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Form 990

Return of Organization Exempt From Income Tax

2008

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 09-01-2008 and ending 08-31-2009

<input type="checkbox"/> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization SOUTH SHORE YMCA		D Employer identification number 04-2105881		
	E Doing Business As		F Telephone number (617) 479-8500		
	G Number and street (or P O box if mail is not delivered to street address) 79 CODDINGTON STREET		H Room/suite	I Gross receipts \$ 21,884,663	
	J City or town, state or country, and ZIP + 4 QUINCY, MA 02169		K Name and address of Principal Officer STEPHEN MOSS 79 CODDINGTON STREET QUINCY, MA 02169		L Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	M Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) ► (Insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		N Web site: ► WWW SSYMCA.ORG		O Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No," attach a list See instructions)
P Type of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> trust <input type="checkbox"/> association <input type="checkbox"/> other ►		Q Year of Formation 1892		R State of legal domicile MA	

Part I Summary

1 Briefly describe the organization's mission or most significant activities Promote healthy spirit, mind and body for all	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets		
	3 Number of voting members of the governing body (Part VI, line 1a)		4 3 41
	4 Number of independent voting members of the governing body (Part VI, line 1b)		5 4 41
	5 Total number of employees (Part V, line 2a)		6 5 1,427
	6 Total number of volunteers (estimate if necessary) . . .		7 6 981
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C) . . .		7a 7a 0
	b Net unrelated business taxable income from Form 990-T, line 34 . . .		7b 7b 0

8 Contributions and grants (Part VIII, line 1h)	Prior Year	
	9 3,462,052	
	10 Program service revenue (Part VIII, line 2g)	
	11 17,048,171	
	12 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	
	13 550,643	
14 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
15 674,347		
16 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		
17 21,735,213		

18 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	Prior Year	
	19 1,633,875	
	20 Benefits paid to or for members (Part IX, column (A), line 4)	
	21 18,027,663	
	22 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	
	23 550,643	
	24 Professional fundraising fees (Part IX, column (A), line 11e)	
	25 -137,383	
26 (Total fundraising expenses, Part IX, column (D), line 25 487,264)		
27 674,347		
28 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		
29 613,503		
30 Total expenses—add lines 13-17 (must equal Part IX, line 25, column (A))		
31 21,735,213		
32 Revenue less expenses Subtract line 18 from line 12		
33 20,137,658		

34 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	Prior Year	
	35 0	
	36 Benefits paid to or for members (Part IX, column (A), line 4)	
	37 0	
38 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
39 10,255,369		
40 Professional fundraising fees (Part IX, column (A), line 11e)		
41 11,171,500		
42 (Total fundraising expenses, Part IX, column (D), line 25 487,264)		
43 0		
44 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		
45 8,898,657		
46 Total expenses—add lines 13-17 (must equal Part IX, line 25, column (A))		
47 9,375,995		
48 Revenue less expenses Subtract line 18 from line 12		
49 19,154,026		
50 20,547,495		
51 2,581,187		
52 -409,837		

53 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	Beginning of Year	
	54 0	
	55 Benefits paid to or for members (Part IX, column (A), line 4)	
	56 0	
57 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
58 10,255,369		
59 Professional fundraising fees (Part IX, column (A), line 11e)		
60 11,171,500		
61 (Total fundraising expenses, Part IX, column (D), line 25 487,264)		
62 0		
63 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		
64 8,898,657		
65 Total expenses—add lines 13-17 (must equal Part IX, line 25, column (A))		
66 9,375,995		
67 Revenue less expenses Subtract line 18 from line 12		
68 19,154,026		
69 20,547,495		
70 2,581,187		
71 -409,837		

72 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	End of Year	
	73 0	
	74 Benefits paid to or for members (Part IX, column (A), line 4)	
	75 0	
76 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
77 10,255,369		
78 Professional fundraising fees (Part IX, column (A), line 11e)		
79 11,171,500		
80 (Total fundraising expenses, Part IX, column (D), line 25 487,264)		
81 0		
82 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		
83 8,898,657		
84 Total expenses—add lines 13-17 (must equal Part IX, line 25, column (A))		
85 9,375,995		
86 Revenue less expenses Subtract line 18 from line 12		
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88 20,547,495		
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90 -409,837		

91 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	Beginning of Year	
	92 0	
	93 Benefits paid to or for members (Part IX, column (A), line 4)	
	94 0	
95 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
96 10,255,369		
97 Professional fundraising fees (Part IX, column (A), line 11e)		
98 11,171,500		
99 (Total fundraising expenses, Part IX, column (D), line 25 487,264)		
100 0		
101 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		
102 8,898,657		
103 Total expenses—add lines 13-17 (must equal Part IX, line 25, column (A))		
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105 Revenue less expenses Subtract line 18 from line 12		
106 19,154,026		
107 20,547,495		
108 2,581,187		
109 -409,837		

110 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	End of Year	
	111 0	
	112 Benefits paid to or for members (Part IX, column (A), line 4)	
	113 0	
114 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
115 10,255,369		
116 Professional fundraising fees (Part IX, column (A), line 11e)		
117 11,171,500		
118 (Total fundraising expenses, Part IX, column (D), line 25 487,264)		
119 0		
120 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		
121 8,898,657		
122 Total expenses—add lines 13-17 (must equal Part IX, line 25, column (A))		
123 9,375,995		
124 Revenue less expenses Subtract line 18 from line 12		
125 19,154,026		
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127 2,581,187		
128 -409,837		

129 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	Beginning of Year	
	130 0	
	131 Benefits paid to or for members (Part IX, column (A), line 4)	
	132 0	
133 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
134 10,255,369		
135 Professional fundraising fees (Part IX, column (A), line 11e)		
136 11,171,500		
137 (Total fundraising expenses, Part IX, column (D), line 25 487,264)		
138 0		
139 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		
140 8,898,657		
141 Total expenses—add lines 13-17 (must equal Part IX, line 25, column (A))		
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143 Revenue less expenses Subtract line 18 from line 12		
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145 20,547,495		
146 2,581,187		
147 -409,837		

