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Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the **2009** calendar year, or tax year beginning _____, and ending _____

B Check if applicable:
 Address change
 Name change
 Initial return
 Termination
 Amended return
 Application pending

C Name of organization: **VALLEY SHORE YMCA**
 Doing Business As: _____
 Number and street (or P O box if mail is not delivered to street address): **PO BOX 694** Room/suite: _____
 City or town, state or country, and ZIP + 4: **WESTBROOK CT 06498**

D Employer identification number: **06-0646979**

E Telephone number: **860-399-9622**

F Name and address of principal officer:
PAUL MOHABIR, CEO
C/O VALLEY SHORE YMCA
WESTBROOK CT 06498

G Gross receipts \$: **3,667,518**

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If "No," attach a list (see instructions)

I Tax-exempt status: 501(c) (**3**) ◀ (insert no) 4947(a)(1) or 527

J Website: **WWW.VSYMCA.ORG**

K Type of organization: Corporation Trust Association Other ▶

L Year of formation: **1917**

M State of legal domicile: **CT**

H(c) Group exemption number ▶

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities SEE FULL STATEMENT ON SCHEDULE O				
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets				
	3	Number of voting members of the governing body (Part VI, line 1a)	3	33		
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	32		
	5	Total number of employees (Part V, line 2a)	5	136		
	6	Total number of volunteers (estimate if necessary)	6	239		
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a			
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0			
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	297,696	Current Year	291,984
	9	Program service revenue (Part VIII, line 1g)	3,395,354	3,252,886		
	10	Investment income (Part VIII, column (A), lines 10b and 7b)	2,879	-37,199		
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	44,310	48,399		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,740,239	3,556,070		
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)				
	14	Benefits paid to or for members (Part IX, column (A), line 4)				
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,198,420	2,006,373		
	16a	Professional fundraising fees (Part IX, column (A), line 11e)				
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 83,025				
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,780,342	1,606,960			
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	3,978,762	3,613,333			
19	Revenue less expenses Subtract line 18 from line 12	-238,523	-57,263			
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	4,405,530	End of Year	4,387,114
	21	Total liabilities (Part X, line 26)	2,262,768	2,292,348		
	22	Net assets or fund balances Subtract line 21 from line 20	2,142,762	2,094,766		

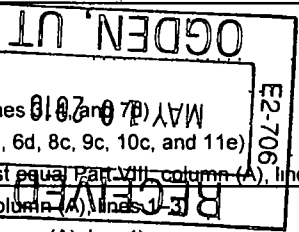
Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here
 Signature of officer: *Paul Mohabir* Date: **4-22-10**
 Type or print name and title: **PAUL MOHABIR, CEO**

Paid Preparer's Use Only
 Preparer's signature: *[Signature]* Date: **04/22/10** Check if self-employed:
 Preparer's identifying number (see instructions): **P00356137**
 Firm's name (or yours if self-employed), address, and ZIP + 4: **GUILMARTIN, DIPIRO & SOKOLOWSKI, LLC**
505 MAIN STREET
MIDDLETOWN, CT 06457
 EIN ▶ **06-0971998**
 Phone no ▶ **860-347-5689**

SCANNED JUN 03 2010



Part III Statement of Program Service Accomplishments

*1 Briefly describe the organization's mission

SEE SCHEDULE O2 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 501(c)(4) organizations and section 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 \$ **2,257,071** including grants of \$) (Revenue \$ **2,339,765**)

BUILDING HEALTHY COMMUNITIES - MEMBERSHIP, HEALTH & WELL-BEING, AQUATICS - OUR YMCA PROGRAMS, FEE-BASED OR FREE TO OUR MEMBERS, ENHANCE THE WELL-BEING OF ALL WHO PARTICIPATE. HEALTH SEEKERS OF ALL AGES CAN ENJOY THE GYMNASIUM, RACQUETBALL COURT HEALTH AND WELLNESS CENTER AND POOLS AND FIND THE SUPPORT THEY NEED TO IMPROVE THEIR QUALITY OF LIFE. THE NEGATIVE EFFECTS OF OBESITY, A HEALTH CRISIS IN OUR COUNTRY AND OUR SHORELINE COMMUNITY SERVED BY THE VALLEY-SHORE YMCA, WILL BEGIN TO IMPROVE BY PROVIDING THE COMMUNITY LIFESTYLE CHANGES WITH PROGRAMS THAT PROMOTE EXERCISE AND GOOD NUTRITION. (SEE SCHEDULE O)

4b (Code) (Expenses \$ **770,461** including grants of \$) (Revenue \$ **882,503**)

CHILD CARE & YOUTH & FAMILY - THE VALLEY-SHORE YMCA OFFERS PRE-SCHOOL AND CHILDCARE PROGRAMS FOR CHILDREN 3 YEARS TO 12 YEARS OLD. THE PROGRAMS TOGETHER HAVE OVER 450 CHILDREN ENROLLED AT BOTH THE MAIN FACILITY AND IN 7 OFF-SITE SCHOOL LOCATIONS FOR AFTER-SCHOOL PROGRAMS. THE VALLEY-SHORE YMCA HAS BEEN A LEADER IN PROVIDING QUALITY DAY CARE IN THE SHORELINE AREA FOR TWENTY-FIVE YEARS. OUR MISSION IS TO HELP MAINTAIN STRONG FAMILIES THROUGH QUALITY CHILDCARE THAT HELPS CHILDREN DEVELOP POSITIVE BEHAVIOR, SELF-ESTEEM AND LEADERSHIP QUALITIES. IN ADDITION TO OUR CHILD CARE, THE VALLEY-SHORE YMCA HAS OPERATED SUMMER DAY CAMPS IN THE VALLEY-SHORE COMMUNITY FOR OVER 90 YEARS. THE YMCA BELIEVES THAT CAMPING CONTRIBUTES SIGNIFICANTLY TO THE (SEE SCHEDULE O)

