ► (518) 438-6608

(b) Name, address and ZIP code of plan administrator, if other than employer
BOARD OF TRUSTEES, THE YOUNG WOMEN'S CHRISTIAN ASSOCIATION RETIREMENT FUND, INC., 600 LEXINGTON AVENUE, NEW YORK, N.Y. 10022

(c) Administrator's identification number ► 13-1624231 Telephone number ► (212) 753-4700

2 Employer's identification number: 14 1340017
3 Business code number: 9319
4 Date incorporated or business commenced: 1888
5 Employer's taxable year ends: 12/31

6 Determination requested for:
(a) (i) ☐ Initial qualification—date plan adopted ► 9/1/25 (ii) ☒ Amendment—date adopted ► 4/13/77
(iii) If (ii) is checked, enter file folder number ►
(b) Were employees who are interested parties given the required notification of the filing of this application? ☒ Yes ☐ No
(c) If this application involves a merger or consolidation with another plan, enter the employer identification number(s) and the plan number(s) of such other plan(s) ► N/A

7 Type of entity: (a) ☐ Corporation (b) ☐ Subchapter S corporation (c) ☐ Sole proprietor (d) ☐ Partnership
(e) ☒ Tax exempt organization (f) ☐ Church (g) ☐ Governmental organization
(h) ☐ Other (specify) ►

8 (a) Name of Plan THE YOUNG WOMEN'S CHRISTIAN ASSOCIATION RETIREMENT FUND, INCORPORATED
(b) Plan number ► 001 (c) Plan year ends ► Aug. 31
(d) Is this a Keogh (H.R. 10) plan? ☐ Yes ☒ No
(e) If "Yes," is an owner-employee in the plan? ☐ Yes ☐ No

9 (a) If this is an adoption of a master or prototype plan (other than Keogh) or a district approved pattern plan, enter name of such plan N/A
(b) Letter serial number or notification letter number N/A

10 Type of plan: (a) ☐ Profit-sharing (b) ☐ Stock bonus (c) ☒ Money purchase (d) ☐ Target benefit

11 Effective date of plan: Sept. 1, 1925
12 Effective date of amendment: Sept. 1, 1976
13 Date plan was communicated to employees ► 10/26/76
How communicated? ► First Class Mail

14 (a) Indicate the general eligibility requirements for participation under the plan and indicate the section and page number of plan or trust where each provision is contained:

	Section and page number *	GOVERNMENT USE ONLY
(i) ☒ All employees (v) Length of service (number of years) ► .25	2;7	
(ii) ☐ Hourly rate employee only (vi) Minimum age (specify) ► N/A		
(iii) ☐ Salaried employee only (vii) Maximum age (specify) ► N/A		
(iv) ☐ Other job class (specify) ► (viii) Minimum pay (specify) ► N/A		
(b) Are the eligibility requirements the same for future employees? ☒ Yes ☐ No. If "No," explain ►		
(c) Does the plan recognize service only with this employer? ☐ Yes ☒ No. If "No," explain ► RECOGNIZE SERVICE WITH PARTICIPATING ASSOCIATIONS	3;10	

15 Coverage of plan at (give date) ► JUNE 30 1977 *
Enter here the number of self-employed individuals ► N/A

	Number
(a) Total employed (if a Keogh plan, include all self-employed individuals)	5
(b) Exclusions under plan (do not count an employee more than once):	
(i) Minimum age or years of service required (specify) ►	0
(ii) Employees included in collective bargaining	0
(iii) Nonresident aliens who receive no earned income from United States sources	N/A
(c) Total exclusions, sum of (b)(i) through (iii)	0
(d) Employees not excluded under the statute, (a) less (c)	5

* Of plan or trust or other document constituting the plan.

Under penalties of perjury, I declare that I have examined this application, including accompanying statements, and to the best of my knowledge and belief it is true, correct and complete.

Signature ► Janet Biesemeyer Title ► Executive Director Date ► Oct 18, 1977
ASSOCIATION EXECUTIVE DIRECTOR, OR
PRESIDENT OF ASSOCIATION BOARD OF DIRECTORS

575-229-1

* Figures in Item 15 are on the basis of combined coverage under the YWCA Retirement Fund and The Savings and Security Plan of the YWCA.
See Letter of Transmittal.

(Section references are to the Internal Revenue Code)

	Number	GOVERNMENT USE ONLY
15 Coverage (continued):		
(e) Ineligible under plan on account of (do not count an employee included in (b)):		
(i) Minimum pay	0	
(ii) Hourly-paid	0	
(iii) Maximum age	0	
(iv) Other (specify) ►	0	
(f) Employees ineligible, sum of (e)(i) through (iv)	0	
(g) Employees eligible to participate, line (d) less line (f)	5	
(h) Number of employees participating in plan	3	
(i) Percent of nonexcluded employees who are participating, (h) divided by (d) — 60 %		
Complete (j) only if (i) is less than 70% and complete (k) only if (j) is 70% or more.		
(j) Percent of nonexcluded employees who are eligible to participate, (g) divided by (d) — N/A %		
(k) Percent of eligible employees who are participating, (h) divided by (g) — N/A %		
If (i) and (j) are less than 70% or (k) is less than 80%, see instructions.		
(l) Total number of participants, include certain retired and terminated employees, see instructions	*	

* This information not available at member Association level.
See Letter of Transmittal.

INSTRUCTIONS FOR COMPLETING FORM 5301 FOR YWCA RETIREMENT FUND AND THE SAVINGS AND SECURITY PLAN (See Sample Forms Attached)

NOTE: Associations participating in both the Fund and Plan must complete two Form 5301s - one for the Fund and one for the Plan. Since you are required to combine the coverage figures requested in Item 15, this information to be provided by your Association will be identical on each Form.

Answers to certain questions and in certain Number columns have been typed in on the Forms by the Fund and Plan office, or have been marked N/A (not applicable). DO NOT ADD TO OR CHANGE ANY OF THIS INFORMATION. ALSO, DO NOT WRITE EXPLANATIONS OR MESSAGES ON THE FORM - ATTACH A SEPARATE MEMORANDUM IF NECESSARY.

Specific instructions for each item your Association must complete appear below; they must be followed accurately:

	Item	Instructions
1.(a)	Name, address and zip code of employer	Enter the name of your Association, street address, city and zip code.
	Telephone number	Enter your Association's telephone number; include area code.
	14 1340017	
2.	Employer's Identification Number	Enter your Association's IRS Employer Identification Number
4.	Date incorporated or business commenced.	Enter the date your Association was incorporated.
5.	Employer's taxable year ends	Enter the month and day on which your Association fiscal year ends.
14.(a)(v)	Length of service (number of years)	Enter the waiting period your Association requires for participation. This waiting period cannot exceed 1 year. It may be less provided the same waiting period applies to all employees. If your Association requires participation upon employment, enter "NONE".
15.	Coverage of plan at (give date)	Enter the date on which you have based the employment figures you will be reporting. Since the percentage of employees covered may be low if you referred to your 1975 filing of your Form 5500C with the IRS, and therefore subject to question by the IRS, we request that you file the figures on the basis of coverage as of June 30, 1977.

NOTE: A reminder, the figures you report in all of Item 15 must be a total of the Fund and the Plan.

Item	Instructions
15.(a) Total employed (if a Keogh plan, include all self-employed individuals)	The Fund and Plan are not Keogh plans. Enter in the Number column the total number of Association employees in all job classifications. Do not include independent contractors, CETA trainees, or persons under Job Corps and similar government funded contracts.
15.(b) Exclusions under plan (do not count an employee more than once:	
(i) Minimum age or years of service required (specify)	Enter after word "specify" the same answer entered under 14(a)(v) above, (1 year, number of months, or none). All employees are eligible, but certain employees are excluded because they have not met the waiting period requirement on the date you are reporting coverage Enter in the Number column the total number of employees who are excluded because they have not completed the required waiting period which you specified above in 14(a)(v) (1 year, number of months or NONE). Do not include in this figure employees who had met the waiting period requirement but waived their right to participate; they are still eligible.
(ii) Employees included in collective bargaining	Enter "0" in Number column unless your Association has union employees excluded from the Fund or Plan as a result of good faith bargaining, in which case enter the number excluded.
15.(c) Total exclusions, sum of (b)(i) thru (iii)	Enter in Number column total of figures you entered in 15(b)(i) and (ii).
15.(d) Employees not excluded under the statute, (a) less (c)	Subtract the number entered in (c) above from the number entered in (a) as total employees, and enter the difference in the Number column. This number should be the total of all employees who have met the waiting period requirement, and all who have signed waivers in the Fund or Plan.