148 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	End of Year	
	149 0	
	150 Benefits paid to or for members (Part IX, column (A), line 4)	
	151 0	
152 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
153 10,255,369		
154 Professional fundraising fees (Part IX, column (A), line 11e)		
155 11,171,500		
156 (Total fundraising expenses, Part IX, column (D), line 25 487,264)		
157 0		
158 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		
159 8,898,657		
160 Total expenses—add lines 13-17 (must equal Part IX, line 25, column (A))		
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162 Revenue less expenses Subtract line 18 from line 12		
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164 20,547,495		
165 2,581,187		
166 -409,837		

167 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	Beginning of Year	
	168 0	
	169 Benefits paid to or for members (Part IX, column (A), line 4)	
	170 0	
171 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
172 10,255,369		
173 Professional fundraising fees (Part IX, column (A), line 11e)		
174 11,171,500		
175 (Total fundraising expenses, Part IX, column (D), line 25 487,264)		
176 0		
177 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		
178 8,898,657		
179 Total expenses—add lines 13-17 (must equal Part IX, line 25, column (A))		
180 9,375,995		
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182 19,154,026		
183 20,547,495		
184 2,581,187		
185 -409,837		

186 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	End of Year	
	187 0	
	188 Benefits paid to or for members (Part IX, column (A), line 4)	
	189 0	
190 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
191 10,255,369		
192 Professional fundraising fees (Part IX, column (A), line 11e)		
193 11,171,500		
194 (Total fundraising expenses, Part IX, column (D), line 25 487,264)		
195 0		
196 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		
197 8,898,657		
198 Total expenses—add lines 13-17 (must equal Part IX, line 25, column (A))		
199 9,375,995		
200 Revenue less expenses Subtract line 18 from line 12		
201 19,154,026		
202 20,547,495		
203 2,581,187		
204 -409,837		

205 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	Beginning of Year	
	206 0	
	207 Benefits paid to or for members (Part IX, column (A), line 4)	
	208 0	
209 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
210 10,255,369		
211 Professional fundraising fees (Part IX, column (A), line 1		

Part III Statement of Program Service Accomplishments (See the instructions.)

1 Briefly describe the organization's mission

Promote healthy spirit, mind and body for all

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

3 Did the organization cease conducting or make significant changes in how it conducts any program services? Yes No
If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses
Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ including grants of \$) (Revenue \$)
The YMCA is a membership association of men, women, and children of all ages, abilities, incomes, races and religions. It is dedicated to building healthy spirit, mind and body of individuals and families. It puts Christian principles into practice through programs and services that promote good health, strong families, youth leadership, education, community development and international understanding. The goals of all YMCA programs and practices are to help participants *Grow as responsible members of families and communities *Understand that well-being includes a healthy spirit, mind and body *Build self-esteem, an appreciation of one's worth *Work for worldwide understanding *Develop skills for leadership *Develop moral and ethical behavior based upon Christian principles and the YMCA core values of Caring, Honesty, Respect and Responsibility *Educate children and families in the area of life skills creating an opportunity for success *Recognize that everyone is a child of God and worthy of respect History and Overview The South Shore YMCA was founded in 1892 in Quincy, Massachusetts by a small group of caring people who wanted to provide a wholesome atmosphere, positive activities and role models for young men living in the city. They began by offering programs and facilities such as a reading room, educational classes, a gymnasium and an amusement room. Over the past century, the YMCA has evolved into a full-service, responsive organization meeting the needs of thousands of area children and families every day. The initial response to the mission of the YMCA was great. Community leaders saw a growing need for the YMCA, and by 1944, it was clear that the organization needed a new headquarters. Through the efforts of a successful community fundraising campaign, in the early 1950's, a new facility was built on Coddington Street in Quincy's downtown neighborhood. In the decades to follow, several building additions took place, with the most recent expansion being completed in 1996, adding a second indoor pool and making the facility handicapped accessible. The expansions at Coddington Street increased the organization's capacity to offer programs and services to meet the increasing needs of the region. The Quincy Branch of the YMCA has served as the YMCA's headquarters for more than 50 years and it is one of the busiest YMCA facilities in the state. In 1998, the South Shore YMCA established a family community center in Hanover, Massachusetts. After a successful capital campaign, the building was transformed into a state of the art, full-service YMCA facility. In a short time, membership surpassed 25,000 children and families and the facility has provided a much-needed addition to the region's social infrastructure. Throughout the organization's history, its mission to improve the lives of people and the quality of life in the community has been the cornerstone of the services it has offered. In this spirit, the significant growth of the organization has been a direct result of the effort to meet the increasing needs of children and families throughout the service area

4b (Code) (Expenses \$ including grants of \$) (Revenue \$)
Our Mission The South Shore YMCA is a not-for-profit association of individuals dedicated to improving the quality of life for all through programs that promote healthy spirit, mind and body. Rooted in Christian tradition and values, the YMCA seeks to serve all people, regardless of age, gender, race, religion or economic circumstances. Our programs and services strive to strengthen the family, guide the youth of today and meet the ever-changing needs of our community. YMCA Camping The South Shore YMCA offers a variety of resident and day camping programs. YMCA camping programs are educational, they promote spiritual awareness, mental development, physical well being, social growth and an respect for the environment. Through a variety of activities and the use of natural surroundings, YMCA camps seek to help participants achieve their fullest potential in spirit, mind and body. Low-cost YMCA camping programs also are a safe, high-quality alternative for working parents. As in the case of other YMCA programs, financial assistance is available for those who cannot afford the customary fee