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

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

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

4e Total program service expenses ► **3,027,532**

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?		X
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
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 similar funds or 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		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
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		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	X	
	<ul style="list-style-type: none"> • Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI • Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII • Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII • Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX • Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X • Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X 		
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional		
		Yes	No
12A			X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I		X
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		X
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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	X	
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 lines 24b through 24d and complete Schedule K. If "No," go to line 25		X
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		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
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		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	X	
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
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		X
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		X
36 Section 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		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable		
1a	11		
1b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable		
1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2a	136		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
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)?		X
b	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		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
d	If "Yes," indicate the number of Forms 8282 filed during the year		
7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12		
10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
10b			
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders		
11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
12b			

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

Section A. Governing Body and Management

		Yes	No
1a	33		
1b	32		
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?		X
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?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		X
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?		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?	X	
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	X	
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)		X
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?		X
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?		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► **CT**

18 Section 6104 requires an organization to make its Forms 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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► **PAUL MOHABIR** **PO BOX 694**

WESTBROOK

CT 06498

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 Report compensation for the calendar year ending with or within the organization's tax year Use Schedule J-2 if additional space is needed

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

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

Check this box if the organization did not compensate any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JOHN DUHIG DIRECTOR	1.00	X					0	0	0	
NOEL BISHOP DIRECTOR	1.00	X					0	0	0	
EDWARD M CASSELLA DIRECTOR	1.00	X					0	0	0	
PIERRE BOULANGER DIRECTOR	1.00	X					0	0	0	
JULIA HUTCHINSON DIRECTOR	1.00	X					0	0	0	
KEVIN COWAN DIRECTOR	1.00	X					0	0	0	
EILEEN DAILY DIRECTOR	1.00	X					0	0	0	
EMERSON EGBERT DIRECTOR	1.00	X					0	0	0	
MARK FERRIS DIRECTOR	1.00	X					0	0	0	
LEONARD GOLDBERG DIRECTOR	3.00	X					0	0	0	
BARBARA HOFFMAN DIRECTOR	1.00	X					0	0	0	
GLENN JETTE DIRECTOR	1.00	X					0	0	0	
KATHLEEN LAUNDY DIRECTOR	1.00	X					0	0	0	
LEIGHTON LEE IV DIRECTOR	1.00	X					0	0	0	
THOMAS LINDNER DIRECTOR	1.00	X					0	0	0	
LISA LEMONTE DIRECTOR	1.00	X					0	0	0	
LAURA MARTINO DIRECTOR	3.00	X					0	0	0	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
MELISSA OZOLS DIRECTOR	1.00	X						0	0	0
STANLEY PRYMAS DIRECTOR	3.00	X						0	0	0
IRVING SCHLOSS DIRECTOR	1.00	X						0	0	0
JAMES FIELD SPALLONE DIRECTOR	1.00	X						0	0	0
MARGARET STRANGE DIRECTOR	3.00	X						0	0	0
RICHARD STEBBINS DIRECTOR	1.00	X						0	0	0
ART LINARES DIRECTOR	1.00	X						0	0	0
ANNIE WILDER DIRECTOR	1.00	X						0	0	0
DAVID WINSTEAD DIRECTOR	3.00	X						0	0	0
DANIEL MINOR DIRECTOR	1.00	X						0	0	0
THOMAS M NONIEWICZ DIRECTOR	1.00	X						0	0	0
PAUL MOHABIR CEO	45.00			X				156,461	0	21,644
ROBERT BRADY PRESIDENT	5.00			X				0	0	0
1b Total								167,907		21,644

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **1**

- 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
- 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
- 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

	Yes	No
3	X	
4	X	
5		X

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
NOBLE CONSTRUCTION ESSEX CT 06426	216 ESSEX PLZ CONSTRUCTION	163,014
CONSTELLATION ENERGY LEHIGH VALLEY PA 18002	PO BOX 25225 ENERGY RETROFIT	145,189

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **2**

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	291,984				
	g Noncash contributions included in lines 1a-1f	\$					
	h Total. Add lines 1a-1f			291,984			
Program Service Revenue			Busn. Code				
	2a MEMBERSHIP FEES			1,677,826	1,677,826		
	b PROGRAM FEES			1,548,777	1,548,777		
	c RENTAL INCOME			26,283	26,283		
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			3,252,886			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			1,911	1,911		
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross Rents	(i) Real	(ii) Personal				
		b Less rental exps					
		c Rental inc or (loss)					
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less cost or other basis & sales exps			79,109		
		c Gain or (loss)			-39,110		
		d Net gain or (loss)			-39,110		-39,110
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18	a			58,650		
		b Less direct expenses			32,339		
		c Net income or (loss) from fundraising events			26,311	26,311	
	9a Gross income from gaming activities See Part IV, line 19	a					
b Less direct expenses							
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	a						
	b Less cost of goods sold						
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Busn. Code				
11a SYSTEM CREDITS/REFUNDS/REIMBU			20,675		20,675		
b MISC REFUNDS/REBATES/ADJ			1,413		1,413		
c							
d All other revenue							
e Total. Add lines 11a-11d			22,088				
12 Total Revenue. See instructions			3,556,070	3,281,108	0	-17,022	

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	156,461	139,589	12,018	4,854
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	11,446	11,446		
7 Other salaries and wages	1,495,252	1,334,007	114,853	46,392
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	64,326	48,245	14,152	1,929
9 Other employee benefits	157,030	118,868	34,152	4,010
10 Payroll taxes	121,858	101,030	18,967	1,861
11 Fees for services (non-employees)				
a Management	23,044		23,044	
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other	11,159		11,159	
12 Advertising and promotion	16,511	16,462	49	
13 Office expenses	18,156	8,630	9,237	289
14 Information technology				
15 Royalties				
16 Occupancy	684,724	674,194	8,053	2,477
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	24,876	8,672	15,620	584
20 Interest	117,425	115,428	1,527	470
21 Payments to affiliates	60,486		60,486	
22 Depreciation, depletion, and amortization				
23 Insurance	44,293	43,540	576	177
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	259,011	253,943	3,876	1,192
b GRANT EXPENSE	117,411	38,446	78,965	
c PROCESSING FEES	70,258		70,258	
d PROGRAM SUPPLIES & EXPENS	55,716	49,808	5,908	
e PRINTING & PUBLICATIONS	42,220	40,222	1,078	920
f All other expenses	61,670	25,002	18,798	17,870
25 Total functional expenses. Add lines 1 through 24f	3,613,333	3,027,532	502,776	83,025
26 Joint costs. Check here <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	19,720	1	36,882
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	144,978	4	224,126
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	38,628	9	20,965
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 6,822,711		
	b Less accumulated depreciation	10b 2,790,646	4,141,305	10c 4,032,065
	11 Investments—publicly traded securities	44,663	11	56,050
	12 Investments—other securities See Part IV, line 11		12	
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	16,236	15	17,026
16 Total assets. Add lines 1 through 15 (must equal line 34)	4,405,530	16	4,387,114	
Liabilities	17 Accounts payable and accrued expenses	339,127	17	212,908
	18 Grants payable		18	
	19 Deferred revenue	325,699	19	256,298
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	1,597,942	23	1,823,142
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	2,262,768	26	2,292,348
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	2,142,762	27	2,094,766
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	2,142,762	33	2,094,766	
34 Total liabilities and net assets/fund balances	4,405,530	34	4,387,114	

Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990 Cash Accrual Other _____

If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both

Separate basis Consolidated basis Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ. See separate instructions.

Name of the organization

VALLEY SHORE YMCA

Employer identification number

06-0646979

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)
9 X An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)
10 An organization organized and operated exclusively to test for public safety See section 509(a)(4).
11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h
a Type I b Type II c Type III—Functionally integrated d Type III—Other
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 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?

Table with 2 columns: Yes, No and 3 rows: 11g(i), 11g(ii), 11g(iii)

h Provide the following information about the supported organization(s)

Table with 7 main columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (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. Includes a Total row at the bottom.

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a 33 1/3 % support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 33 1/3 % support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	201,932	493,224	266,308	307,468	291,984	1,560,916
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	2,635,371	2,736,693	3,362,671	3,395,354	3,313,447	15,443,536
3 Gross receipts from activities that are not an unrelated trade or business under section 513					22,088	22,088
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 through 5	2,837,303	3,229,917	3,628,979	3,702,822	3,627,519	17,026,540
7a Amounts included on lines 1, 2, and 3 received from disqualified persons		38,336	42,914	52,755	61,750	195,755
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b		38,336	42,914	52,755	61,750	195,755
8 Public support (Subtract line 7c from line 6)						16,830,785

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	2,837,303	3,229,917	3,628,979	3,702,822	3,627,519	17,026,540
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,313	3,917	5,903	2,879	1,911	15,923
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	1,313	3,917	5,903	2,879	1,911	15,923
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					0	
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	11,362	7,947	5,617	44,310	80,738	149,974
13 Total support. (Add lines 9, 10c, 11, and 12)	2,849,978	3,241,781	3,640,499	3,750,011	3,710,168	17,192,437

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	97.90%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	98.63%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a **33 1/3 % support tests—2009.** 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 % support tests—2008.** 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 explanations required by Part II, line 10, Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

PART III, LINE 12 - OTHER INCOME DETAIL

SALE OF INVENTORY	\$	8,160
VENDING COMM & MISC	\$	16,766
FUNDRAISING EVENTS	\$	88,926
INSURANCE REFUND/REIMBURSEMENT	\$	27,977
SUMMIT REIMBURSEMENT	\$	5,139
MISC REFUNDS/REBATES/ADJ	\$	3,006

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Attach to Form 990. See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

VALLEY SHORE YMCA

Employer identification number

06-0646979

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

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

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

Form for Part II Conservation Easements. Includes checkboxes for purposes (land for public use, natural habitat, open space, historically important land area, certified historic structure), questions 2-9 regarding monitoring, expenses, and reporting.

Table titled 'Held at the End of the Tax Year' with rows 2a, 2b, 2c, 2d.

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.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions 1a, 1b, 2, and 3 regarding reporting of revenues and assets.

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

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

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

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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 Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

b If "Yes," explain the arrangement in Part 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 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	_____	_____	_____	_____	_____
b Contributions	_____	_____	_____	_____	_____
c Net investment earnings, gains, and losses	_____	_____	_____	_____	_____
d Grants or scholarships	_____	_____	_____	_____	_____
e Other expenditures for facilities and programs	_____	_____	_____	_____	_____
f Administrative expenses	_____	_____	_____	_____	_____
g End of year balance	_____	_____	_____	_____	_____

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

- a Board designated or quasi-endowment ▶ _____ %
- b Permanent endowment ▶ _____ %
- c Term endowment ▶ _____ %

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

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)	<input type="checkbox"/>	<input type="checkbox"/>
3a(ii)	<input type="checkbox"/>	<input type="checkbox"/>
3b	<input type="checkbox"/>	<input type="checkbox"/>

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.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	_____	117,968	_____	117,968
b Buildings	_____	6,108,478	2,365,529	3,742,949
c Leasehold improvements	_____	_____	_____	_____
d Equipment	_____	585,765	414,617	171,148
e Other	_____	10,500	10,500	_____
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				4,032,065

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

Table with 10 rows for Part XI reconciliation. Line 1: 3,556,070; Line 2: 3,613,333; Line 3: -57,263; Line 4: 9,267; Line 9: 9,267; Line 10: -47,996.

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

Table with 5 main rows for Part XII. Line 1: 3,604,447; Line 2e: 9,267; Line 3: 3,595,180; Line 4c: -39,110; Line 5: 3,556,070.

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

Table with 5 main rows for Part XIII. Line 1: 3,613,333; Line 3: 3,613,333; Line 5: 3,613,333.

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 IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Series of horizontal dashed lines for providing supplemental information.

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	(b) Event #2	(c) Other events	(d) Total events	
		<u>GOLF TOURNAMENT</u> (event type)	<u>Y ARTS</u> (event type)	<u>1</u> (total number)	(add col (a) through col (c))	
Revenue	1	Gross receipts	39,435	10,550	8,665	58,650
	2	Less Charitable contributions				
	3	Gross revenue (line 1 minus line 2)	39,435	10,550	8,665	58,650
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	23,157	2,782	6,400	32,339
	10	Direct expense summary Add lines 4 through 9 in column (d)				32,339
11	Net income summary Combine line 3, column (d), and line 10				26,311	

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			
	2	Cash prizes			
Direct Expenses	3	Noncash 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 line 1, column d, and line 7				

9 Enter the state(s) in which the organization operates gaming activities

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?

b If "Yes," Explain

11 Does the organization operate gaming activities with nonmembers?

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?

