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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 06-01-2009 and ending 05-31-2010

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
YOUNG MEN'S CHRISTIAN ASSOCIATION

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
30 MECHANIC STREET

City or town, state or country, and ZIP + 4
MANCHESTER, NH 03101

D Employer identification number
02-0222248

E Telephone number
(603) 232-8668

G Gross receipts $ 11,940,680

F Name and address of principal officer
HAROLD J JORDAN
30 MECHANIC STREET
MANCHESTER, NH 03101

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)

H(c) Group exemption number ▶

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

J Website: ▶ WWW GMFYMCA ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1854

M State of legal domicile NH

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
THE YMCA CREATES A COMMUNITY WHERE ALL ARE WELCOME THE YMCA BUILDS A HEALTY SPIRIT, MIND AND BODY IN CHILDREN, INDIVIDUALS AND FAMILIES WHILE INSTILLING THE VALUES OF CARING, HONESTY, RESPECT AND RESPONSIBILITY THROUGH OUR PRACTICES AND PROGRAMS

2 Check this box ▶ ☐ 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	26
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	26
5	Total number of employees (Part V, line 2a)	5	784
6	Total number of volunteers (estimate if necessary)	6	1,100
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	

		Prior Year	Current Year
Revenue 8	Contributions and grants (Part VIII, line 1h)	972,135	1,058,636
9	Program service revenue (Part VIII, line 2g)	6,061,027	9,604,613
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	24,565	138,627
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	44,931	27,732
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,102,658	10,829,608
Expenses 13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,219,274	1,631,413
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	4,180,025	5,769,030
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 129,180		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	2,482,603	3,447,280
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	7,881,902	10,847,723
19	Revenue less expenses Subtract line 18 from line 12	-779,244	-18,115

		Beginning of Current Year	End of Year
Net Assets or Fund Balances 20	Total assets (Part X, line 16)	13,150,263	12,638,721
21	Total liabilities (Part X, line 26)	5,655,518	4,982,375
22	Net assets or fund balances Subtract line 21 from line 20	7,494,745	7,656,346

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

****** 2010-08-26
Signature of officer Date

HAROLD J JORDAN PRESIDENT/CEO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature: THOMAS J PARE CPA | Date 2010-10-07 | Check if self-empolyed ☐ | Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4: HESSION & PARE PC, 62 STARK STREET, MANCHESTER, NH 031011970 | EIN ▶ | Phone no ▶ (603) 669-5477

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

THE YMCA CREATES A COMMUNITY WHERE ALL ARE WELCOME THE YMCA BUILDS A HEALTY SPIRIT, MIND AND BODY IN CHILDREN, INDIVIDUALS AND FAMILIES WHILE INSTILLING THE VALUES OF CARING, HONESTY, RESPECT AND RESPONSIBILITY THROUGH OUR PRACTICES AND PROGRAMS

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 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 $ 4,885,093 including grants of $ 1,132,275) (Revenue $ 4,998,150)