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)
YMCA Health and Well-being The familiar YMCA triangle emphasizes the oneness of spirit, mind and body. YMCA health enhancement programs achieve this unity through medically sound programs that stress proper exercise, nutrition, stress management, health education, and avoidance of drug and alcohol abuse. The South Shore YMCA offers a lifelong progression of health and fitness activities that incorporate information, motivation, and activation for children, teens, adults, seniors, and families. The YMCA recognizes that fitness should be a way of life to the entire family. We also offer the Live Yers Program, which is a retired men's and women's club that provides social interaction and activities that are educational, informative, and entertaining. YMCA programs are also designed to attract people of all abilities and socioeconomic status. A special effort is made to include those in our community with disabilities. Our Partnership Program trains volunteers to work one-on-one with disabled members who require the assistance of a training partner. Participants include individuals with various disabilities, including "para" and quadriplegia, blindness, deafness, cerebral palsy, epilepsy, brain injury and stroke. Several pieces of strength training and cardiovascular equipment in our fitness center are designed specifically to meet the unique requirements of individuals with disabilities. Also, because financial assistance is available to those who qualify, many of our disabled members who are on fixed incomes know that there will always be a place for them here

(Code) (Expenses \$ including grants of \$) (Revenue \$)
11,913,839 355,517 14,402,132

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

4e Total program service expenses \$ 17,929,912 Must equal Part IX, Line 25, column (B).

Part IV Checklist of Required Schedules

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A

2 Is the organization required to complete Schedule B, Schedule of Contributors?

3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

4 Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II

5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III

6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I

7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III

9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV

10 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V

11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable

12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII

13 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the U.S.?

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I

15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II

16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III

17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I

18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

19 Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III

20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H

21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III

23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J

24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?

25a Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I

b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I

26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II

27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III

	Yes	No
1	Yes	
2	Yes	
3		No
4		No
5		
6		No
7		No
8		No
9		No
10	Yes	
11	Yes	
12	Yes	
13		No
14a		No
14b		No
15		No
16		No
17		No
18	Yes	
19		No
20		No
21		No
22		No
23	Yes	
24a		No
24b		
24c		
24d		
25a		No
25b		No
26		No
27		No

Part IV Checklist of Required Schedules (Continued)

28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee

- a** Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV
- b** Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV
- c** Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV

29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M

30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M

31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I

34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1

35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

36 501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2

37 Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

	Yes	No
28a		No
28b		No
28c	Yes	
29		No
30		No
31		No
32		No
33		No
34		No
35		No
36		No
37		No

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable	1a	10
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a	1,427
2b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? <i>Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.</i>	2b	Yes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	No
3b	If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i>	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	No
4b	If "Yes," enter the name of the foreign country _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .	4b	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
5c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction</i> ?	5c	
6a	Did the organization solicit any contributions that were not tax deductible?	6a	No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	<i>Organizations that may receive deductible contributions under section 170(c).</i>	7a	Yes
7a	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more?	7b	Yes
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7c	No
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7d	
7d	If "Yes," indicate the number of Forms 8282 filed during the year	7e	No
7e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f	No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g	No
7g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7h	No
7h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	8	
8	<i>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</i> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	9a	
9	<i>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</i>	9b	
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	<i>Section 501(c)(7) organizations.</i> Enter	10a	
10a	Initiation fees and capital contributions included on Part VIII, line 12	10b	
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	11a	
11	<i>Section 501(c)(12) organizations.</i> Enter	11b	
11a	Gross income from members or shareholders	12a	
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	12b	
12a	<i>Section 4947(a)(1) non-exempt charitable trusts.</i> Is the organization filing Form 990 in lieu of Form 1041?	12b	
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)
Section A. Governing Body and Management

	Yes	No
For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.		
1a Enter the number of voting members of the governing body . . .	1a	41
b Enter the number of voting members that are independent . . .	1b	41
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	No
5 Did the organization become aware during the year of a material diversion of the organization's assets?	5	No
6 Does the organization have members or stockholders?	6	No
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	No
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	No
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a the governing body?	8a	Yes
b each committee with authority to act on behalf of the governing body?	8b	Yes
9a Does the organization have local chapters, branches, or affiliates?	9a	Yes
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b	Yes
10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Yes
11 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11	No

Section B. Policies

	Yes	No
12a Does the organization have a written conflict of interest policy? If "No", go to line 13	12a	Yes
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes
13 Does the organization have a written whistleblower policy?	13	Yes
14 Does the organization have a written document retention and destruction policy?	14	Yes
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision		
a The organization's CEO, Executive Director, or top management official?	15a	No
b Other officers or key employees of the organization?	15b	No
Describe the process in Schedule O		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	No
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	No

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed MA

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply
 own website another's website upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization
 STEPHEN MOSS VP -- FINANCE SYSTEMS
 79 CODDINGTON STREET
 QUINCY, MA 02169
 (617) 479-8500

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

* List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid

* List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

* List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

* List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if the organization did not compensate any officer, director, trustee or key employee.

Part VII **Continued**

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►8

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
Apple Corps Inc PO BOX 501 Weymouth, MA 02190	Contract Cleaning	235,549