	Yes	No
9a		
10a		
11		
12		

13 Indicate the percentage of gaming activity operated in

- a The organization's facility
- b An outside facility

13a		%
13b		%

Yes No

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?

- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$
- amount of gaming revenue retained by the third party ▶ \$

and the

- c If "Yes," enter name and address of the third party

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

- Director/officer Employee 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?

- 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 ▶ \$

15a

17a

SCHEDULE J
(Form 990)

 Department of the Treasury
 Internal Revenue Service

Compensation Information

 For certain Officers, Directors, Trustees, Key Employees, and Highest
 Compensated Employees

 ▶ Complete if the organization answered "Yes" to Form 990,
 Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

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2009

 Open To Public
 Inspection

Name of the organization

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06-0646979

Part I Questions Regarding Compensation

	Yes	No
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"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes on line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.	1b	
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?	2	
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 type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a Receive a severance payment or change-of-control payment?	4a	X
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X
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.	4c	X
Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5–9.		
5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?	5a	X
b Any related organization? If "Yes" to line 5a or 5b, describe in Part III.	5b	X
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?	6a	X
b Any related organization? If "Yes" to line 6a or 6b, describe in Part III.	6b	X
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.	7	X
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.	8	X
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Schedule J (Form 990) 2009

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

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

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

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
PAUL MOHABIR	(i) 153,171	(ii) 3,290	(iii) 0	0	21,644	178,105	0
	(ii) 0	0	0	0	0	0	0
JAMES GARLAND	(i) 11,446	0	0	0	0	11,446	0
	(ii) 0	0	0	0	0	0	0
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						

Part III Supplemental information

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

SCHEDULE J-2 (Form 990)

Continuation Sheet for Form 990

OMB No 1545-0047

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Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

See the instructions for Form 990.

Name of the Organization

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Employer Identification number

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Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Table with 6 main columns: (A) Name and Title, (B) Average hours per week, (C) Position (check all that apply), (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Rows include Jeanne Breen, Henry McInerney, David M Brown, Thomas Ferreira, and James Garland.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.

▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public
Inspection

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VALLEY SHORE YMCA

FORM 990 - ORGANIZATION'S MISSION OR MOST SIGNIFICANT ACTIVITIES

SEE FULL STATEMENT ON SCHEDULE O

PURPOSE AND MISSION - THE ARTICLES OF INCORPORATION FOR THE VALLEY-SHORE YMCA INC. STATES THAT THE ASSOCIATION'S PURPOSE IS THE ORGANIZATION, DEVELOPMENT AND CONSERVATION OF YMCA ACTIVITIES AND TO PROMOTE THE SPIRITUAL, INTELLECTUAL, SOCIAL AND PHYSICAL WELFARE OF PEOPLE IN THE TOWNS OF WESTBROOK, OLD SAYBROOK, ESSEX, DEEP RIVER, CENTERBROOK, IVORYTON, LYME, OLD LYME, MADISON, CLINTON, KILLINGWORTH AND CHESTER, CONNECTICUT.

THE ASSOCIATION'S MISSION IS TO FUNCTION AS A HUMAN SERVICE ASSOCIATION, NATIONALLY AFFILIATED AND WORLDWIDE IN SCOPE, SERVING INDIVIDUALS AND FAMILIES IN THE SHORELINE AREA OF CONNECTICUT. CHRISTIAN IN ITS HERITAGE, THE YMCA IS ECUMENICAL IN ITS DELIVERY OF SERVICES AND IN ITS MEMBERSHIP. THE VALLEY-SHORE YMCA ASSISTS PEOPLE IN LEARNING CHARACTER-BUILDING SKILLS, I.E. RESPONSIBILITY, RESPECT, HONESTY, AND CARING THAT WILL ENRICH THEIR LIVES, HELP THEM TO GROW AND TO REALIZE THEIR FULL POTENTIAL, AND TO LEAD THEM TO INTER-RACIAL, INTER-FAITH, INTERNATIONAL AND INTERGENERATIONAL UNDERSTANDING. WITHIN ITS EXPERTISE AND MEANS, THE YMCA WILL ALSO STRIVE TO ADDRESS UNMET SOCIAL NEEDS. EMPHASIS SHALL BE ON DEVELOPING THE WHOLE PERSON AS EMBODIED IN THE YMCA SYMBOL, THE TRIANGLE, SIGNIFYING THE UNION OF SPIRIT, MIND AND BODY.

THE YMCA IS ESSENTIALLY A MEMBERSHIP ASSOCIATION OF MEN, WOMEN AND CHILDREN OF ALL AGES, ABILITIES, INCOMES, RACES, AND RELIGIONS. IT IS DEDICATED TO PROMOTING GOOD HEALTH, STRONG FAMILIES, YOUTH LEADERSHIP, COMMUNITY

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DEVELOPMENT AND INTERNATIONAL UNDERSTANDING.

GOALS

THE GOALS ENDORSED AND SUPPORTED BY THE BOARD OF DIRECTORS OF ALL YMCA PROGRAMS AND PRACTICES ARE TO HELP PARTICIPANTS:

- DEVELOP CHARACTER-BUILDING TRAITS- TRUSTWORTHINESS, RESPECT, FAIRNESS, CARING AND CITIZENSHIP
- GROW AS RESPONSIBLE MEMBERS OF FAMILIES AND COMMUNITIES
- RECOGNIZE THAT EVERYONE IS WORTHY OF RESPECT
- UNDERSTAND THAT WELL-BEING MEANS A HEALTHY SPIRIT, MIND AND BODY
- BUILD SELF ESTEEM AND AN APPRECIATION OF ONE'S OWN WORTH
- WORK FOR WORLDWIDE UNDERSTANDING
- DEVELOP SKILLS FOR LEADERSHIP
- DEVELOP MORAL AND ETHICAL BEHAVIORS

MEMBERS

IN 2009 OVER 13,421 PEOPLE WERE VALLEY-SHORE YMCA MEMBERS, INCLUDING 4,854 YOUTH AND 1,762 SENIORS. APPROXIMATELY 69% OF THE VALLEY-SHORE YMCA'S MEMBERS JOIN AS A FAMILY UNIT. OVER \$72,000 SUBSIDIZED 1,273 INDIVIDUALS EXTENDING MEMBERSHIP TO THOSE WHO OTHERWISE WOULD NOT BE ABLE TO PARTICIPATE.