HEALTHY LIVING - THE YMCA IS RESPONDING IN A PRO-ACTIVE MANNER TO THE HEALTH CRISIS IN OUR COMMUNITY'S YOUTH, ADULTS AND FAMILIES BY FOCUSING ON PREVENTATIVE AND INTERVENTIONAL PROGRAMS THAT FIGHT THE PROLIFERATION OF CHRONIC DISEASES WE ARE VERY CONCERNED ABOUT CHILDHOOD OBESITY AND FAMILY HEALTH PRACTICES THAT LEAD TO LIFELONG HEALTH PROBLEMS THIS IS PARTICULARLY TRUE IN LOWER INCOME COMMUNITIES LIKE THE ONES WE SERVE, WHERE ACCESS TO BASIC HEALTH CARE, PROPER NUTRITION AND RECREATION IS LIMITED THE YMCA OFFERS A SLIDING FEE SCALE AND FINANCIAL AID TO REMOVE FINANCIAL BARRIERS THAT MAY PREVENT PARTICIPATION LAST YEAR, WE PROVIDED AID TO OVER 14,340 PEOPLE TO ENSURE ALL WHO NEED HELP, RECEIVE HELP OF THIS NUMBER, 7,543 RECEIVED FREE OR DISCOUNTED MEMBERSHIP AT THE YMCA AND 4,652 RECEIVED FINANCIAL ASSISTANCE ENABLING THEM TO PARTICIPATE IN A YMCA PROGRAM AS A PART OF THIS COMMITMENT, THE YMCA PROVIDES FREE MEMBERSHIP TO OVER 79 OTHER NON-PROFIT AGENCIES WHOSE CLIENTS HAVE SPECIAL NEEDS, SUCH AS FOSTER HOMES, GROUP HOMES FOR CHILDREN WITH NO PARENTS, DRUG AND ALCOHOL TREATMENT CENTERS, MENTORING PROGRAMS AND DISABLED INDIVIDUALS COLLABORATING TO SUPPORT OTHERS IN OUR COMMUNITY IS A MAJOR FOCUS FOR OUR ORGANIZATION IN ALL YMCA WELLNESS PROGRAMS, WE EMPHASIZE A HOLISTIC APPROACH TOWARDS HEALTH BY STRESSING THE BALANCED DEVELOPMENT OF SPIRIT, MIND AND BODY THE YMCA'S CORE VALUES OF HONESTY, CARING, RESPECT AND RESPONSIBILITY ARE TAUGHT AS A WAY TO HELP ALL PEOPLE COMMIT TO INDIVIDUAL AND FAMILY WELLNESS THE YMCA MAINTAINS A MAJOR FOCUS ON DEVELOPING STRONG FAMILIES AND OFFERS CONCURRENT PROGRAMMING AND CHILD CARE SUPPORT THROUGH A PROGRAM CALLED FAMILY TIME WITH THIS PROGRAM, THE ENTIRE FAMILY CAN COME AT ONE TIME TO ENSURE EVERYONE GETS TO PARTICIPATE IN HEALTHY ACTIVITIES OVER 70% OF OUR MEMBERSHIPS ARE YOUTH AND FAMILIES, SO THIS MAKES A BIG IMPACT IN ADDITION, WE RUN SPECIAL PROGRAMS LIKE HEALTY KIDS DAY, AMERICA ON THE MOVE WEEK, HOST FAMILY OUTINGS AND OFFER SPECIAL RATES TO FAMILIES WE MAINTAIN A BROAD DEFINITION OF FAMILIES TO ENSURE TRADITIONAL AND NONTRADITIONAL FAMILIES CAN PARTICIPATE OVER 150 CLASSES ARE OFFERED EACH WEEK FOR PEOPLE OF ALL WALKS OF LIFE THIS BROAD SCOPE OF SERVICE ENSURES THERE IS THE OPPORTUNITY FOR A LIFETIME OF PARTICIPATION, WHICH IS THE MOST POWERFUL METHODOLOGY FOR LONG TERM CHANGE THE YMCA IS ALSO COMMITTED TO PROVIDING HEALTHY ALTERNATIVES FOR YOUTH DURING THE HIGH RISK AFTER SCHOOL HOURS BY PROVIDING AN EXTENSIVE VARIETY OF PROGRAMS TO SERVE A CHILD'S MANY INTERESTS THESE PROGRAMS INCLUDE INSTRUCTIONAL AND COMPETITIVE SWIMMING, GYMNASTICS AND DANCE PROGRAMS, A MULTITUDE OF YOUTH SPORTS PROGRAMS INCLUDING BASKETBALL, SOCCER, WRESTLING, T-BALL, OUTDOOR ADVENTURE, TENNIS AND FITNESS THE YMCA ENCOURAGES AN EXTENSIVE USE OF VOLUNTEERS AND MENTORS TO RUN ITS PROGRAM AND INCLUDE FAMILY PARTICIPATION AS A WAY TO BRING FAMILIES CLOSER TOGETHER DUE TO THE YMCA'S LONG STANDING INVOLVEMENT IN AQUATICS, AND OUR CONCERN FOR KEEPING CHILDRAN SAFE AROUND OCEANS, PONDS, LAKES, STREAMS, RIVERS AND SWIMMING POOLS, WE PROVIDE FREE AQUATIC SAFETY PROGRAM THAT SERVES 1,200 FOURTH GRADE CHILDREN PER YEAR IN MANCHESTER'S ELEMENTARY SCHOOL SYSTEM PROVIDING THESE PROGRAMS FOR ALL AGES, LEVELS AND ABILITIES OFFERS A UNIQUE OPPORTUNITY FOR YOUTH TO BUILD LIFELONG RELATIONSHIPS AND FRIENDS, BUILD SELF CONFIDENCE, SPEND QUALITY TIME WITH THEIR FAMILIES AND OF COURSE, DEEPEN VALUES