TURN FORM TO REVERSE SIDE

NOTE: Since all employees are eligible, "0" has been entered in Number column by the Fund and Plan office in four places under 15 (e) and in 15 (f). These entries are in accordance with the By-Laws of the Fund and Plan and must not be changed.

17½

Item	Instructions
15.(g) Employees eligible to participate, line (d) less line (f)	Since 15(f) must be "0" in the number column, enter here the same number entered in Number column on line 15(d) above.
15.(h) Number employees participating in plan.	Enter in Number column the total number employees participating in the Fund and Plan as of the date shown on the first line of Item 15.
15.(i) Percent of non-excluded employees who are participating (h) divided by (d)	Divide the number entered in Number column of 15(d) by the number entered in Number column of 15(h) to determine percentage; then enter the percentage in the space provided.

NOTE: Do not complete Items 15(j)(k) or (l). If the percentage in 15(i) above is less than 70% additional information may be needed. If so, the Fund and Plan office will contact the Association

TURN FORM TO FIRST SIDE
REVIEW INSTRUCTIONS TO BE
SURE EVERY ITEM HAS BEEN
COMPLETED.

Signature	Form 5301 must be signed by either the Association Executive Director or the President of the Board of Directors.
Title	Indicate title of person who signs the form - Executive Director or President.
Date	Enter the date on which the form is signed.

DO NOT SEND THESE FORMS DIRECTLY TO THE INTERNAL REVENUE SERVICE. WHEN THE FORMS HAVE BEEN COMPLETED AND PROPERLY SIGNED, THEY SHOULD BE RETURNED DIRECTLY TO:

DOROTHY M. ANDRUS
EXECUTIVE DIRECTOR
YWCA RETIREMENT FUND
600 LEXINGTON AVENUE
NEW YORK, N.Y. 10022

9/7/77

RETIREMENT FUND SAMPLE FORM WITH INSTRUCTIONS ATTACHED

Form **5301** (Rev. June 1976) Department of the Treasury Internal Revenue Service

Application for Determination for Defined Contribution Plan

For Profit-sharing, Stock Bonus and Money Purchase Plans (Under sections 401(a), 405(a), 414(i) and 501(a) of the Internal Revenue Code)

This Form is Open to Public Inspection

File in Duplicate

For IRS Use Only
Case number ▶
Issue date ▶
EPMF status code ▶
File folder number ▶

▶ Church and Governmental Plans.—All items need not be completed. See instruction "B. What to File."

▶ Please complete every applicable item on this form. If an item does not apply, enter N/A.

1 (a) Name, address and ZIP code of employer
NAME OF ASSOCIATION
ADDRESS OF ASSOCIATION
ASSOCIATION NUMBER Telephone number ▶ ( )

2 Employer's identification number
ASSOCIATION EMPLOYER ID

3 Business code number
9319

4 Date incorporated or business commenced
Association Incorporation date

5 Employer's taxable year ends
Assn. Fiscal Year End

(b) Name, address and ZIP code of plan administrator, if other than employer
BOARD OF TRUSTEES, THE YOUNG WOMEN'S CHRISTIAN ASSOCIATION RETIREMENT FUND, INC., 600 LEXINGTON AVENUE, NEW YORK, N.Y. 10022

(c) Administrator's identification number ▶ 13,1624231 Telephone number ▶ (212) 753-4700

6 Determination requested for:
(a) (i) ☐ Initial qualification—date plan adopted ▶ 9/1/25 (ii) ☒ Amendment—date adopted ▶ 4/13/77
(iii) If (ii) is checked, enter file folder number ▶
(b) Were employees who are interested parties given the required notification of the filing of this application? ☒ Yes ☐ No
(c) If this application involves a merger or consolidation with another plan, enter the employer identification number(s) and the plan number(s) of such other plan(s) ▶ N/A

7 Type of entity: (a) ☐ Corporation (b) ☐ Subchapter S corporation (c) ☐ Sole proprietor (d) ☐ Partnership
(e) ☒ Tax exempt organization (f) ☐ Church (g) ☐ Governmental organization
(h) ☐ Other (specify) ▶

8 (a) Name of Plan THE YOUNG WOMEN'S CHRISTIAN ASSOCIATION RETIREMENT FUND, INCORPORATED
(b) Plan number ▶ 001 (c) Plan year ends ▶ Aug. 31
(d) Is this a Keogh (H.R. 10) plan? ☐ Yes ☒ No
(e) If "Yes," is an owner-employee in the plan? ☐ Yes ☐ No

9 (a) If this is an adoption of a master or prototype plan (other than Keogh) or a district approved pattern plan, enter name of such plan N/A
(b) Letter serial number or notification letter number N/A

10 Type of plan: (a) ☐ Profit-sharing (b) ☐ Stock bonus (c) ☒ Money purchase (d) ☐ Target benefit

11 Effective date of plan Sept. 1, 1925
12 Effective date of amendment Sept. 1, 1976
13 Date plan was communicated to employees ▶ 10/26/76
How communicated? ▶ First Class Mail

	Section and page number *	GOVERNMENT USE ONLY
14 (a) Indicate the general eligibility requirements for participation under the plan and indicate the section and page number of plan or trust where each provision is contained:		
(i) ☒ All employees (v) Length of service (number of years) ▶	2;7	
(ii) ☐ Hourly rate employee only (vi) Minimum age (specify) ▶ N/A		
(iii) ☐ Salaried employee only (vii) Maximum age (specify) ▶ N/A		
(iv) ☐ Other job class (specify) ▶ (viii) Minimum pay (specify) ▶ N/A		
(b) Are the eligibility requirements the same for future employees? ☒ Yes ☐ No If "No," explain ▶		
(c) Does the plan recognize service only with this employer? ☐ Yes ☒ No If "No," explain ▶ RECOGNIZE SERVICE WITH PARTICIPATING ASSOCIATIONS	3;10	
15 Coverage of plan at (give date) ▶ O *	Number	
Enter here the number of self-employed individuals ▶ N/A		
(a) Total employed (if a Keogh plan, include all self-employed individuals) O		
(b) Exclusions under plan (do not count an employee more than once):		
(i) Minimum age or years of service required (specify) ▶ O O		
(ii) Employees included in collective bargaining O		
(iii) Nonresident aliens who receive no earned income from United States sources	N/A	
(c) Total exclusions, sum of (b)(i) through (iii) O		
(d) Employees not excluded under the statute, (a) less (c) O		

* Of plan or trust or other document constituting the plan.

Under penalties of perjury, I declare that I have examined this application, including accompanying statements, and to the best of my knowledge and belief it is true, correct and complete.

Signature ▶ Title ▶ Date ▶
ASSOCIATION EXECUTIVE DIRECTOR, OR
PRESIDENT OF ASSOCIATION BOARD OF DIRECTORS

575-229-1

* Figures in Item 15 are on the basis of combined coverage under the YWCA Retirement Fund and The Savings and Security Plan of the YWCA.
See Letter of Transmittal

(See reverse side)

SAVINGS AND SECURITY PLAN SAMPLE FORM WITH INSTRUCTIONS ATTACHED

Form **5301** (Rev. June 1976) Department of the Treasury Internal Revenue Service

Application for Determination for Defined Contribution Plan

For Profit-sharing, Stock Bonus and Money Purchase Plans

(Under sections 401(a), 405(a), 414(i) and 501(a) of the Internal Revenue Code)

This Form is Open to Public Inspection

File in Duplicate

For IRS Use Only
Case number ▶
Issue date ▶
EPMF status code ▶
File folder number ▶

▶ Church and Governmental Plans.—All items need not be completed. See instruction "B. What to File."

▶ Please complete every applicable item on this form. If an item does not apply, enter N/A.