VOLUNTEERS

IN 2009 OVER 35 POLICY-MAKING VOLUNTEERS DONATED OVER 1,600 HOURS AND 88 PROGRAM VOLUNTEERS DONATED 2,100 HOURS IN SERVICES TO THE YMCA. BASED UPON AN HOURLY RATE INCLUDING FRINGE BENEFITS OF \$21.00, THE ESTIMATED VALUE OF THEIR COMBINED SERVICES TOTALED \$77,700. IN ADDITION, THE TEEN LEADERS CLUB HAS 27 VOLUNTEERS WHO AVERAGE 2 HOURS PER WEEK OVER THE COURSE OF THE YEAR. THESE 2,808 HOURS ARE VALUED AT \$10 PER HOUR FOR AN ESTIMATED VALUE OF \$28,080. THE TOTAL ESTIMATED VALUE FOR BOTH ADULTS AND TEENS IS

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\$106,500.

FACILITIES

THE VALLEY SHORE YMCA MAINTAINS A 45,600 SQUARE FOOT HANDICAPPED ACCESSIBLE BUILDING. FIVE SEPARATE ROOMS, TOTALING 4,000 SQUARE FEET, ARE DEVOTED TO CHILD CARE SERVICES, 11,000 SQUARE FEET SUPPORT OUR TWO POOLS, 6,110 SQUARE FEET ARE UTILIZED FOR OUR GYMNASIUM, AND 3,600 SQUARE FEET COMPRISE OUR WELLNESS CENTER. OUR OUTDOOR FACILITIES INCLUDE A 2,400 SQUARE FOOT PAVILION THAT IS USED FOR OUR SUMMER CAMP PROGRAM, TWO PLAYGROUNDS, A SIXTH OF A MILE CINDER TRACK, AND HIKING TRAILS THAT ARE AVAILABLE TO SUMMER CAMPERS AND MEMBERS AS WELL. DURING THE MONTHS OF SEPTEMBER THROUGH MAY, WE RENT A POOL IN MADISON (AQUADOME) THAT IS ENCLOSED BY A HEATED DOME. THIS FACILITY ALLOWS OUR MEMBERS FROM THE MADISON AND CLINTON AREAS THE AVAILABILITY TO PARTICIPATE IN SWIMMING PROGRAMS NEARBY.

ALONG WITH OUR MAIN FACILITY IN WESTBROOK, AND THE AQUADOME IN MADISON, THE VALLEY-SHORE YMCA MAINTAINS 7 OFF-SITE STATE-LICENSED PROGRAMS AT LOCAL SCHOOLS IN 6 TOWNS PROVIDING BEFORE AND AFTER SCHOOL CHILD CARE AS PART OF OUR OVERALL COMMITMENT TO THE WELL-BEING OF CHILDREN AND FAMILIES IN OUR AREA.

OTHER INFORMATION RELATED TO PROGRAM AND COMMUNITY SERVICES

THE VALLEY-SHORE YMCA HAS BEEN A VITAL PART OF THE SHORELINE COMMUNITY FOR 90 YEARS. MORE THAN 16,000 MEMBERS HAVE COME TO THE VALLEY-SHORE YMCA FOR A WIDE VARIETY OF HEALTH, WELLNESS AND RECREATIONAL PROGRAMS, WHICH ARE LED BY OUR CARING, WELL-TRAINED STAFF.

OVER \$108,000 IN FINANCIAL ASSISTANCE AND PROGRAM SUBSIDY WAS AWARDED TO YOUTH AND FAMILIES IN 2009. THE VALLEY-SHORE YMCA STRIVES TO SERVE A BROAD CROSS SECTION OF ITS COMMUNITY, AND FEES, WHEN THEY ARE CHARGED, ARE AFFORDABLE TO THE COMMUNITY AT LARGE. FINANCIAL ASSISTANCE IS MADE

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AVAILABLE TO THOSE WHO CAN'T AFFORD THE FULL FEE. THIS IS MADE POSSIBLE BY THE SUPPORT RECEIVED FROM THE COMMUNITY, BUSINESSES, GRANTS AND YMCA SUSTAINING MEMBERS THROUGH THE ANNUAL STRONG KIDS CAMPAIGN.

THE YMCA SUBSIDIZES MEMBERSHIP FOR MENTALLY AND PHYSICALLY CHALLENGED ADULTS WHO PARTICIPATE IN YMCA ACTIVITIES THROUGH THE VISTA ORGANIZATION. MAINSTREAMING THESE YOUNG ADULTS INTO THE COMMUNITY IS AN IMPORTANT STEP TOWARD THEIR INDEPENDENCE AND IMPROVING THEIR OVERALL HEALTH AND WELLNESS.

THE VALLEY-SHORE YMCA OFFERS PROGRAMS SUCH AS LIFEGUARD TRAINING, CPR, FIRST AID, AQUATIC TESTING, FITNESS TESTING, AND BABYSITTING CERTIFICATIONS TO THE COMMUNITY. THE YMCA ALSO HOLDS BI-ANNUAL COMMUNITY BLOOD DRIVES THROUGH THE AMERICAN RED CROSS.