4b (Code) (Expenses $ 4,370,705 including grants of $ 235,413) (Revenue $ 4,444,984)

HOLISTIC DEVELOPMENT OF CHILDREN AND YOUTH - THE YMCA RECOGNIZES AND CELEBRATES ITS ROLE AS A MAJOR SERVICE PROVIDER IN THE AREA OF CHILDHOOD AND YOUTH DEVELOPMENT THE YMCA IS COMMITTED TO INCREASING OPPORTUNITES FOR YOUTH TO DEEPEN VALUES AND BUILD POSITIVE ASSETS ALL YOUTH PROGRAMS REINFORCE OUR CORE VALUES OF HONESTY, RESPECT, CARING AND RESPONSIBILITY THESE GUIDED PRINCIPLES HELP CHILDREN MAKE POSITIVE CHOICES IN THEIR LIVES AND CONTRIBUTE TO BUILDING STRONG FAMILIES AND COMMUNITIES THE YMCA ALSO SEEKS TO BUILD POSITIVE ASSETS IN YOUTH BY PROVIDING OPPORTUNITIES FOR THEM TO ENGAGE IN LIFELONG HEALTHY ACTIVITIES WITH POSITIVE ROLE MODELS TO HELP GUIDE THEIR DECISIONS IT IS PROVEN THAT THE MORE POSITIVE ASSETS A CHILD HAS, THE LESS LIKELY THEY ARE TO ENGAGE IN HIGH RISK BEHAVIOR THAT MAY LEAD TO NEGATIVE HEALTH HABITS AND ANTI-SOCIAL BEHAVIORS WITH THIS AS A BACKDROP, THE YMCA IS THE LARGEST PROVIDER OF CHILDCARE PROGRAMS IN THE AREA AND SERVES OVER 950 CHILDREN PER DAY A SPECIAL EMPHASIS IS PLACED ON ENSURING ACCESS TO PROGRAMS IN LOW INCOME AREAS BY PROVIDING FINANCIAL ASSISTANCE THROUGH GRANTS, STATE AID AND YMCA FUND RAISING DURING THE SUMMER MONTHS WHEN CHILDREN ARE NOT IN SCHOOL, THE YMCA OFFERS EXTENSIVE DAY AND RESIDENT CAMPING PROGRAMS FOR CHILDREN 18 MONTHS TO 15 YEARS OLD AGAIN, THIS PROVIDES MANY OF OUR CENTER-CITY YOUTH WITH A UNIQUE OPPORTUNITY TO PARTICIPATE WITH CHILDREN FROM WITHIN AND OUTSIDE THE STATE AND COUNTRY A MAJOR EMPHASIS OF OUR CAMPING PROGRAM IS TO PROVIDE OPPORTUNITIES FOR YOUTH TO GAIN LEADERSHIP SKILLS BY PROGRESSING FROM A CAMPER TO A LEADER-IN-TRAINING (L I T), TO A COUNSELOR-IN-TRAINING (C I T), TO A JUNIOR COUNSELOR AND FINALLY TO A FULL COUNSELOR EACH YEAR, THE YMCA EMPLOYS OVER 425 YOUNG ADULTS AND IS ONE OF THE COMMUNITY'S LARGEST YOUTH EMPLOYERS THROUGH OUR CAMPING PROGRAMS, WE ARE ABLE TO PROVIDE OPPORTUNITIES FOR YOUTH DEVELOPMENT 12 MONTHS PER YEAR TO BUILD A HEALTY SPIRIT, MIND AND BODY