Part
VIII

Statement of Revenue

		(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a Federated campaigns . . . 1a 110,113					
	b Membership dues 1b					
	c Fundraising events 1c					
	d Related organizations . . . 1d					
	e Government grants (contributions) 1e 400,845					
	f All other contributions, gifts, grants, and similar amounts not included above 1f 1,122,917					
	g Noncash contributions included in lines 1a-1f \$ _____	1,633,875				
	h Total (Add lines 1a-1f) 1f					
Program Service Revenue	2a Dues and assessments	Business Code				
			713,940	9,512,923	9,512,923	
	b RESIDENT, DAY CAMP		713,940	3,903,519	3,903,519	
	c PROGRAM FEES		713,940	3,252,247	3,252,247	
	d CHILD CARE		624,410	1,358,974	1,358,974	
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f 2f ► \$ 18,027,663					
3 Investment income (including dividends, interest other similar amounts) 3		224,010		224,010		
4 Income from investment of tax-exempt bond proceeds . 4						
5 Royalties 5						
	(i) Real	(ii) Personal				
6a Gross Rents						
b Less rental expenses						
c Rental income or (loss)						
d Net rental income or (loss) 6d						
7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	1,262,845					
b Less cost or other basis and sales expenses	1,624,238					
c Gain or (loss)	-361,393					
d Net gain or (loss) 7d		-361,393	-361,393			
8a Gross income from fundraising events (not including \$ 464,023 of contributions reported on line 1c) See Part IV, line 18 Attach Schedule G if total exceeds \$15,000 a						
b Less direct expenses . . . b 122,767						
c Net income or (loss) from fundraising events . . . c		341,256	341,256			
9a Gross income from gaming activities See part IV, line 19 Complete Schedule G if total exceeds \$15,000						
a						
b Less direct expenses . . . b						
c Net income or (loss) from gaming activities . . . c						
10a Gross sales of inventory, less returns and allowances a						
b Less cost of goods sold . . . b						
c Net income or (loss) from sales of inventory . . . c						
Miscellaneous Revenue		Business Code				
11a MERCANDISE & VENDING	900,099	124,091	124,091			
b FACILITY RENT	900,002	78,674	78,674			
c OTHER INCOME	900,099	69,482	69,482			
d All other revenue _____						
e Total. Add lines 11a-11d 11d ► \$ 272,247						
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e 12	20,137,658	18,279,773	0	224,010		

Part IX Statement of Functional Expenses**Section 501(c)(3) and 501(c)(4) organizations must complete all columns.****All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).**

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
2 Grants and other assistance to individuals in the U S See Part IV, line 22				
3 Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,015,470	348,229	550,556	116,685
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	8,464,712	7,503,037		184,669
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	967,517	735,530	186,833	45,154
10 Payroll taxes	723,801	612,606	90,752	20,443
11 Fees for services (non-employees)				
a Management	5,844	1,398	4,446	
b Legal	34,420		34,420	
c Accounting				
d Lobbying				
e Professional fundraising See Part IV, line 17 . . .				
f Investment management fees				
g Other	838,484	658,939	176,829	2,716
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	887,474	866,730	20,701	43
17 Travel	166,105	152,929	7,585	5,591
18 Payments of travel or entertainment expenses for any Federal, state or local public officials				
19 Conferences, conventions and meetings	93,670	32,671	55,682	5,317
20 Interest	371,411	367,614	3,797	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,425,142	1,351,980	73,162	
23 Insurance				
24 Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a UTILITIES	1,323,515	1,323,515	0	0
b FINANCIAL ASSISTANCE	1,114,697	1,114,697	0	0
c OFFICE, FOOD, PROGRAM SU	953,752	940,099	11,049	2,604
d Abandoned Project Costs	912,468	912,468	0	0
e INSURANCE	304,692	270,004	34,688	0
f All other expenses	944,321	737,466	102,813	104,042
25 Total functional expenses. Add lines 1 through 24f	20,547,495	17,929,912	2,130,319	487,264
26 Joint Costs. Check <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year	(B) End of year
Assets			
1	Cash—non-interest-bearing	1	1
2	Savings and temporary cash investments	47,712	2
3	Pledges and grants receivable, net	5,920,068	3
4	Accounts receivable, net	314,028	4
5	Receivables from current and former officers, directors, trustees, key employees or other related parties <i>Complete Part II of Schedule L</i>	5	
6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) <i>Complete Part II of Schedule L</i>	6	
7	Notes and loans receivable, net	7	
8	Inventories for sale or use	16,148	8
9	Prepaid expenses and deferred charges	60,077	9
10a	Land, buildings, and equipment cost basis	10a	41,845,671
b	Less accumulated depreciation <i>Complete Part VI of Schedule D</i>	10b	13,111,013
11	Investments—publicly traded securities	30,416,215	10c
12	Investments—other securities See Part IV, line 11 <i>Complete Part VII of Schedule D</i>	6,811,973	11
13	Investments—program-related See Part IV, line 11 <i>Complete Part VIII of Schedule D</i>	12	
14	Intangible assets	13	
15	Other assets See Part IV, line 11 <i>Complete Part IX of Schedule D</i>	14	
16	Total assets. Add lines 1 through 15 (must equal line 34)	1,886,795	15
17	Accounts payable and accrued expenses	45,473,017	16
18	Grants payable	614,335	17
19	Deferred revenue	80,095	18
20	Tax-exempt bond liabilities	20	
21	Escrow account liability <i>Complete Part IV of Schedule D</i>	21	
22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons <i>Complete Part II of Schedule L</i>	22	
23	Secured mortgages and notes payable to unrelated third parties	11,875,138	23
24	Unsecured notes and loans payable	24	
25	Other liabilities <i>Complete Part X of Schedule D</i>	896,131	25
26	Total liabilities. Add lines 17 through 25	13,465,699	26
Liabilities			
Net Assets or Fund Balances			
27	Unrestricted net assets	24,638,740	27
28	Temporarily restricted net assets	7,346,237	28
29	Permanently restricted net assets	22,341	29
Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
30	Capital stock or trust principal, or current funds	30	
31	Paid-in or capital surplus, or land, building or equipment fund	31	
32	Retained earnings, endowment, accumulated income, or other funds	32	
33	Total net assets or fund balances	33	31,170,179
34	Total liabilities and net assets/fund balances	34	44,231,557

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> cash <input checked="" type="checkbox"/> accrual <input type="checkbox"/> other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	No
b	If "Yes," did the organization undergo the required audit or audits?	3b	Yes

SCHEDULE A
(Form 990 or 990EZ)**Public Charity Status and Public Support****2008**Department of the Treasury
Internal Revenue Service**To be completed by all section 501(c)(3) organizations and section 4947(a)(1)
nonexempt charitable trusts.****Attach to Form 990 or Form 990-EZ. See separate instructions.****Open to Public
Inspection****Name of the organization**
SOUTH SHORE YMCA**Employer identification number**