THE YMCA PARTNERS WITH THE FOLLOWING COMMUNITY ORGANIZATIONS IN ITS MISSION TO RESPOND TO THE NEEDS OF PEOPLE LIVING IN THE SHORELINE COMMUNITIES:

- ABRAHAM PIERSON SCHOOL, CLINTON
- AMERICAN ARTHRITIS ASSOCIATION
- AMERICAN RED CROSS
- BOYS SCOUTS
- CAMP HAZEN YMCA
- CHESTER ELEMENTARY SCHOOL, CHESTER
- COUNTRY SCHOOL-MADISON
- DAISY INGRAHAM SCHOOL, WESTBROOK
- DEEP RIVER ELEMENTARY SCHOOL, DEEP RIVER
- DIVER'S COVE
- FRANKLIN ACADEMY
- GIRL SCOUTS
- HAND HIGH SCHOOL

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- KATHLEEN E. GOODWIN SCHOOL, OLD SAYBROOK
- LEWIN G. JOEL SCHOOL
- MADISON RACQUET AND SWIM CLUB
- MIDDLESEX HOSPITAL
- OLD SAYBROOK HIGH SCHOOL
- OLD SAYBROOK MIDDLE SCHOOL
- OLD SAYBROOK YOUTH & FAMILY SERVICES
- S.A.R.A.H
- UNITED STATES MASTERS SWIMMING
- UNITED STATES SWIMMING
- UNITED WAY
- VISTA
- WESTBROOK BOARD OF EDUCATION
- WESTBROOK HIGH SCHOOL
- WESTBROOK YOUTH SERVICE BUREAU
- VNA
- CT SPECIAL OLYMPICS-SOCCER AND SWIMMING EVENT PRACTICE
- AMERICA ON THE MOVE
- PHYSICAL THERAPY-LOCAL INFORMATIONAL Q&A
- SAFE BOATING COURSE-BOAT SCHOOL CONNECTICUT

FORM 990, PART III, LINE 4A - FIRST ACHIEVEMENT

BOTH LAND AND WATER CLASSES ARE AVAILABLE ON A DAILY BASIS. PROGRAMS INCLUDE SWIMMING, ARTHRITIS EXERCISE CLASSES, PILATES, INDOOR CYCLE AND WALKSPORT. A VARIETY OF CARDIOVASCULAR, STRENGTH TRAINING, BALANCE AND STRETCH PROGRAMS ARE DESIGNED FOR MEMBERS FROM AGE 13 TO SENIORS.

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THE YMCA OFFERS REHABILITATIVE PROGRAMS FOR MEMBERS WHO SUFFER FROM ARTHRITIS, AND OTHER MANAGED PROGRAMS FOR THOSE WITH FITNESS CHALLENGES. BLOOD PRESSURE SCREENING, BODY FAT ANALYSIS AND FITNESS ASSESSMENTS ARE ALSO AVAILABLE. IN ADDITION, THE VALLEY-SHORE YMCA IS A HOST SITE FOR THE WEIGHT WATCHERS PROGRAM.

SWIMMING AND WATER SAFETY PROGRAMS FOR CHILDREN TO ADULTS PROMOTES GOOD HEALTH THROUGH REGULAR EXERCISE. THE VALLEY-SHORE YMCA OFFERS CLASSES FOR PEOPLE WITH MEDICAL RESTRICTIONS THAT IMPROVE JOINT FLEXIBILITY AND RANGE OF MOTION. THE YMCA ALSO PROMOTES GOOD HEALTH AND TEAMWORK WITH YOUTH AND MASTERS SWIM TEAMS. OUR PORPOISE CLUB ENHANCES LEARNED SWIMMING SKILLS WHILE PROMOTING LEADERSHIP AND RESPONSIBILITY. PARTICIPANTS ARE ALSO INTRODUCED TO OTHER ASPECTS OF AQUATICS, SUCH AS SAFETY AND LIFESAVING SKILLS, A COMMUNITY LEADER IN THEIR AREA. WE ARE ALSO THE LEADER IN PROVIDING AN ACTIVATE AMERICA FIT KIDS SWIM PROGRAM TO THE 1ST GRADE STUDENTS IN THE TOWN OF WESTBROOK.

FORM 990, PART III, LINE 4B - SECOND ACHIEVEMENT

HEALTHY GROWTH OF CHILDREN. IT PROVIDES CREATIVE EXPERIENCES USING THE MEDIUM OF THE OUTDOOR

ENVIRONMENT TO PROMOTE SPIRITUAL AWARENESS, MENTAL DEVELOPMENT, PHYSICAL WELL-BEING, SOCIAL GROWTH, AND A RESPECT FOR THE ENVIRONMENT. A MAJORITY OF OUR CAMPERS COME FROM SINGLE PARENT OR DUAL WORKING PARENT HOMES. DAY CAMP HAS BECOME A PRIMARY SUBSTITUTE FOR CHILDCARE DURING THE SUMMER. WE

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OFFER AN EXTENDED CAMP DAY (7:00 - 9:00 AM AND 4:00 P.M. - 5:30 P.M.) FOR WORKING PARENTS THAT NEED IT. THE CAMP SERVES CHILDREN AGES 3 THROUGH AGE 15, AND IN ADDITION, INCORPORATES MENTALLY AND PHYSICALLY CHALLENGED CAMPERS ON THE 26-ACRES OF PROPERTY AT THE MAIN FACILITY IN WESTBROOK, CT AND ON THE CAMPUS OF THE COUNTRY SCHOOL IN MADISON, CT. MORE THAN 30 YOUNG TEENS ARE INVOLVED IN THE CAMP'S COUNSELOR IN TRAINING PROGRAM. DURING THE SUMMER MONTHS APPROXIMATELY 800 CAMPERS ARE REGISTERED AND ATTEND THE SUMMER CAMP PROGRAM.