4c (Code) (Expenses $ 921,502 including grants of $ 263,725) (Revenue $ 161,479)

SOCIAL RESPONSIBILITY - THE YMCA ACTS AS A COMMUNITY PARTNER WHENEVER POSSIBLE TO ADDRESS CRITICAL COMMUNITY NEEDS IN THIS CONTEXT, OUR COMMUNITY HAS EXPERIENCED A SIGNIFICANTLY HIGHER PERCENTAGE OF SCHOOL DROP OUTS AND SCHOOL FAILURES THAN OTHER COMMUNITIES IN THE STATE THE YMCA HAS TAKEN THE LEAD TO IMPACT THIS IMPORTANT ISSUE BY OFFERING THREE SPECIAL PROGRAMS TO REDUCE SCHOOL DROPOUT THE SUPPORT TUTORING AND ADVENTURE FOR YOUTH PROGRAM (S T A Y) IS RUN IN ALL FOUR MIDDLE SCHOOLS IN MANCHESTER THE PROGRAM PROVIDES A FULL TIME STAFF MEMBER IN EACH SCHOOL TO TUTOR MENTOR AND PROVIDE POSITIVE GROUP WORK EXPERIENCE GEARED AT BUILDING ACADEMIC COMPETENCY, SOCIAL SKILLS AND A STRONG RELATIONSHIP WITH THE SCHOOL AND COMMUNITY THE YMCA SERVES 52 YOUTH PER YEAR WITH OVER 150 REFERRALS FOR THE 52 SLOTS THE YMCA ALSO PROVIDES A SPECIAL PROGRAM CALLED THE TRUANCY ALTERNATIVE PROGRAM (T A P) FOR SUSPENDED AND EXPELLED STUDENTS SINCE NO PROGRAM EXISTS IN MANCHESTER TO SUPPORT THEM WHEN THEY ARE OUT OF SCHOOL THE YMCA RUNS THE PROGRAM (IN COOPERATION WITH THE MANCHESTER SCHOOL DEPARTMENT) IN THE YMCA FACILITY (DOWNTOWN BRANCH) AND PROVIDES AN OPPORTUNITY FOR STUDENTS TO COMPLETE THEIR SCHOOL WORK TO STAY ON COURSE WITH THEIR STUDIES, RECEIVE TUTORING HELP, PERFORM COMMUNITY SERVICE AND LEARN WAYS TO IMPROVE SOCIAL SKILLS TO AVOID FURTHER PROBLEMS IN SCHOOL OVER 230 YOUTH ARE SERVED EACH YEAR THE YOUTH OPPPORTUNITIES UNLIMITED PROGRAM (Y O U) OPERATES IN TWO OF OUR CENTER-CITY SCHOOLS AND PROVIDES QUALITY CHILDCARE FOR 135 CHILDREN, 85% OF WHICH ARE BELOW FEDERAL POVERTY GUIDELINES MOST FAMILIES PAY AS LITTLE AS 3 00 PER WEEK THIS KEEPS FAMILIES OFF OF STATE ASSISTANCE AS IT ENABLES PARENTS TO WORK AND KNOW THEIR CHILDREN ARE WELL CARED FOR THE YMCA ALSO RUNS A TEEN CENTER TO PROVIDE A LONG TERM CONNECTION TO THE YMCA FOR CHILDREN WHO NEED A POSITIVE PLACE TO COME DURING AFTER SCHOOL HOURS THE CENTER IS RUN BY STAFF TRAINED TO SUPPORT POSITIVE YOUTH DEVELOPMENT IN ORDER TO DEVELOP LEADERSHIP SKILLS IN YOUTH AND ENCOURAGE CIVIL ENGAGEMENT, THE YMCA RUNS A MODEL LEGISLATURE AT THE NH STATE CAPITAL FOR OVER 355 HIGH SCHOOL STUDENTS THIS IS A COLLABORATIVE PROGRAM WITH LOCAL SCHOOL SYSTEMS AND TIES INTO THE SCHOOL'S CURRICULUM ON GOVERNMENT AND PUBLIC POLICY IN ADDITION, OUR YMCA ORGANIZES THE PROFESSIONAL TRAINING AND DEVELOPMENT PROGRAM FOR THE ELEVEN YMCA'S IN NEW HAMPSHIRE AND VERMONT WE DO THIS IN COLLABORATION WITH SPRINGFIELD COLLEGE - MANCHESTER