1 (a) Name, address and ZIP code of employer
NAME OF ASSOCIATION
ADDRESS OF ASSOCIATION
ASSOCIATION NUMBER Telephone number ▶ ( )

2 Employer's identification number
ASSOCIATION EMPLOYER ID

3 Business code number
9319

4 Date incorporated or business commenced
ASSN. INCORPORATION DATE

5 Employer's taxable year ends
ASSN. FISCAL YEAR END

(b) Name, address and ZIP code of plan administrator, if other than employer
BOARD OF TRUSTEES, SAVINGS AND SECURITY PLAN FOR NON-SECRETARIAL EMPLOYEES OF THE YOUNG WOMEN'S CHRISTIAN ASSOCIATION, 600 LEXINGTON AVENUE, NEW YORK, N.Y. 10022

(c) Administrator's identification number ▶ 13-1624177 Telephone number ▶ (212) 753-4700

6 Determination requested for:
(a) (i) ☐ Initial qualification—date plan adopted ▶ Sept. 1, 1940 (ii) ☒ Amendment—date adopted ▶ 6/15/77
(iii) If (ii) is checked, enter file folder number ▶
(b) Were employees who are interested parties given the required notification of the filing of this application? ☒ Yes ☐ No
(c) If this application involves a merger or consolidation with another plan, enter the employer identification number(s) and the plan number(s) of such other plan(s) ▶ N/A

7 Type of entity: (a) ☐ *Corporation* (b) ☐ *Subchapter S corporation* (c) ☐ *Sole proprietor* (d) ☐ *Partnership*
(e) ☒ *Tax exempt organization* (f) ☐ *Church* (g) ☐ *Governmental organization*
(h) ☐ *Other (specify)* ▶

8 (a) Name of Plan THE SAVINGS AND SECURITY PLAN OF THE YWCA
(b) Plan number ▶ 002 (c) Plan year ends ▶ Aug. 31
(d) Is this a Keogh (H.R. 10) plan? ☐ Yes ☒ No
(e) If "Yes," is an owner-employee in the plan? ☐ Yes ☐ No

9 (a) If this is an adoption of a master or prototype plan (other than Keogh) or a district approved pattern plan, enter name of such plan N/A
(b) Letter serial number or notification letter number N/A

10 Type of plan: (a) ☐ Profit-sharing (b) ☐ Stock bonus (c) ☒ Money purchase (d) ☐ Target benefit

11 Effective date of plan Sept. 1, 1940
12 Effective date of amendment Sept. 1, 1976
13 Date plan was communicated to employees ▶ Oct. 26, 1976
How communicated? ▶ First Class Mail

14 (a) Indicate the general eligibility requirements for participation under the plan and indicate the section and page number of plan or trust where each provision is contained:

	Section and page number *	GOVERNMENT USE ONLY
(i) ☐ All employees		
(ii) ☐ Hourly rate employee only		
(iii) ☐ Salaried employee only		
(iv) ☒ Other job class (specify) ▶ clerical, main-tenance and food service		
(v) Length of service (number of years) ▶	2;7	
(vi) Minimum age (specify) ▶ N/A		
(vii) Maximum age (specify) ▶ N/A		
(viii) Minimum pay (specify) ▶ N/A		
(b) Are the eligibility requirements the same for future employees? ☒ Yes ☐ No If "No," explain ▶		
(c) Does the plan recognize service only with this employer? ☐ Yes ☒ No If "No," explain ▶ RECOGNIZE SERVICE WITH PARTICIPATING ASSOCIATIONS	3;10	

15 Coverage of plan at (give date) * Enter here the number of self-employed individuals ▶ N/A	Number	
(a) Total employed (if a Keogh plan, include all self-employed individuals)		
(b) Exclusions under plan (do not count an employee more than once):		
(i) Minimum age or years of service required (specify) ▶		
(ii) Employees included in collective bargaining		
(iii) Nonresident aliens who receive no earned income from United States sources	N/A	
(c) Total exclusions, sum of (b)(i) through (iii)		
(d) Employees not excluded under the statute, (a) less (c)		

* Of plan or trust or other document constituting the plan.

Under penalties of perjury, I declare that I have examined this application, including accompanying statements, and to the best of my knowledge and belief it is true, correct and complete.

Signature ▶ Title ▶ Date ▶

ASSOCIATION EXECUTIVE DIRECTOR, OR
PRESIDENT OF ASSOCIATION BOARD OF DIRECTORS

575-229-1

* Figures in Item 15 are on the basis of combined coverage under the YWCA Retirement Fund and The Savings and Security Plan of the YWCA. See Letter of Transmittal

(See reverse side)

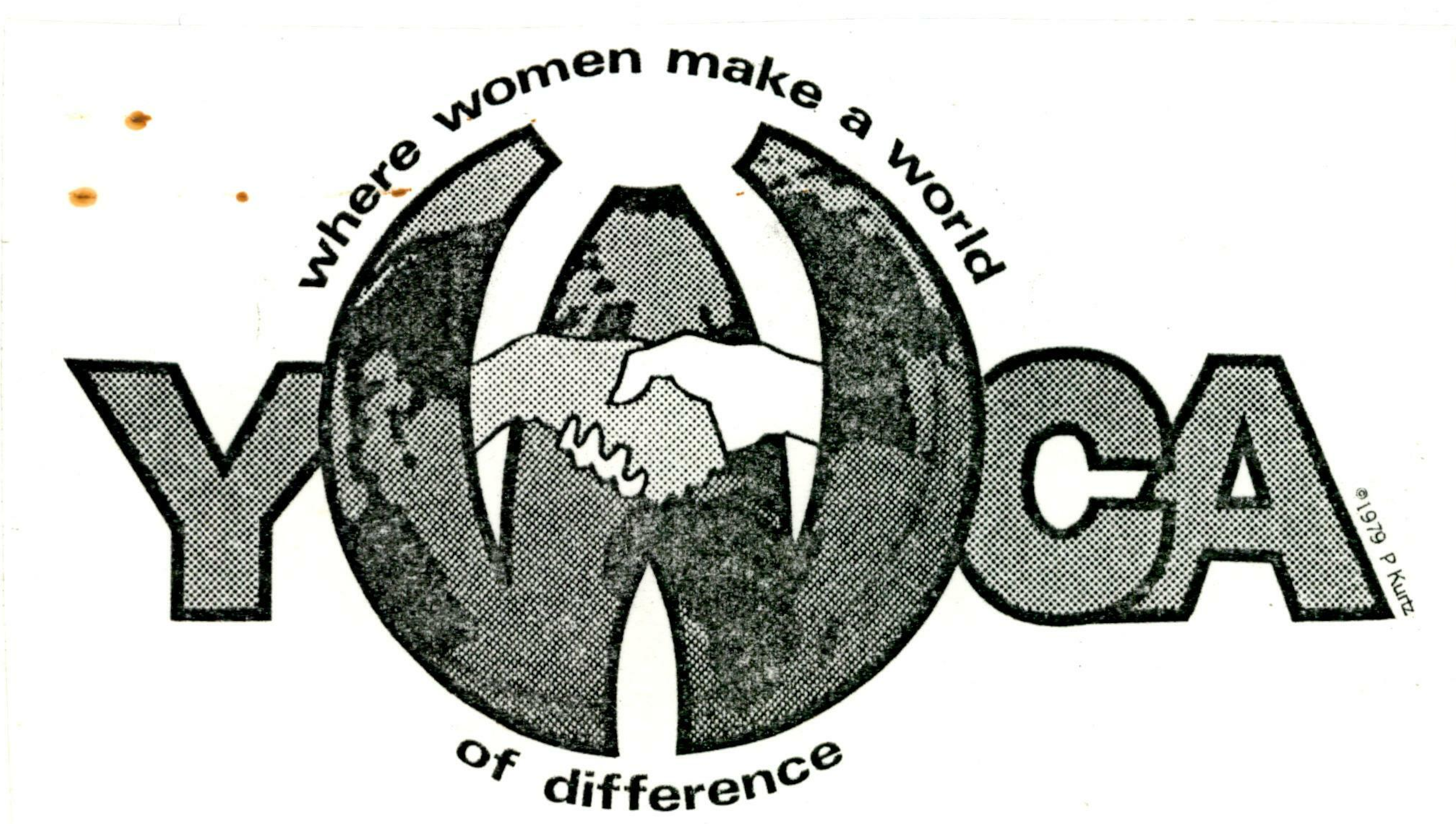
DEC 21 1979

LICENSE

IT IS HEREBY AGREED, as of December 19, 1979, between PENNY KURTZ (hereafter Licensor) and Albany YWCA (28 Colvin Ave.) (hereafter Licensee), in consideration of $100.00, receipt of which is hereby acknowledged, that Licensee is hereby given a license to use the design attached hereto and made a part hereof for imprinting on any item, and for use in any way, without restriction. Licensee shall not have the right to sub-license, sell, or in any manner substitute or delegate all or any part of this license to any other person or enterprise. Licensor reserves the right to use said design for purposes of display and promotion of P Kurtz Graphics.