04-2105881

Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only one organization)

1 A church, convention of churches, or association of churches described in **Section 170(b)(1)(A)(i)**.

2 A school described in **Section 170(b)(1)(A)(ii)**. (Attach Schedule E)

3 A hospital or a cooperative hospital service organization described in **Section 170(b)(1)(A)(iii)**. (Attach Schedule H)

4 A medical research organization operated in conjunction with a hospital described in **Section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state

5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **Section 170(b)(1)(A)(iv)**. (Complete Part II)

6 A federal, state, or local government or governmental unit described in **Section 170(b)(1)(A)(v)**.

7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **Section 170(b)(1)(A)(vi)** (Complete Part II)

8 A community trust described in **Section 170(b)(1)(A)(vi)** (Complete Part II)

9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **Section 509(a)(2)**. (Complete Part III)

10 An organization organized and operated exclusively to test for public safety See **Section 509(a)(4)**. (See instructions)

11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **Section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h

e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii) a family member of a person described in (i) above?

(iii) a 35% controlled entity of a person described in (i) or (ii) above?

h Provide the following information about the organizations the organization supports

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (See Instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I.)
Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add line 1-3						
5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						
6 Public Support subtract line 5 from line 4						

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total Support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	

13 First Five Years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here**

**Computation of Public Support Percentage**

14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f	15	
16a 33 1/3% Test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization		
b 33 1/3% Test - 2007. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization		
17a 10% Facts and Circumstances Test - 2008. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here . Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization		
b 10% Facts and Circumstances Test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here . Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization		
18 Private Foundation. If the organization did not check the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions		

Part III Support Schedule for Organizations Described in IRC 509(a)(2)
 (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	8,190,538	9,226,884	14,955,346	12,096,822	11,146,798	55,616,388
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	7,025,678	7,129,504	8,184,861	8,876,873	8,855,996	40,072,912
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total Add lines 1-5	15,216,216	16,356,388	23,140,207	20,973,695	20,002,794	95,689,300
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Total of lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						95,689,300

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	15,216,216	16,356,388	23,140,207	20,973,695	20,002,794	95,689,300
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	203,390	243,801	469,118	517,420	224,010	1,657,739
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						
c Add lines 10a and 10b	203,390	243,801	469,118	517,420	224,010	1,657,739
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)			208,742	210,875	272,247	691,864
13 Total Support (Add lines 9, 10c, 11 and 12)						98,038,903
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						


Computation of Public Support Percentage

15 Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	15	97 600 %
16 Public Support Percentage for 2007 Schedule A, Part IV-A, line 27g	16	97 610 %

Computation of Investment Income Percentage

17 Investment Income Percentage for 2008 (line 10c column (f) divided by line 13 column (f))	17	1 690 %
18 Investment Income Percentage from 2007 Schedule A, Part IV-A, line 27h	18	2 070 %
19a 33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization		
b 33 1/3% Tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization		
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions		



Part IV **Supplemental Information.** Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide any other additional information. (see instructions)

Facts and Circumstances Test

Additional Data

Software ID:
Software Version:
EIN: 04-2105881
Name: SOUTH SHORE YMCA

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee			
JOAN ANKNER , DIRECTOR	1 50	X					0	0	0
JAY ASHER , DIRECTOR AND CLERK	1 50	X					0	0	0
ANN BERRADA , DIRECTOR	1 50	X					0	0	0
DOUGLAS BRIGGS , DIRECTOR	1 50	X					0	0	0
STEVEN BRIGGS , DIRECTOR	1 50	X					0	0	0
DAVID CHEW , DIRECTOR	1 50	X					0	0	0
ALEX CLARK , DIRECTOR	1 50	X					0	0	0
DAN DEMARCO , DIRECTOR & VICE CHAIR	1 50	X	X				0	0	0
HUGH DEVINE , DIRECTOR	1 50	X					0	0	0
MARK DICKINSON , DIRECTOR	1 50	X					0	0	0
LAWRENCE DINARDO ESQ , DIRECTOR	1 50	X					0	0	0
PETER FINNEGAN , DIRECTOR	1 50	X					0	0	0
DANIEL FLYNN , DIRECTOR	1 50	X					0	0	0
PHYLLIS GODWIN , DIRECTOR AND ASST TREAS	1 50	X	X				0	0	0
ROB HALE , DIRECTOR	1 50	X					0	0	0
BRUCE HAAS , DIRECTOR	1 50	X					0	0	0
BRUCE HUMPHREY , DIRECTOR & TREASURER	1 50	X	X				0	0	0
WILLIAM JACKSON , DIRECTOR	1 50	X					0	0	0
DAVID KEEFE , DIRECTOR & VICE CHAIR	1 50	X	X				0	0	0
WILLIAM KELLEY , DIRECTOR	1 50	X					0	0	0
ROBERT KING , DIRECTOR	1 50	X					0	0	0
JULIE LACY , DIRECTOR	1 50	X					0	0	0
JULIE LORIGAN , DIRECTOR & CHAIRPERSON	1 50	X	X				0	0	0
JIMMY LIANG , DIRECTOR	1 50	X					0	0	0
DONALD J MACKINNON , DIRECTOR	1 50	X					0	0	0
SUSAN MACPHERSON , DIRECTOR	1 50	X					0	0	0
GEOFFREY MCCULLOUGH , DIRECTOR	1 50	X					0	0	0
PAUL F MOLLICA , DIRECTOR	1 50	X					0	0	0
PETER RACICOT , DIRECTOR	1 50	X					0	0	0
JOHN SHESKEY , DIRECTOR	1 50	X					0	0	0