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

4e **Total program service expenses** ▶ $ 10,177,300

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*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes	
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*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		No
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*	5		
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*	6		No
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*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
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*	9		No
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*	10	Yes	
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.*	11	Yes	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line10? *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 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*	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? **Yes** **No**			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional **12A** No			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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*	14b		No
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 U S ? *If "Yes," complete Schedule F, Part II*	15		No
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 U S ? *If "Yes," complete Schedule F, Part III*	16		No
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*	17		No
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*	18	Yes	
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*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		No

Part IV Checklist of Required Schedules *(continued)*

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*	**21**	Yes	
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*	**22**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 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*	**23**	Yes	
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 line 25*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
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?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
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*	**25a**		No
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*	**25b**		No
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*	**26**		No
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*	**27**		No
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*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
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 owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
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*	**33**		No
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*	**34**		No
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*	**35**		No
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*	**36**		No
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*	**37**		No
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	**38**	Yes	

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	49		
b	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?	1c			
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	784		
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)	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
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	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
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? . .	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
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?	5c			
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?	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
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?	7a			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			
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?	7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . .	7g			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h			
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?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
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?	12a			
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 lines 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	Enter the number of voting members of the governing body . .	1a 26		
b	Enter the number of voting members that are independent . .	1b 26		
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	Yes	
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	
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	9		No

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?	10a	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?	10b	Yes	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
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	Yes	
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
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		

Section C. Disclosure

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

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 ▶

JANIS CLARK
30 MECHANIC ST
MANCHESTER, NH 03101
(603) 232-8668

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, and **current** key employees 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, 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 current or former officer, director, trustee or key employee

(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			
See add'l data										

1b Total . . . . . ▶	168,899		7,823

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

			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

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 ▶

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 78,628				
	b	Membership dues	1b				
	c	Fundraising events	1c 259,862				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e 323,241				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 396,905				
	g	Noncash contributions included in lines 1a-1f $ 22,954					
	h	**Total.** Add lines 1a-1f		1,058,636			
Program Service Revenue			Business Code				
	2a	HEALTHY LIVING	713,940	4,998,150	4,998,150		
	b	HOLISTIC DEV CHILDREN & YOUTH	624,410	4,444,984	4,444,984		
	c	SOCIAL RESPONSIBILITY	624,100	161,479	161,479		
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		9,604,613			
	3	Investment income (including dividends, interest and other similar amounts)		44,171			44,171
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
			(i) Real	(ii) Personal			
	6a	Gross Rents	152,238				
	b	Less rental expenses	145,034				
	c	Rental income or (loss)	7,204				
	d	Net rental income or (loss)		7,204			7,204
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	1,028,185				
	b	Less cost or other basis and sales expenses	933,729				
	c	Gain or (loss)	94,456				
	d	Net gain or (loss)		94,456	94,456		
Other Revenue	8a	Gross income from fundraising events (not including $ 259,862 of contributions reported on line 1c) See Part IV, line 18	a 43,376				
	b	Less direct expenses	b 32,309				
	c	Net income or (loss) from fundraising events		11,067	11,067		
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities					
	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					
		Miscellaneous Revenue	Business Code				
	11a	OTHER INCOME	900,099	9,461	9,461		
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d		9,461			
	12	**Total revenue.** See Instructions		10,829,608	9,719,597		51,375