Penny Kurtz

Janet Biesemeyer



file

YWCA RETIREMENT FUND
SAVINGS AND SECURITY PLAN

600 Lexington Avenue
New York, N.Y. 10022
212-753-4700

December 19, 1977

TO: Executive Directors of
YWCA's Participating in the
YWCA Retirement Fund and
Savings and Security Plan

FROM: Dorothy M. Andrus
Executive Director

RE: Forms 5301 Sent to
Retirement Plan Office
for Filing With the IRS

We want you to know how very much we appreciated your cooperation in filing with us the Forms 5301 we requested this past Fall. On November 21, 1977 the Retirement Fund and The Savings and Security Plan, as revised in accordance with the provisions of ERISA and effective retroactively to September 1, 1976, were filed with the Internal Revenue Service for approval. Two copies of the Forms 5301 you filed with us were a part of this filing along with other forms and documents prepared by the Fund and Plan Office.

We are enclosing a copy of the Form(s) 5301 for your Association as they were filed with the IRS, for your permanent records. This is your report of employee coverage as of a specific date and will be required for future reference. Also, should your Association be subject to an IRS audit this Form must be made available.

It is estimated that we will receive approval from the IRS sometime in the Spring. Within 90 days after approval is received every Participating Association and every Participant in the Fund and Plan will receive a new booklet, called in ERISA language a Summary Plan Description, giving a full explanation of the plans' benefits and privileges. In the meantime the Special Bulletin of October 26, 1976 sent to all YWCAS and Participants serves as the temporary Summary Plan Description.

May we take this opportunity to thank you again for your cooperation and to send to you, your Association and Staff our warm good wishes for the coming Holiday Season and a Happy New Year.

DMA/mjb
Encl.

Form **5301** (Rev. June 1976) Department of the Treasury Internal Revenue Service

Application for Determination for Defined Contribution Plan

For Profit-sharing, Stock Bonus and Money Purchase Plans

(Under sections 401(a), 405(a), 414(i) and 501(a) of the Internal Revenue Code)

This Form is Open to Public Inspection

File in Duplicate

For IRS Use Only
Case number ▶
Issue date ▶
EPMF status code ▶
File folder number ▶

▶ Church and Governmental Plans.—All items need not be completed. See instruction "B. What to File."

▶ Please complete every applicable item on this form. If an item does not apply, enter N/A.

1 (a) Name, address and ZIP code of employer
YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF ALBANY
28 COLVIN AVENUE
ALBANY N.Y. 12206 Telephone number ▶ (518) 438-6608

2 Employer's identification number 14 1340017

3 Business code number 9319

4 Date incorporated or business commenced 1888

5 Employer's taxable year ends 12/31

(b) Name, address and ZIP code of plan administrator, if other than employer
BOARD OF TRUSTEES, THE YOUNG WOMEN'S CHRISTIAN ASSOCIATION RETIREMENT FUND, INC., 600 LEXINGTON AVENUE, NEW YORK, N.Y. 10022

(c) Administrator's identification number ▶ 13-1624231 Telephone number ▶ (212) 753-4700

6 Determination requested for:
(a) (i) ☐ Initial qualification—date plan adopted ▶ 9/1/25 (ii) ☒ Amendment—date adopted ▶ 4/13/77
(iii) If (ii) is checked, enter file folder number ▶
(b) Were employees who are interested parties given the required notification of the filing of this application? . ☒ Yes ☐ No
(c) If this application involves a merger or consolidation with another plan, enter the employer identification number(s) and the plan number(s) of such other plan(s) ▶ N/A

7 Type of entity: (a) ☐ Corporation (b) ☐ Subchapter S corporation (c) ☐ Sole proprietor (d) ☐ Partnership
(e) ☒ Tax exempt organization (f) ☐ Church (g) ☐ Governmental organization
(h) ☐ Other (specify) ▶

8 (a) Name of Plan THE YOUNG WOMEN'S CHRISTIAN ASSOCIATION RETIREMENT FUND, INCORPORATED
(b) Plan number ▶ 001 (c) Plan year ends ▶ Aug. 31
(d) Is this a Keogh (H.R. 10) plan? . . . . ☐ Yes ☒ No
(e) If "Yes," is an owner-employee in the plan? . ☐ Yes ☐ No

9 (a) If this is an adoption of a master or prototype plan (other than Keogh) or a district approved pattern plan, enter name of such plan N/A
(b) Letter serial number or notification letter number N/A

10 Type of plan: (a) ☐ Profit-sharing (b) ☐ Stock bonus (c) ☒ Money purchase (d) ☐ Target benefit

11 Effective date of plan Sept. 1, 1925

12 Effective date of amendment Sept. 1, 1976

13 Date plan was communicated to employees ▶ 10/26/76
How communicated? ▶ First Class Mail

14 (a) Indicate the general eligibility requirements for participation under the plan and indicate the section and page number of plan or trust where each provision is contained:	Section and page number *	GOVERNMENT USE ONLY
(i) ☒ All employees (v) Length of service (number of years) ▶ 1 yr.	2;7	
(ii) ☐ Hourly rate employee only (vi) Minimum age (specify) ▶ N/A		
(iii) ☐ Salaried employee only (vii) Maximum age (specify) ▶ N/A		
(iv) ☐ Other job class (specify) ▶ (viii) Minimum pay (specify) ▶ N/A		
(b) Are the eligibility requirements the same for future employees? . . . . ☒ Yes ☐ No If "No," explain ▶		
(c) Does the plan recognize service only with this employer? . . . . ☐ Yes ☒ No If "No," explain ▶ RECOGNIZE SERVICE WITH PARTICIPATING ASSOCIATIONS	3;10	
15 Coverage of plan at (give date) ▶ JUNE 30 1977 * Enter here the number of self-employed individuals ▶ N/A	Number	
(a) Total employed (if a Keogh plan, include all self-employed individuals)	5	
(b) Exclusions under plan (do not count an employee more than once):		
(i) Minimum age or years of service required (specify) ▶ 1 yr.	2	
(ii) Employees included in collective bargaining	0	
(iii) Nonresident aliens who receive no earned income from United States sources	N/A	
(c) Total exclusions, sum of (b)(i) through (iii)	2	
(d) Employees not excluded under the statute, (a) less (c)	3	

* Of plan or trust or other document constituting the plan.

Under penalties of perjury, I declare that I have examined this application, including accompanying statements, and to the best of my knowledge and belief it is true, correct and complete.

Signature ▶ Janet Bresemeyer Title ▶ Executive Director Date ▶ Oct 19, 1977

ASSOCIATION EXECUTIVE DIRECTOR, OR
PRESIDENT OF ASSOCIATION BOARD OF DIRECTORS

575-229-1

* Figures in Item 15 are on the basis of combined coverage under the YWCA Retirement Fund and The Savings and Security Plan of the YWCA.

See Letter of Transmittal.

RECEIVED OCT 19 1977 YWCA N

Form **5301**

(Rev. June 1976)

Department of the Treasury
Internal Revenue Service

Application for Determination for Defined Contribution Plan

For Profit-sharing, Stock Bonus and Money Purchase Plans

(Under sections 401(a), 405(a), 414(i) and 501(a) of the Internal Revenue Code)

This Form is Open to Public Inspection

File in Duplicate

For IRS Use Only
Case number ►
Issue date ►
EPMF status code ►
File folder number ►

► Church and Governmental Plans.—All items need not be completed. See instruction "B. What to File."

► Please complete every applicable item on this form. If an item does not apply, enter N/A.