CAMP SCHOLARSHIPS ARE PROVIDED TO FAMILIES JUST STRUGGLING TO MAKE ENDS MEET. THESE CHILDREN HAVE THE OPPORTUNITY TO SPEND THEIR ONLY VACATION FROM SCHOOL SURROUNDED BY WHOLESOME VALUES, NEW FRIENDS, AN ENRICHING ENVIRONMENT AND CARING ADULT LEADERSHIP. IN 2009, FINANCIAL ASSISTANCE OF \$10,384 WAS PROVIDED TO 70 FAMILIES WITH CHILDREN IN THE CAMPING PROGRAM. FINANCIAL ASSISTANCE FOR OUR CHILDCARE AND PRE-SCHOOL PROGRAMS HELPS SINGLE PARENT FAMILIES AND FAMILIES WITH LOW INCOME REMAIN ACTIVELY EMPLOYED. IN 2009, THE YMCA PROVIDED \$19,551 IN ASSISTANCE FOR 47 CHILDREN WHO QUALIFIED FOR FINANCIAL ASSISTANCE. STARTING IN SEPT OF 2009 THE VALLEY-SHORE YMCA PROVIDED CARE FOR OVER 20 CHILDREN BETWEEN THE AGES OF 3 AND 12 YEARS OLD DURING THE ADULT EDUCATION PROGRAM HELD AT JOEL SCHOOL IN CLINTON CT. THIS PROGRAM WAS OFFERED TO PARENTS FREE OF CHARGE WHILE THEY ATTENDED EDUCATIONAL PROGRAMS TO BETTER THEIR STANDARD OF LIFE.

IN ADDITION, OUR YMCA PROVIDES A VARIETY OF PROGRAMS TO ADDRESS THE NEEDS OF VERY YOUNG CHILDREN INCLUDING PARENT/CHILD CLASSES THAT BEGIN THE DEVELOPMENT OF SOCIAL SKILLS THAT ARE NECESSARY FOR THE CHILD TO BE COMFORTABLE IN ATTENDING PROGRAMS ON THEIR OWN AS THEY GROW. THE YOUTH & FAMILY AREA ENCOMPASSES FAMILY ACTIVITIES, YOUTH ENRICHMENT & SPORTS, SUMMER CAMPS, TEEN PROGRAMS, AND YOUTH SPECIAL EVENTS. IN 2009, WE REACHED

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OVER 6,400 YOUTH AND FAMILY MEMBERS WITH THE YMCA'S PROGRAM OFFERING. FAMILY ACTIVITIES ARE DESIGNED TO PROVIDE CHILDREN AND THEIR PARENTS WITH ACTIVITIES THAT FOSTER UNDERSTANDING, COMPANIONSHIP AND HEALTHY LIFESTYLES. THE VALLEY-SHORE YMCA ALSO CELEBRATES INTERNATIONAL FAMILY NIGHT WITH EVENTS TO BRING FAMILIES TOGETHER FOR ACTIVITIES THAT SUPPORT DIVERSITY, HEALTHY CHILDREN AND FAMILIES.

OUR YOUTH SPORTS PROGRAMS INCLUDE INDOOR AND OUTDOOR TENNIS LESSONS; AN INSTRUCTIONAL, YEAR ROUND SOCCER PROGRAM; A GYMNASTICS AND DANCE PROGRAM; AND OUR YOUTH & BUDDY BASKETBALL PROGRAM. ARCHERY; KINDERSPORTS; WRESTLING; FLOOR HOCKEY AND T-BALL ROUND OUT THE BALANCE OF OUR SPORT OFFERINGS AT THE YMCA. SPORTSMANSHIP, AND RESPECT FOR TEAMMATES & OTHER PLAYERS ARE INSTILLED IN OVER 1500 CHILDREN WHO PARTICIPATE IN YOUTH SPORTS THROUGHOUT THE YEAR AT THE VALLEY-SHORE YMCA.

IN 2009, THE VALLEY-SHORE YMCA CONTINUED A COMPREHENSIVE ARTS & HUMANITIES PROGRAM OFFERING DANCE AND MUSIC CLASSES SUCH AS HIP-HOP, BALLET, AND JAZZ ALONG WITH PIANO, GUITAR AND DRUM LESSONS. OVER 40 ACTS, INCLUDING YOUTH, TEENS, ADULTS AND SENIORS PARTICIPATED IN THE VALLEY-SHORE YARTS SHOWCASE HELD AT VALLEY REGIONAL HIGH SCHOOL IN DEEP RIVER, CT.

WE CONTINUE TO OFFER MORE YOUTH ENRICHMENT PROGRAMS AS WE REACH OUT TO OUR 12-TOWN SERVICES AREA. OUR GOALS AT THE VALLEY-SHORE YMCA HAVE US HOSTING OTHER YMCA ACTIVITIES IN DEEP RIVER/ESSEX AND THE CLINTON/KILLINGWORTH AREAS AS WE REACH OUT TO MORE COMMUNITIES IN OUR SERVICE AREA. IN 2009, WE HOSTED SEVERAL AFTER SCHOOL ENRICHMENT PROGRAMS IN THESE SERVICE AREAS INCLUDING THEATER PROGRAM AT THE DEEP RIVER ELEMENTARY SCHOOL AND A SPORTS PROGRAM IN CHESTER ELEMENTARY SCHOOL.

TEENS ARE A HUGE PART OF THE VALLEY-SHORE YMCA AS WELL. EVERY FRIDAY EVENING THROUGHOUT THE YEAR THE YMCA OPENS THEIR DOORS FOR KIDS NIGHT OUT.

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FROM 7:00-9:30 PM TEENS CAN SWIM, PLAY BASKETBALL, SHOOT POOL, LISTEN AND DANCE TO MUSIC AND PARTICIPATE IN SPECIAL EVENTS IN A SUPERVISED ENVIRONMENT. AN AVERAGE OF OVER 100 TEENS PER WEEK ATTEND EACH FRIDAY. YOUTH SPECIAL EVENTS ARE ALSO HELD THROUGHOUT THE YEAR. THE YMCA'S HEALTHY KIDS DAY WILL ATTRACT OVER 1,600 PARTICIPANTS FROM THE COMMUNITY OFFERING A VARIETY OF ACTIVE, HEALTHY EVENTS AND INFORMATIONAL SESSIONS. THE SHORELINE KIDS TRIATHLON, WHICH WILL CHALLENGE CLOSE TO 100 YOUTH AGES 7 TO 14 YEARS OLD TO A SWIMMING, BIKING AND RUNNING RACE AGAINST THE CLOCK. ALSO A MAJOR LEAGUE BASEBALL PITCH, HIT & RUN CONTEST THAT WILL BE HELD THIS YEAR IN OLD LYME (PART OF OUR SERVICE AREA). THE PROGRAM WILL GIVE YOUTH AGES 14 AND UNDER, THE CHANCE TO SHOWCASE THEIR BASEBALL ABILITIES. OFTEN OUR YOUTH SPECIAL EVENTS ARE HELD FREE OF CHARGE AND OPEN TO ALL SURROUNDING COMMUNITIES.