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee			
BRIAN TEDESCHI , DIRECTOR	1 50	X					0	0	0
MELISSA TULLY , DIRECTOR	1 50	X					0	0	0
PHIL LUSSIER , DIRECTOR	1 50	X					0	0	0
JIM MACALLEN , DIRECTOR	1 50	X					0	0	0
JACK MCDONOUGH , DIRECTOR	1 50	X					0	0	0
JOHN PEREIRA , DIRECTOR	1 50	X					0	0	0
SEAN MCDONOUGH , DIRECTOR	1 50	X					0	0	0
JON NORTON , DIRECTOR	1 50	X					0	0	0
ROBERT RIVERS , DIRECTOR	1 50	X					0	0	0
DEL BERRADA , DIRECTOR	1 50	X					0	0	0
RICHARD BOWEN , DIRECTOR	1 50	X					0	0	0
RALPH YOHE , PRESIDENT	40 00			X	X		258,128	0	0
MARY A HURLEY , SENIOR VICE PRESIDENT	40 00			X	X		188,266	0	0
NATALIE NORTON , VICE PRESIDENT--OPERATIO	40 00			X	X		154,529	0	0
PETER WAISGERBER , VP - FINCL DEV & COMMUNI	40 00			X	X		122,163	0	0
WILLIAM JOHNSON , VP - FACILITIES	40 00			X	X		138,180	0	0
JAMES BUNNELL , EXEC DIR--MILL POND	40 00			X	X		136,454	0	0
WAYNE WESCOTT , EXEC DIR	40 00			X	X		126,199	0	0
STEPHEN MOSS , VP - FINANCE & SYSTEMS	40 00			X			104,028	0	0

2008

Open to Public
Inspection**SCHEDULE D**
(Form 990)**Supplemental Financial Statements**► Attach to Form 990. To be completed by organizations that
answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.Department of the Treasury
Internal Revenue Service**Name of the organization**

SOUTH SHORE YMCA

Employer identification number

04-2105881

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate Contributions to (during year)		
3 Aggregate Grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area

Protection of natural habitat Preservation of certified historic structure

Preservation of open space

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
2a	
2b	
2c	
2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ►

4 Number of states where property subject to conservation easement is located ►

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds?

 Yes No

6 Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year ►

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ► \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

 Yes No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

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

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ► \$

(ii) Assets included in Form 990, Part X ► \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ► \$

b Assets included in Form 990, Part X ► \$

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

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

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

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

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

Part IV Trust, Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain why in Part XIV and complete the following table

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	6,577,590				
b Contributions	47,237				
c Investment earnings or losses	-538,217				
d Grants or scholarships	385,484				
e Other expenditures for facilities and programs	5,701,126				
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

a Board designated or quasi-endowment ► 99 610 %

b Permanent endowment ► 0 390 %

c Term endowment ► 0 %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

(ii) related organizations

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land	4,412,968			4,412,968
b Buildings	32,776,884	9,569,470		23,207,414
c Leasehold improvements				
d Equipment	4,503,731	3,541,543		962,188
e Other	152,088			152,088
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ►				28,734,658

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12.) ►		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13.) ►		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
REAL ESTATE--GERMANTOWN	440,000
CASH RESTRICTED TO INVESTMENT IN PROPERTY AND EQUIPMENT	1,997,809
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15.) ►	2,437,809

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of Liability	(b) Amount
Federal Income Taxes	
OTHER--GERMANTOWN	440,000
CAPITAL LEASE OBLIGATION	339,778
Total. (Column (b) should equal Form 990, Part X, col (B) line 25.) ►	779,778

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	20,137,658
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	20,547,495
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-409,837
4	Net unrealized gains (losses) on investments	4	-427,302
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	-427,302
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-837,139

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	18,595,659
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	-427,302
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	-1,114,697
e	Add lines 2a through 2d	2e	-1,541,999
3	Subtract line 2e from line 1	3	20,137,658
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	20,137,658

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	19,432,798
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	19,432,798
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	1,114,697
c	Add lines 4a and 4b	4c	1,114,697
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	20,547,495

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Identifier	Return Reference	Explanation
Part V, Line 4	Description of Intended Use of Endowment Funds	The intended use of endowment funds is to grow the funds through prudent investments and to use the funds to support current unrestricted operations of the Association
Part X	Description of Uncertain Tax Positions Under FIN 48	Pursuant to the Financial Accounting Standards Board (FASB) Staff Position No. 48-3, "Effective Date of FASB Interpretation No. 48 for Certain Nonpublic Enterprises (FIN48)", the Association has elected to defer the application of FIN48 to its year commencing September 1, 2009. The current policy is to recognize the effect of uncertain tax positions in the financial statements on an as-filed or to-be filed basis, such that current or deferred tax assets and liabilities are immediately recognized when the related uncertain tax position is taken or is expected to be taken. Any changes in uncertain tax positions are recorded in the period when the ultimate outcome becomes known. The management of the Association does not believe its financial statements include any uncertain tax positions
Part XII, Line 2d - Other Adjustments		Financial assistance deducted from revenue
Part XIII, Line 4b - Other Adjustments		Financial assistance added to expenses

Supplemental Information Regarding Fundraising or Gaming Activities

2008

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► **Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.**

Department of the Treasury
Internal Revenue Service

Name of the organization
SOUTH SHORE YMCA

Employer identification number

04-210588

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities?

Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

MA

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1 ENCHANTED EVENING (event type)	(b) Event #2 GOLF (event type)	(c) Other Events 2 (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	180,155	132,880	150,988	464,023
	2 Less Charitable contributions	0	0		
	3 Gross revenue (line 1 minus line 2)	180,155	132,880	150,988	464,023
Direct Expenses	4 Cash Prizes				
	5 Non-cash Prizes				
	6 Rent/Facility costs		35,702	11,003	46,705
	7 Other direct expenses	61,029	2,142	12,891	76,062
	8 Direct expense summary Add lines 4 through 7 in column (d)				122,767
	9 Net income summary Combine lines 3 and 8 in column (d)				341,256

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary Add lines 2 through 5 in column (d)				
	8 Net gaming income summary Combine lines 1 and 7 in column (d)				

9	Enter the state(s) in which the organization operates gaming activities	Yes	No
a	Is the organization licensed to operate gaming activities in each of these states?		
b	If "No," Explain		
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	9a	
b	If "Yes," Explain		
11	Does the organization operate gaming activities with nonmembers?	11	
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

	Yes	No
13 Indicate the percentage of gaming activity operated in	13a	13b
a The organization's facility
b An outside facility
14 Provide the name and address of the person who prepares the organization's gaming/special events books and records		
Name ►		
Address ►		
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a
b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____		
c If "Yes," enter name and address		
Name ►		
Address ►		
16 Gaming manager information		
Name ►		
Gaming manager compensation ► \$ _____		
Description of services provided ►		
<input type="checkbox"/> Director/officer	<input type="checkbox"/> Employee	<input type="checkbox"/> Independent contractor
17 Mandatory distributions		
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a
b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

2008

Open to Public
Inspection**Schedule J**
(Form 990)**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

Department of the Treasury
Internal Revenue Service**Name of the organization**

SOUTH SHORE YMCA

Employer identification number

04-2105881

Part I Questions Regarding Compensation

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

<input type="checkbox"/> First class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)

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

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply

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

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a

a Receive a severance payment or change of control payment?
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?
c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.

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

a The organization?

b Any related organization?

If "Yes," to line 5a or 5b, describe in Part III

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

a The organization?

b Any related organization?

If "Yes," to line 6a or 6b, describe in Part III

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

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

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

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
Supplemental Information	Part III	President/CEO's compensation is reviewed annually by the Board of Directors

Schedule L

Transactions with Interested Persons

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- Attach to Form 990 or Form 990-EZ.
- To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38b or 40b.

Name of the organization

Employer identification number

04-2105881

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ➤

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

Part III Loans to and/or From Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

Total ➤ \$

Grants or Assistance Benefitting Interested Persons

Part IV Business Transactions Involving Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
John Sheskey	Director of YMCA and member of architectural firm doing business with YMCA	21,655	Architectural services		No
Lawrence DiNardo Esq	Director of YMCA who is member of firm rendering legal services to YMCA	3,074	Legal Services		No

2008

Open to Public
Inspection**SCHEDULE O**
(Form 990)**Supplemental Information to Form 990****► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.**Department of the Treasury
Internal Revenue Service

Employer identification number

04-2105881

Identifier	Return Reference	Explanation
Form 990, Part III, line 4d	Other Program Services	YMCA Child Care YMCA Child Care programs continue to be a critical service for area families making it possible for parents to work by providing a safe, nurturing experience for their children. This past year we served 90 preschool children and 250 school-aged children. Over 55% of these children received some type of financial assistance. The central focus of YMCA pre-school and school-aged programs is to foster age-appropriate growth and development, not only in children, but also in their parents and families. Working together, we are empowering children and families to make healthy, positive decisions and develop into contributing members of our society. Expenses \$ 1341293 including grants of \$ 240507 Revenue \$ 1358692

Identifier	Return Reference	Explanation
Form 990, Part III, line 4d	Other Program Services	Membership, Other Programs, and Expenses The objective of all YMCA programs is to build strong kids, strong families, and strong communities. The South Shore YMCA places special emphasis on developing the character of children and young adults that participate in Y programs. This commitment to character development extends to every part of our operations and programming. We use the following values to guide us in our dealings with members, volunteers, staff and the community at large. Caring To love others, to be sensitive to the well-being of others, to help others. Honesty To tell the truth, to act in such a way that you are worthy of trust, to have integrity, making sure your choices match your values. Respect To treat others, as you would have them treat you, to value the worth of every person, including yourself. Responsibility To do what is right, what you ought to do, to be accountable for your behavior and obligations. Expenses \$ 7496743 including grants of \$ 0 Revenue \$ 9840233

Identifier	Return Reference	Explanation
Form 990, Part III, line 4d	Other Program Services	Volunteer Development The South Shore YMCA belongs to the community. The YMCA could not exist without the generosity and involvement of the community. All members of the YMCA Board of Directors are volunteers who know the community and the needs of the community. These volunteers give their time to govern the YMCA because they believe it makes a difference in people's lives. In addition to the policy volunteers, the Y has many individuals who volunteer directly with programs. These volunteers take the place of a staff member and directly reduce the cost of running programs. As a result, we are able to reduce our fees, and therefore, make our programs affordable to a cross section of our community. Programs where volunteers give of their time include youth sports, camping, aquatics, childcare and fitness. Our fundraising volunteers allow us to raise funds and keep expenses to a minimum. Our fundraising volunteers give of their time, talent, and treasure because they see first hand the impact their investment makes. It is well understood in our community that we strive to turn no qualified child or adult away because they cannot afford the cost of a Y program. In the reported year, 80 policymaking volunteers donated 3,620 hours. In addition, approximately 1,440 program volunteers donated 13,730, and 757 fundraising volunteers donated 6,040 hours. Total value of volunteer hours is \$805,200. Programs for Individuals with Disabilities YMCA programs are also designed to attract people of all abilities and socioeconomic status. A special effort is made to include those in our community with disabilities. Our Partnership Program trains volunteers to work one-on-one with disabled members who require the assistance of a training partner. Participants include individuals with various disabilities, including "para" and quadriplegia, blindness, deafness, cerebral palsy, epilepsy, brain injury and stroke. Several pieces of strength training and cardiovascular equipment in our fitness center are designed specifically to meet the unique requirements of individuals with disabilities. Also, because financial assistance is available to those who qualify, many of our disabled members who are on fixed incomes know that there will always be a place for them at the Y.