1 (a) Name, address and ZIP code of employer
YWCA OF ALBANY (YOUNG WOMEN'S CHRISTIAN ASSOCIATION)
28 COLVIN AVENUE
ALBANY NEW YORK 12206 Telephone number ► (518) 438-6608

2 Employer's identification number 14 1340017

3 Business code number 9319

4 Date incorporated or business commenced 1888

5 Employer's taxable year ends 12/31

(b) Name, address and ZIP code of plan administrator, if other than employer
BOARD OF TRUSTEES, SAVINGS AND SECURITY PLAN FOR NON-SECRETARIAL EMPLOYEES OF THE YOUNG WOMEN'S CHRISTIAN ASSOCIATION, 600 LEXINGTON AVE., NEW YORK, N.Y. 10022

(c) Administrator's identification number ► 13-1624177 Telephone number ► (212) 753-4700

6 Determination requested for:
(a) (i) ☐ Initial qualification—date plan adopted ► 9/1/40 (ii) ☒ Amendment—date adopted ► 6/15/77
(iii) If (ii) is checked, enter file folder number ►
(b) Were employees who are interested parties given the required notification of the filing of this application? ☒ Yes ☐ No
(c) If this application involves a merger or consolidation with another plan, enter the employer identification number(s) and the plan number(s) of such other plan(s) ► N/A

7 Type of entity: (a) ☐ Corporation (b) ☐ Subchapter S corporation (c) ☐ Sole proprietor (d) ☐ Partnership
(e) ☒ Tax exempt organization (f) ☐ Church (g) ☐ Governmental organization
(h) ☐ Other (specify) ►

8 (a) Name of Plan THE SAVINGS AND SECURITY PLAN OF THE YWCA
(b) Plan number ► 002 (c) Plan year ends ► Aug. 31
(d) Is this a Keogh (H.R. 10) plan? ☐ Yes ☒ No
(e) If "Yes," is an owner-employee in the plan? ☐ Yes ☐ No

9 (a) If this is an adoption of a master or prototype plan (other than Keogh) or a district approved pattern plan, enter name of such plan N/A
(b) Letter serial number or notification letter number N/A

10 Type of plan: (a) ☐ Profit-sharing (b) ☐ Stock bonus (c) ☒ Money purchase (d) ☐ Target benefit

11 Effective date of plan Sept. 1, 1940

12 Effective date of amendment Sept. 1, 1976

13 Date plan was communicated to employees ► Oct. 26, 1976
How communicated? ► First Class Mail

14 (a) Indicate the general eligibility requirements for participation under the plan and indicate the section and page number of plan or trust where each provision is contained: — Section and page number*: 2;7 — GOVERNMENT USE ONLY

(i) ☐ All employees
(ii) ☐ Hourly rate employee only
(iii) ☐ Salaried employee only
(iv) ☒ Other job class (specify) ► Clerical, maintenance and food service
(v) Length of service (number of years) ► 1 yr
(vi) Minimum age (specify) ► N/A
(vii) Maximum age (specify) ► N/A
(viii) Minimum pay (specify) ► N/A

(b) Are the eligibility requirements the same for future employees? ☒ Yes ☐ No
If "No," explain ►
(c) Does the plan recognize service only with this employer? ☐ Yes ☒ No
If "No," explain ► RECOGNIZE SERVICE WITH PARTICIPATING ASSOCIATIONS — 3;10

15 Coverage of plan at (give date) ► June 30 1977 *
Enter here the number of self-employed individuals ► N/A

	Number
(a) Total employed (if a Keogh plan, include all self-employed individuals)	5
(b) Exclusions under plan (do not count an employee more than once):	
(i) Minimum age or years of service required (specify) ► 1 yr.	2
(ii) Employees included in collective bargaining	0
(iii) Nonresident aliens who receive no earned income from United States sources	N/A
(c) Total exclusions, sum of (b)(i) through (iii)	2
(d) Employees not excluded under the statute, (a) less (c)	3

* Of plan or trust or other document constituting the plan.

Under penalties of perjury, I declare that I have examined this application, including accompanying statements, and to the best of my knowledge and belief it is true, correct and complete.

Signature ► Janet Biesemeyer Title Executive Director Date ► Oct. 13 1977
ASSOCIATION EXECUTIVE DIRECTOR, OR
PRESIDENT OF ASSOCIATION BOARD OF TRUSTEES

575-229-1

* Figures in Item 15 are on the basis of combined coverage under the YWCA Retirement Fund and The Savings and Security Plan of the YWCA.
See Letter of Transmittal

THE YOUNG WOMEN'S CHRISTIAN ASSOCIATION RETIREMENT FUND INC. 420 LEXINGTON AVENUE SUITE 1621 NEW YORK NY 10170 212 922 9500

YWCA Retirement Fund

TO EXECUTIVE DIRECTORS OF PARTICIPATING ASSOCIATIONS
FROM NANCY R. JACKSON, EXECUTIVE DIRECTOR

March 3, 1993

****

Report to IRS Form 5500-C

Must be filed by each Participating Association

ON OR BEFORE MARCH 31, 1993

A 5500-C form and Information About Filing are attached.

****

THE YOUNG WOMEN'S CHRISTIAN ASSOCIATION RETIREMENT FUND INC. 420 LEXINGTON AVENUE SUITE 1621 NEW YORK NY 10170 212 922 9500

YWCA Retirement Fund

Internal Revenue Service: FORM 5500-C/R
Information About Filing - For Participating Associations

FORM TO BE FILED THIS YEAR: 5500-C
FILING DATE: ON OR BEFORE MARCH 31, 1993

All Participating Associations of the YWCA Retirement Fund must file, on an annual basis, FORM 5500-C/R. The following information is provided to assist you with its filing:

All Participating Associations Must File

You must file annually even if you have no Participants during the year which is being reported.

Uniform Cycle of Filing

There are two different forms combined on the same form 5500-C/R: 5500-C and 5500-R. The form to be used will depend on the filing year. A uniform cycle has been established by IRS. Each year the Fund will advise you about which form is to be filed.

Filing Dates

Each year you must file on or before the last day of the 7th month following the close of the Fund's fiscal year.

The Fund's fiscal year is: September 1st through August 31st.

The filing date for all participating Associations is March 31st, 1993.

This Year's FORM and Filing Date

This year you must file FORM 5500-C. The Form is marked 1991.

It covers the Fund's fiscal year September 1, 1991 - August 31, 1992.

The filing date for your 1991 FORM 5500-C is on or before **MARCH 31, 1993.**

Completing Your FORM

The FORM which you need to complete this year is enclosed. Please note this is not a SAMPLE FORM. It is the form which you will need to complete and file.

In general, questions 1 - 6b on page 1, questions 6c, 7a and 9 on page 3, and question 22 on page 4 must be completed. We have already entered the information that is to be provided by the Fund. You will need to provide the answers for all of the following items (marked with an X in the left and right margins on the form for your convenience):

(1) At the top of page 1, fill in the dates of the Association's fiscal year.

(2) Item 1(a), Association Name and Address.

(3) Item 1(b), Association Employer Identification Number.

(4) Item 1(c), Association telephone number.

(5) Your Signature and Date on the bottom of page 1.

(6) On page 3, items 7(a)(1) and 7(a)(2), show the number of your employees who were enrolled in the Fund as of September 1, 1991 and August 31, 1992.

If your Association has no employees enrolled in the Fund, enter "0" where appropriate in item 7.

(7) On page 4, item 22, information must be provided to prove to the Internal Revenue Service that the Association's enrollment practice does not unfairly discriminate against lower paid employees. Note that this information was not required last year, when you only were required to file the Form 5500-R portion of the form.

We have already filled in the answers to items 22(a), 22(d) and 22(e). In this regard, we presume the answer to item 22(d) is no; however, if your Association sponsors a tax-qualified pension or profit-sharing plan under section 401(a) of the Internal Revenue Code in addition to the Retirement Fund, you may be able to "aggregate" the two plans for nondiscrimination testing. The vast majority (if not all) Associations will answer no to this question. If you have any questions, call us.

Item 22(c): If your Association had union employees, this item 22 must be filled out separately for the union and non-union employees. You will need to take the following steps: (i) Check the yes box on item 22(c); (ii) make a copy of item 22; (iii) type the following on the copied page: "The disaggregated portion of the plan benefits solely collectively bargained employees and thus automatically satisfies coverage."; (iv) staple the copied page to the original Form 5500-C; and (v) fill out item 22 on the original Form 5500-C for the remaining, non-union employees only. If your Association had no union employees, fill in the no box.