FORM 990, PART VI, LINE 11A - ORGANIZATION'S PROCESS TO REVIEW FORM 990 EACH MEMBER OF THE BOARD RECEIVES A COPY OF THE 990 BEFORE FILING. AFTER REVIEW, THE BOARD VOTES ON APPROVAL OF THE FORM. ONCE APPROVED, IT IS THEN FILED.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY UNDER THE LEADERSHIP OF THE BOARD CHAIRPERSON, THE EXECUTIVE COMMITTEE REVIEWS THE ANNUAL CONFLICT OF INTEREST FORMS SUBMITTED PRIOR TO THE ANNUAL MEETING.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL FOR DETERMINING COMPENSATION OF THE CEO, EXECUTIVE DIRECTOR OR TOP MANAGEMENT, BOARD MEMBERS ARE NOTIFIED THAT THE APPRAISAL PROCESS HAS BEEN

Name of the organization

VALLEY SHORE YMCA

Employer identification number

06-0646979

INITIATED. BOARD MEMBERS ARE ASKED TO ANONYMOUSLY COMPLETE AN ONLINE FORM THAT COVERS KEY AREAS AND ALLOWS FOR COMMENTS. MEMBERS OF THE EXECUTIVE COMMITTEE REVIEW THE FORMS AND COMMENTS. THE EXECUTIVE COMMITTEE DEVELOPS AN APPRAISAL WHICH GIVES A NUMERICAL RATING FOR EACH KEY AREA. IT ALSO GIVES A WEIGHTED AVERAGE BASED ON THE IMPORTANCE OF EACH AREA. AN APPRAISAL DOCUMENT IS GIVEN TO THE CEO FOR REVIEW AND RESPONSE.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
ALL GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST.

SCHEDULE O - ADDITIONAL INFORMATION

FORM 990 SCHEDULE L, PART IV: STANLEY PRYMAS IS AN INSURANCE BROKER. ALL PAYMENTS FOR INSURANCE WERE PAID DIRECTLY TO THE INSURANCE CARRIER. STANLEY PRYMAS DID NOT RECEIVE ANY FUNDS DIRECTLY FROM VALLEY SHORE YMCA.

Forms
990 / 990-PF**Mortgages and Other Notes Payable****2009**

For calendar year 2009, or tax year beginning

and ending

Name

Employer Identification Number

VALLEY SHORE YMCA**06-0646979****FORM 990, PART X, LINE 23 - ADDITIONAL INFORMATION**

Name of lender	Relationship to disqualified person
(1) ESSEX SAVINGS BANK	NONE
(2) ESSEX SAVINGS BANK	NONE
(3) CT RIVER COMMUNITY BANK	NONE
(4) CAPITAL LEASES	NONE
(5) ESSEX SAVINGS BANK	NONE
(6) NORTHEAST UTILITIES	NONE
(7) ESSEX SAVINGS BANK	NONE
(8)	
(9)	
(10)	

Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1) 300,000		03/26/09	MONTHLY P&I	6.375
(2)		09/01/27	MONTHLY P&I	7.750
(3)		10/18/10	MONTHLY P&I	8.000
(4)		01/01/10	MONTHLY P&I	10.000
(5)			MONTHLY P&I	
(6)		01/01/09	PRINCIPAL ONLY	0.000
(7)			MONTHLY P&I	6.750
(8)				
(9)				
(10)				

Security provided by borrower	Purpose of loan
(1) BUSINESS ASSETS	NEW CONSTRUCTION
(2) LAND, BUILDING & PERSONAL PROPERTY	MORTGAGE
(3) EQUIPMENT	EQUIPMENT PURCHASE
(4) EQUIPMENT	EQUIPMENT
(5) LINE OF CREDIT	LINE OF CREDIT
(6)	ENERGY CONSERVATION PROGRAM
(7) SPENCER PLAINS ROAD	MORTGAGE
(8)	
(9)	
(10)	

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year
(1)	300,000	
(2)	1,070,378	
(3)	24,315	11,510
(4)	10,969	1,257
(5)	185,679	235,679
(6)	6,601	
(7)		1,574,696
(8)		
(9)		
(10)		
Totals	1,597,942	1,823,142

7904 VALLEY SHORE YMCA
06-0646979
- FYE: 12/31/2009

Federal Statements

Taxable Interest on Investments

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business Code</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>
INTEREST INCOME	\$ 1,911				
TOTAL	<u>\$ 1,911</u>				

7904 VALLEY SHORE YMCA
 06-0646979
 FYE: 12/31/2009

Federal Statements

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	Total Expenses	Program Service	Management & General	Fund Raising
PAYROLL SERVICE	\$ 11,159	\$	11,159	\$
TOTAL	\$ 11,159	\$ 0	11,159	\$ 0

Form 990, Part IX, Line 24f - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
TELEPHONE	\$ 26,476	\$ 10,061	12,444	\$ 3,971
COMMUNITY SERVICE	12,877			12,877
POSTAGE	10,220	8,687	511	1,022
LICENSES & PERMITS	6,254	6,254		
MISCELLANEOUS	5,658		5,658	
BAD DEBTS	185		185	
TOTAL	\$ 61,670	\$ 25,002	18,798	\$ 17,870

7904 VALLEY SHORE YMCA
06-0646979
FYE: 12/31/2009

Federal Statements

Schedule A, Part III, Line 7a - Support from Disqualified Persons

Donor Name	2009	2008	2007	2006	2005
	\$ 61,750	\$ 52,755	\$ 42,914	\$ 38,336	\$
TOTAL	\$ 61,750	\$ 52,755	\$ 42,914	\$ 38,336	\$ 0