Identifier	Return Reference	Explanation
Form 990, Part III, line 4d	Other Program Services	YMCA Aquatics YMCA aquatics programs are part of the Y's overall goal of building healthy spirit, mind, and body. In addition to providing specific swimming and water safety skills, they promote good health through regular exercise for children, seniors and individuals with disabilities. They also promote teamwork, selfconfidence and leadership. These programs are offered at fees affordable to the community at large, with financial assistance available for those who can't afford the full fee. Our facility serves a shore community, which increases our need to offer quality aquatic programs to the community. We offer a variety of programs ranging from the basics of water safety and swimming skills to stroke development and rescue. Expenses \$ 1319925 including grants of \$ 0 Revenue \$ 1065649

Identifier	Return Reference	Explanation
Form 990, Part III, line 4d	Other Program Services	YMCA Youth & Teen Programs YMCA Youth and Teen programs offer personal growth experiences. These experiences are part of the YMCA's mission of helping people to reach their full potential in spirit, mind and body. Through these programs teens can develop self-esteem, values, and cooperation skills in a safe and fun learning environment. YMCA Teen programs provide teens who know ledge and training that will help them to shape a healthy lifestyle for themselves. Teen Center programs are conducted at both our Quincy and Hanover locations. Youth sports programs value cooperation over competition, fair play over winning at any cost, good feeling and good health over a good score, and building self-esteem over beating the opponent. Expenses \$ 520233 including grants of \$ 0 Revenue \$ 437525

Identifier	Return Reference	Explanation
Form 990, Part III, line 4d	Other Program Services	Germantown Neighborhood Center We also run the Germantown Neighborhood Center and Food Pantry. Children under age 14 make up 40% of the total population of Germantown, and the number of children living at or below the poverty level is four times greater than in the city of Quincy overall. The housing here includes two subsidized apartment complexes of 868 public housing units and two senior housing buildings. Many of the families we serve are immigrants, woman of color, and single parents. They face many of the problems that accompany poverty, including substance abuse, domestic violence, children with health issues, and learning difficulties. Without the assistance of the Center, many of the families would have nowhere to turn for youth, education and intervention programs. We are committed to providing hope and opportunities to the children and families as we work to help break the cycle of poverty in this underserved community. Expenses \$ 323177 including grants of \$ 115010 Revenue \$ 1700033

Identifier	Return Reference	Explanation
Form 990, Part III, line 4d	Other Program Services	Extraordinary Expense - Abandoned Project Expenses \$ 912468 including grants of \$ 0 Revenue \$ 0

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		The Form 990 is provided to the governing body prior to filing. The board has designated the Treasurer (Chair of Finance Committee) and the Chair of the Audit Committee to review the Form 990 prior to filing.

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		The conflict of interest policy is circulated annually to board members, officers and key employees, requires reporting of any conflicts to the CEO who follows up any reported matters.

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		The compensation of the top 10 paid executives at the South Shore YMCA is compared to national YMCA compensation statistics as well as local (non-YMCA) information. These salaries and comparative data are reviewed and approved by the Executive Committee of the Board of Directors each year.

Identifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 18		The Form 990 may be obtained upon request to the Association at its address and sent to the attention of Mr. Stephen Moss, VP -- Finance & Systems. The Form 990 may also be obtained from the Guidestar.org website, or from the website of the Attorney General of the Commonwealth of Massachusetts, Division of Public Charities, the search for filings feature. Entering the Association's employer identification number, 04-2105881 will display the documents which are in "pdf" format and may be downloaded.

Identifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		The Association's conflict of interest policy is not available to the public. The governing documents including the Articles of organization and by-laws are available for download or viewing at the website of the Massachusetts Secretary of State by searching the Corporation Database and inserting the Association's federal identification number, 04-2105881 in the appropriate search field. The Association's audited financial statements are available from the website of the Attorney General of the Commonwealth of Massachusetts, Division of Public Charities, the search for filings feature. Entering the Association's federal identification number in the search field, 04-2105881 will display the audited financial statements which may be downloaded.

Identifier	Return Reference	Explanation
Form 990, Part XI, Line 2c	The audited statements are reviewed by a Board Audit Committee	There has been no change in responsibility for oversight of the independent audit.

Form 4562

Department of the Treasury
Internal Revenue ServiceDepreciation and Amortization
(Including Information on Listed Property)

2008

Attachment
Sequence No 67

► See separate instructions. ► Attach to your tax return.

Name(s) shown on return
SOUTH SHORE YMCA

Business or activity to which this form relates

Form 990 Page 10

Identifying number

04-2105881

Part I Election To Expense Certain Property Under Section 179**Note:** If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount See the instructions for a higher limit for certain businesses	1	250,000
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	800,000
4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	

(a) Description of property

(b) Cost (business use only)

(c) Elected cost

6		
7 Listed property Enter the amount from line 29	7	
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2007 Form 4562	10	
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13 Carryover of disallowed deduction to 2009 Add lines 9 and 10, less line 12 ► 13	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	1,425,142

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**Section A**

17 MACRS deductions for assets placed in service in tax years beginning before 2008	17	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ►		

Section B—Assets Placed in Service During 2008 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (See instructions)

21 Listed property Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instr	22	1,425,142
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V

Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No **24b** If "Yes," is the evidence written? Yes No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation/deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)					25			

26 Property used more than 50% in a qualified business use

	%							
	%							
	%							

27 Property used 50% or less in a qualified business use

	%			S/L -				
	%			S/L -				
	%			S/L -				

28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1

28

29 Add amounts in column (i), line 26 Enter here and on line 7, page 1

29

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person

If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

30 Total business/investment miles driven during the year (do not include commuting miles)	(a) Vehicle 1	(b) Vehicle 2	(c) Vehicle 3	(d) Vehicle 4	(e) Vehicle 5	(f) Vehicle 6
31 Total commuting miles driven during the year						
32 Total other personal(noncommuting) miles driven						
33 Total miles driven during the year Add lines 30 through 32						
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?						
36 Is another vehicle available for personal use?						

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions)

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) A amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) A amortization for this year
42 A amortization of costs that begins during your 2008 tax year (see instructions)					

43 A amortization of costs that began before your 2008 tax year	43
44 Total. Add amounts in column (f) See the instructions for where to report	44