Item 22(f): This question asks you to identify employees who are deemed to be highly compensated, for purposes of the Internal Revenue Code's nondiscrimination rules, and who benefitted under the Fund during the fiscal year. Fund rules provide that Associations will make this determination based on an employee's compensation during the relevant calendar years, as described in Internal Revenue Service regulations. An employee is highly compensated if she earned more than $60,535 in 1991, or more than $41,563 during the first 8 months of 1992 (generally, this translates to a 1992 salary of more than $62,345). Certain officers also may be deemed to be high paid; however, the Retirement Fund has taken the position that, generally, the only officers of a local Association are members of its volunteer board of directors. If your Association did not have any employee who earned these amounts, mark box (1) in item 22(f), and do not complete the rest of item 22. If your Association had an employee who earned these amounts, you will have to complete Item 22. Please call the Fund in connection with the answers to these questions.

Mailing the FORM

Mail your completed FORM directly to your regional office of the Internal Revenue Service. Be sure to keep a copy for your files.

Please send a copy to the Retirement Fund Office at the same time you mail your FORM to the Internal Revenue Service.

Questions - Additional Information

If you have any questions about the procedures to be followed, please contact:

Edward W. Hutley
Director of Finance
Phone: 212-922-9500 or 1-800-222-4RET (4738)

3/93

X Plan Sponsor Fiscal Year Beginning 1-01-92 Ending 12-31-92

Mailed 3/09/93 AP

Form **5500-C/R**

Department of the Treasury
Internal Revenue Service
Department of Labor
Pension and Welfare Benefits Administration
Pension Benefit Guaranty Corporation

Return/Report of Employee Benefit Plan

(With fewer than 100 participants)

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 and sections 6039D, 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code, referred to as the Code.

▶ See separate instructions.

OMB No. 1210-0016

1991

This Form Is Open to Public Inspection.

For the calendar plan year 1991 or fiscal plan year beginning September 1 **, 1991, and ending** August 31 **, 19**92

You must check either box (5) or (6), whichever is applicable. See instructions.

A If *(1)* through *(4)* do not apply to this year's return/report, leave the boxes unmarked. This return/report is:

(1) ☐ the first return/report filed for the plan;
(2) ☐ an amended return/report;
(3) ☐ the final return/report filed for the plan; or
(4) ☐ a short plan year return/report (less than 12 months).

For IRS Use Only
EP-ID

(5) **Form 5500-C filer check here** . . . . . . ☒
(Complete only pages 1 and 3 through 6.)

(6) **Form 5500-R filer check here** . . . . . . ☐
(Complete only pages 1 and 2. Detach pages 3 through 6 before filing.) If you checked box *(1)* or *(3)*, you must file a Form 5500-C.

Information in 1a through 6b is used to identify your employee benefit plan. Check it for accuracy and make any necessary corrections. Also complete any incomplete items in 1a through 6b. This page must accompany your completed return/report.

B IF YOU MADE ANY CHANGES TO THE PREPRINTED INFORMATION OR FILLED IN ANY INCOMPLETE INFORMATION IN 1a THROUGH 6b BELOW, CHECK HERE . . . ▶ ☐

C If your plan year changed since the last return/report check this box . . . ▶ ☐

D If you filed for an extension of time to file this return/report, check this box and attach a copy of the approved extension . . . ▶ ☐

1a Name and address of plan sponsor (employer, if for a single-employer plan) (Address should include room or suite no.)

X Young Women's Christian Association
YWCA of Albany
28 Colvin Avenue
Albany, N.Y. 12206

1b Employer identification number
14-1340017

1c Sponsor's telephone number
518-438-6608

1d Business code (see instructions, page 19)
9319

1e CUSIP issuer number
N/A

2a Name and address of plan administrator (if same as plan sponsor, enter "Same")

Board of Trustees
YWCA Retirement Fund Inc.
420 Lexington Avenue-Suite 1621
New York, NY 10170-1621

2b Administrator's employer identification no.
13-2903440

2c Administrator's telephone number
(212)922-9500

3 If you are not filing a page one with the historical plan information preprinted and the name, address, and EIN of the plan sponsor or plan administrator is different than that on the last return/report filed for this plan, enter the information from the last return/report in **a** and/or **b** and complete **c**.

a Sponsor .... EIN .... Plan number ....

b Administrator .... EIN ....

c If **a** indicates a change in the sponsor's name, address, and EIN, is this a change in sponsorship only? (See instruction 3c for definition of sponsorship.) Enter "Yes" or "No."

4 Enter the applicable plan entity code listed in the instructions for line 4 on page 9. ▶ F

5a(1) Name of plan ▶ The Young Women's Christian Association Retirement Fund, Inc.

(2) Does this plan cover self-employed individuals? (Enter "Yes" or "No.") ▶ NO

5b Effective date of plan (mo., day, yr.)
09-01-25

5c Enter three-digit plan number ▶ 001

All filers must complete 6a, 6b, and 6c as applicable.

6a(1) Welfare or fringe benefit plan. (Enter the applicable codes from page 9 of the instructions in the boxes.) . . . ▶

(2) If you entered a code **M**, **N**, or **O**, is the plan funded? (see instructions) . . . ▶ ☐ Yes ☐ No

6b Pension benefit plan. (Enter the applicable pension codes from page 9 of the instructions.) ▶ 1

Be sure to include all required schedules and attachments. This page must accompany your completed return/report.

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

X Signature of employer/plan sponsor ▶ F. Jeanne Kardash Date ▶ 3/9/93

Type or print name of individual signing for employer/plan sponsor F. Jeanne Kardash

Signature of plan administrator ▶ .... Date ▶ ....

Type or print name of individual signing for plan administrator

N/A

			Yes	No
6c	Other plan features: (1) ☐ Master trust (2) ☐ Common/Collective trust (3) ☐ Pooled separate account (4) ☐ ESOP			
7a	Total participants: (1) At the beginning of plan year .... (2) At the end of plan year			
b	Enter number of participants with account balances at the end of the plan year (defined benefit plans do not complete this item)			
c	(1) Were any participants in the pension benefit plan separated from service with a deferred vested benefit for which a Schedule SSA (Form 5500) is required to be attached?	7c(1)		
	(2) If "Yes," enter the number of separated participants required to be reported ▶			
8a	Was this plan terminated during this plan year or any prior plan year? If "Yes," enter the year	8a		
b	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of PBGC?	8b		
c	If a is "Yes" and the plan is covered by PBGC, is the plan continuing to file PBGC Form 1 and pay premiums until the end of the plan year in which assets are distributed or brought under the control of PBGC?	8c		
9	Is this a plan established or maintained pursuant to one or more collective bargaining agreements?	9		
10	If any benefits are provided by an insurance company, insurance service, or similar organization, enter the number of Schedules A (Form 5500), Insurance Information, that are attached. (If none, enter "-0-.") ▶			
11a	(1) Were any plan amendments adopted during the plan year? If "No," complete (2) below and go to item 12	11a(1)		
	(2) Enter the date of the most recent amendment ▶ mo. .... day .... yr.			
b	If a is "Yes," did any amendment result in a retroactive reduction of accrued benefits for any participant?	11b		
c	If a is "Yes," did any amendment change the information contained in the latest summary plan description or summary description of modifications available at the time of the amendment?	11c		
d	If c is "Yes," has a summary plan description or summary description of modifications that reflects the plan amendments referred to in c been both furnished to participants and filed with the Department of Labor?	11d		
12a	If this is a pension benefit plan subject to the minimum funding standards, has the plan experienced a funding deficiency for this plan year? Defined benefit plans must answer this question and attach Schedule B (Form 5500)	12a		
b	If a is "Yes," have you filed Form 5330 to pay the excise tax?	12b		
13a	Total plan assets as of the beginning .... and end .... of the plan year			
b	Total liabilities as of the beginning .... and end .... of the plan year			
c	Net assets as of the beginning and end of the plan year			
14	For this plan year, enter: **a** Plan income .... **d** Plan contributions .... **b** Expenses .... **e** Total benefits paid .... **c** Net income (loss)			

			Yes	No	Amount
15	The following applies to item 15: (i) you may **NOT** use **N/A** in response to any line item, and (ii) if "Yes" is checked, you must enter a dollar amount in the amount column. During this plan year:				
a	Was this plan covered by a fidelity bond?	15a			
b	If a is "Yes," enter the name of the surety company				
c	Was there any loss to the plan, whether or not reimbursed, caused by fraud or dishonesty?	15c			
d	Was there any sale, exchange, or lease of any property between the plan and the employer, any fiduciary, any of the five most highly paid employees of the employer, any owner of a 10% or more interest in the employer, or relatives of any such persons?	15d			
e	Was there any loan or extension of credit by the plan to the employer, any fiduciary, any of the five most highly paid employees of the employer, any owner of a 10% or more interest in the employer, or relatives of any such persons?	15e			
f	Did the plan acquire or hold any employer security or employer real property?	15f			
g	Has the plan granted an extension on any delinquent loan owed to the plan?	15g			
h	Has the employer owed contributions to the plan which are more than 3 months overdue?	15h			
i	Were any loans by the plan or fixed income obligations due the plan classified as uncollectible or in default as of the close of the plan year?	15i			
j	Has any plan fiduciary had a financial interest in excess of 10% in any party providing services to the plan or received anything of value from any such party?	15j			
k	Did the plan at any time hold 20% or more of its assets in any single security, debt, mortgage, parcel of real estate, or partnership/joint venture interests?	15k			
l	Did the plan at any time engage in any transaction or series of related transactions involving 20% or more of the current value of plan assets?	15l			
m	Were there any noncash contributions made to the plan the value of which was set without an appraisal by an independent third party?	15m			
n	Were there any purchases of nonpublicly traded securities by the plan the value of which was set without an appraisal by an independent third party?	15n			
o	Has the plan failed to provide any benefit when due under the terms of the plan because of insufficient assets?	15o			

16a Is the plan covered under the Pension Benefit Guaranty Corporation termination insurance program? ☐ Yes ☐ No ☐ Not determined

b If a is "Yes" or "Not determined," enter the employer identification number and the plan number used to identify it.

Employer identification number ▶ Plan number ▶

6c Other plan features (if you check box (1) or (2), attach Schedule E (Form 5500): (1) ☐ ESOP (2) ☐ Leveraged ESOP
(3) ☐ Participant-directed account plan (4) ☐ Pension plan maintained outside the United States
(5) ☐ Master trust (see instructions) (6) ☐ 103-12 investment entity (see instructions)
(7) ☐ Common/collective trust (8) ☐ Pooled separate account

		Yes	No
d	Single-employer plans enter the tax year end of the employer in which this plan year ends ▶ Month ... Day .... Year ...		
e	Is the employer a member of an affiliated service group?		X
f	Does this plan contain a cash or deferred arrangement described in Code section 401(k)?		X

X 7a Total participants: (1) At the beginning of plan year 4 (2) At the end of plan year 1 *

b Enter number of participants with account balances at the end of the plan year. (Defined benefits plans do not complete this item.) ....

			Yes	No
c (1)	Were any participants in the pension benefit plan separated from service with a deferred vested benefit for which a Schedule SSA (Form 5500) is required to be attached?	7c(1)		
(2)	If "Yes," enter the number of separated participants required to be reported ▶			
8a	Was this plan amended in this plan year or any prior plan year? If "No," go to item 9a	8a		
b	If a is "Yes," enter the date the most recent amendment was adopted ▶ Month .... Day .... Year .... If the date in b is in the plan year for which this return/report is filed, complete c through f.			
c	Did any amendment during the current plan year result in the retroactive reduction of accrued benefits for any participant?	8c		
d	Did any amendment during the current plan year provide former employees with an additional allocation or accrual this year?	8d		
e	During this plan year, did any amendment change the information contained in the latest summary plan description or summary description of modifications available at the time of amendment?	8e		
f	If e is "Yes," has a summary plan description or summary description of modifications that reflects the plan amendments referred to in e been both furnished to participants and filed with the Department of Labor?	8f		
9a	Was this plan terminated during this plan year or any prior plan year? If "Yes," enter year ▶	9a		X
b	Were all plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of PBGC?	9b		X
c	Was a resolution to terminate this plan adopted during this plan year or any prior plan year?	9c		X
d	If a or c is "Yes," have you received a favorable determination letter from IRS for the termination?	9d		
e	If d is "No," has a determination letter been requested from IRS?	9e		
f	If a or c is "Yes," have participants and beneficiaries been notified of the termination or the proposed termination?	9f		
g	If a is "Yes" and the plan is covered by PBGC, is the plan continuing to file a PBGC Form 1 and pay premiums until the end of the plan year in which assets are distributed or brought under the control of PBGC?	9g		
h	During this plan year, did any trust assets revert to the employer for which the Code section 4980 excise tax is due?	9h		X
i	If h is "Yes," enter the amount of tax paid with your Form 5330 ▶			
10a	Was this plan merged or consolidated into another plan(s), or were assets or liabilities transferred to another plan(s) since the end of the plan year covered by the last return/report Form 5500 or 5500-C which was filed for this plan (or during this plan year if this is the first return/report)? If "No," go to item 11	10a		

If "Yes," identify the other plan(s):

b Name of plan(s) ▶	c Employer identification number(s)	d Plan number(s)

e Has Form 5310 or 5310-A been filed? ☐ Yes ☐ No

			Yes	No
N/A 11	Enter the plan funding arrangement code from page 14 of the instructions ▶	12 Enter the plan benefit arrangement code from page 14 of the instructions ▶ N/A		
N/A 13	Is this a plan established or maintained pursuant to one or more collective bargaining agreements?	13		
N/A 14	If any benefits are provided by an insurance company, insurance service, or similar organization, enter the number of Schedules A (Form 5500), Insurance Information, that are attached. If none, enter "-0-." ▶			

*Because administrative records are centrally maintained, this total includes only active participants. Information concerning inactive and deceased participants is not available on the basis of individual participating employers.

Welfare Plans Do Not Complete Items 15 Through 28. Skip To Item 29. Fringe Benefit Plans See Page 5 of the Instructions.

			Yes	No
N/A	**15a** If this is a defined benefit plan subject to the minimum funding standards for this plan year, is Schedule B (Form 5500) required to be attached? (If this is a defined contribution plan, leave blank.) . . . . If "Yes," attach Schedule B (Form 5500).	15a		
	b If this is a defined contribution plan, i.e., money purchase or target benefit, is it subject to the minimum funding standards (if a waiver was granted, see instructions)? (If this is a defined benefit plan, leave blank.) . . . . If "Yes," complete **(1)**, **(2)**, and **(3)** below:	15b		
	(1) Amount of employer contribution required for the plan year under Code section 412 — 15b(1) $			
	(2) Amount of contribution paid by the employer for the plan year . . . . — 15b(2) $ Enter date of last payment by employer ▶ Month ..... Day ...... Year			
	(3) If **(1)** is greater than **(2)**, subtract **(2)** from **(1)** and enter the funding deficiency here. Otherwise, enter zero. (If you have a funding deficiency, file Form 5330.) . . — 15b(3) $			
N/A	**16** Has the plan been top-heavy at any time beginning with the 1984 plan year?	16		
N/A	**17** Has the annual compensation of each participant taken into account under the current plan year been limited to $222,220?	17		
N/A	**18a (1)** Did the plan distribute any annuity contracts this year? (See instructions.)	18a(1)		
	(2) If (1) is "Yes," did these contracts contain a requirement that the spouse consent before any distributions under the contract are made in a form other than a qualified joint and survivor annuity?	18a(2)		
	b Did the plan make distributions to participants or beneficiaries in a form other than a qualified joint and survivor annuity (a life annuity if a single person) or qualified preretirement survivor annuity (exclude deferred annuity contracts)? . .	18b		
	c Did the plan make distributions or loans to married participants and beneficiaries without the required consent of the participant's spouse?	18c		
	d Upon plan amendment or termination, do the accrued benefits of every participant include the subsidized benefits that the participant may become entitled to receive subsequent to the plan amendment or termination?	18d		
N/A	**19** Were distributions, if any, made in accordance with the requirements of Code sections 411(a)(11) and 417(e)? (see instructions) . .	19		
N/A	**20** Have any contributions been made or benefits accrued in excess of the Code section 415 limits, as amended by the Tax Reform Act of 1986?	20		
N/A	**21** Has the plan made the required distributions in 1991 under Code section 401(a)(9)? (See instructions.)	21		
	22a Does the employer apply the separate line of business rules of Code section 414(r) when testing to see if this plan satisfies the coverage and discrimination tests requirements of Code sections 410(b) and 401(a)(4)?	22a		X
	b If **a** is "Yes," enter the total number of separate lines of business claimed by the employer . . . . . ▶ .... If more than one separate line of business, see instructions for additional information to attach.			
	c Does the plan consist of more than one part that is mandatorily disaggregated under Income Tax Regulations section 1.410(b)–7(c)? . If "Yes," see instructions for additional information to attach.	22c		X
	d In testing whether this plan satisfies the coverage and discrimination tests of Code sections 410(b) and 401(a), does the employer aggregate plans?	22d		X
	e Does the employer restructure the plan into component plans to satisfy the coverage and discrimination tests of Code sections 410(b) and 401(a)(4)?	22e		X
	f If you meet either one of the following exceptions; check the applicable box to tell which exception you meet and do NOT complete the rest of question 22: (1) ☒ No highly compensated employee benefited under the plan at any time during the plan year; (2) ☐ This is a collectively bargained plan that benefits only employees covered under a collective bargaining agreement, and no more than 2 percent of the employees who are covered under the collectively bargained agreement are professional employees.			
	g Did any leased employee perform services for the employer at any time during the plan year?	22g		

		Number
h Enter the total number of employees of the employer. Employer includes entities aggregated with the employer under Code sections 414(b), (c), or (m). The number of employees includes leased employees and self-employed individuals	22h	
i Enter the total number of employees excludable under the plan because of: *(1)* failure to meet requirements for minimum age and years of service; *(2)* coverage under a collective bargaining agreement; *(3)* nonresident aliens who receive no earned income from U. S. sources; and *(4)* the 500 hours of service/last day rule?	22i	
j Enter the number of nonexcludable employees (subtract line **i** from line **h**)	22j	
k Do 100 percent of the nonexcludable employees entered on line **j** benefit under the plan? . . . Yes ☐ No ☐ If line **k** is "Yes," do NOT complete lines 22l through 22o.		
l Enter the number of nonexcludable employees (line **j**) who are highly compensated employees	22l	
m Enter the number of nonexcludable employees who benefit under the plan	22m	
n Enter the number of employees entered on line **m** who are highly compensated employees	22n	
o This plan satisfies the coverage requirements on the basis of (check one): (1) ☐ The average benefits test (2) ☐ The ratio percentage test—enter value ▶		

			Yes	No
N/A	**23a** Is it intended that this plan qualify under Code section 401(a)? If "Yes," complete **b** and **c**.	23a		
	b Enter the date of the most recent IRS determination letter . . . Month .... Year			
	c Is a determination letter request pending with IRS?	23c		
N/A	**24a** If this is a plan with Employee Stock Ownership (ESOP) features, was a current appraisal of the value of the stock made immediately before any contribution of stock or the purchase of the stock by the trust for the plan year covered by this return/report? (If this plan has NO ESOP features leave blank and go to item 25.)	24a		
	b If a is "Yes," was the appraisal made by an unrelated third party?	24b		
	c If dividends paid on employer securities held by the ESOP were used to make payments on ESOP loans, enter the amount of the dividends used to make the payments . . . . ▶ 24c			
N/A	**25** Does the plan provide for permitted disparity? See Code sections 401(a)(5) and 401(l)	25		
N/A	**26** Does the employer/sponsor listed in 1a of this form maintain other qualified pension benefit plans? If "Yes," enter the total number of plans, including this plan ▶	26		

N/A **27** If this plan is an adoption of a master, prototype, or regional prototype plan, indicate which type by checking the appropriate box:
a ☐ Master **b** ☐ Prototype **c** ☐ Regional Prototype

N/A **28a** Is the plan covered under the Pension Benefit Guaranty Corporation termination insurance program? . . . ☐ **Yes** ☐ **No** ☐ **Not determined**

b If **a** is "Yes" or "Not determined," enter the employer identification number and the plan number used to identify it.
Employer identification number ▶ Plan number ▶

29 The following applies to item 29: (i) you may **NOT** use **N/A** in response to any line item, and (ii) if "Yes" is checked, you must enter a dollar amount in the amount column.

During this plan year:

		Yes	No	Amount
a Was this plan covered by a fidelity bond?	29a			
b If **a** is "Yes," enter the name of the surety company				
c Was there any loss to the plan, whether or not reimbursed, caused by fraud or dishonesty?	29c			
d Was there any sale, exchange, or lease of any property between the plan and the employer, any fiduciary, any of the five most highly paid employees of the employer, any owner of a 10% or more interest in the employer, or relatives of any such persons?	29d			
e Was there any loan or extension of credit by the plan to the employer, any fiduciary, any of the five most highly paid employees of the employer, any owner of a 10% or more interest in the employer, or relatives of any such persons?	29e			
f Did the plan acquire or hold any employer security or employer real property?	29f			
g Has the plan granted an extension on any delinquent loan owed to the plan?	29g			
h Has the employer owed contributions to the plan which are more than 3 months overdue?	29h			
i Were any loans by the plan or fixed income obligations due the plan classified as uncollectible or in default as of the close of the plan year?	29i			
j Has any plan fiduciary had a financial interest in excess of 10% in any party providing services to the plan or received anything of value from any such party?	29j			
k Did the plan at any time hold 20% or more of its assets in any single security, debt, mortgage, parcel of real estate, or partnership/joint venture interests?	29k			
l Did the plan at any time engage in any transaction or series of related transactions involving 20% or more of the current value of plan assets?	29l			
m Were there any noncash contributions made to the plan whose value was set without an appraisal by an independent third party?	29m			
n Were there any purchases of nonpublicly traded securities by the plan whose value was set without an appraisal by an independent third party?	29n			
o Has the plan failed to provide any benefit when due under the terms of the plan because of insufficient assets?	29o			

N/A **30** 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. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions. Do not enter the value of the 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. Any other amounts are subject to rejection. Plans with no assets at the beginning and end of the plan year enter -0- on line f.**

Assets		(a) Beginning of year	(b) End of year
a Cash	30a		
b Receivables	30b		
c Investments:			
(1) U.S. Government securities	30c(1)		
(2) Corporate debt and equity instruments	30c(2)		
(3) Real estate and mortgages (other than to participants)	30c(3)		
(4) Loans to participants:			
A Mortgages	(4)A		
B Other	(4)B		
(5) Other	30c(5)		
(6) Total investments (add (1) through (5)) ▶	30c(6)		
d Buildings and other property used in plan operations	30d		
e Other assets	30e		
f Total assets (add a, b, c(6), d, and e) ▶	30f		
Liabilities			
g Payables	30g		
h Acquisition indebtedness	30h		
i Other liabilities	30i		
j Total liabilities (add g through i) ▶	30j		
k Net assets (f minus j) ▶	30k		

N/A **31** Plan income, expenses, and changes in net assets for the plan 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. Any other amounts are subject to rejection.**

Income		(a) Amount	(b) Total
a Contributions received or receivable in cash from:			
(1) Employer(s) (including contributions on behalf of self-employed individuals)	31a(1)		
(2) Employees	31a(2)		
(3) Others	31a(3)		
(4) Add (1) through (3)	31a(4)		
b Noncash contributions (enter total of a(4) and b in column (b))	31b		
c Earnings from investments (interest, dividends, rents, royalties)	31c		
d Net realized gain (loss) on sale or exchange of assets	31d		
e Other income (specify) ▶	31e		
f Total income (add b through e) ▶	31f		
Expenses			
g Distribution of benefits and payments to provide benefits:			
(1) Directly to participants or their beneficiaries	31g(1)		
(2) Other	31g(2)		
(3) Total distribution of benefits and payments to provide benefits	31g(3)		
h Administrative expenses (salaries, fees, commissions, insurance premiums)	31h		
i Other expenses (specify) ▶	31i		
j Total expenses (add g through i) ▶	31j		
k Net income (loss) (subtract j from f) ▶	31k		