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	696,426	696,426		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	934,987	934,987		
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	171,418	34,283	102,851	34,284
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	4,713,539	4,462,322	176,370	74,847
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	137,869	125,047	10,396	2,426
9	Other employee benefits	271,800	246,523	20,493	4,784
10	Payroll taxes	474,404	442,518	22,795	9,091
11	Fees for services (non-employees)				
a	Management				
b	Legal				
c	Accounting	21,403		21,403	
d	Lobbying				
e	Professional fundraising *See Part IV, line 17*				
f	Investment management fees				
g	Other	188,227	163,856	23,677	694
12	Advertising and promotion	198,422	198,422		
13	Office expenses	164,307	155,574	8,527	206
14	Information technology	127,995	112,446	14,819	730
15	Royalties				
16	Occupancy	1,292,958	1,195,276	96,443	1,239
17	Travel	53,205	53,205		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	79,989	70,902	8,829	258
20	Interest				
21	Payments to affiliates	90,103	90,103		
22	Depreciation, depletion, and amortization	699,518	670,679	28,839	
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	SUPPLIES	500,941	498,143	2,718	80
b	DUES	29,762	26,588	3,083	91
c	ANNUAL CAMPAIGN EXPENSE	450			450
d					
e					
f	All other expenses				
25	**Total functional expenses.** Add lines 1 through 24f	10,847,723	10,177,300	541,243	129,180
26	**Joint costs.** Check here ▶ ☐ 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		71,339	1	25,001
	2	Savings and temporary cash investments		690,684	2	670,244
	3	Pledges and grants receivable, net		491,418	3	226,318
	4	Accounts receivable, net		183,967	4	115,737
	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		84,212	9	105,980
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 18,520,114			
	b	Less accumulated depreciation	10b 10,613,751	8,295,399	10c	7,906,363
	11	Investments—publicly traded securities		2,220,595	11	2,386,855
	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		1,112,649	15	1,202,223
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		13,150,263	16	12,638,721
Liabilities	17	Accounts payable and accrued expenses		389,519	17	531,660
	18	Grants payable			18	
	19	Deferred revenue		893,359	19	830,459
	20	Tax-exempt bond liabilities		3,800,000	20	3,040,000
	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		208,000	23	195,000
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		364,640	25	385,256
	26	**Total liabilities.** Add lines 17 through 25		5,655,518	26	4,982,375
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		5,065,605	27	5,229,727
	28	Temporarily restricted net assets		1,534,393	28	1,514,444
	29	Permanently restricted net assets		894,747	29	912,175
		Organizations that do not follow SFAS 117, check here ▶ ☐ 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		7,494,745	33	7,656,346
	34	Total liabilities and net assets/fund balances		13,150,263	34	12,638,721

Part XI Financial Statements and Reporting

			Yes	No
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?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 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	2c	Yes	
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 separated 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?	3a		No
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	3b		

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
YOUNG MEN'S CHRISTIAN ASSOCIATION

Employer identification number
02-0222248

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 **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 ☑ 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?

	Yes	No
(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? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

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

(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? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
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.)

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 (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
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** ▶☐

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 for 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 ▶☐

b **33 1/3% support test—2008.** 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—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 ▶☐

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 ▶☐

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 ▶☐

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) 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 ")	1,872,106	1,894,292	1,100,267	972,135	1,058,636	6,897,436
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	8,279,598	8,571,037	9,488,715	6,101,048	9,647,989	42,088,387
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 through 5	10,151,704	10,465,329	10,588,982	7,073,183	10,706,625	48,985,823
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 $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						48,985,823

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	10,151,704	10,465,329	10,588,982	7,073,183	10,706,625	48,985,823
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	47,571	50,571	73,404	54,174	44,171	269,891
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	47,571	50,571	73,404	54,174	44,171	269,891
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)		910	4,740	14,895	9,461	30,006
13 **Total support** (Add lines 9, 10c, 11 and 12)	10,199,275	10,516,810	10,667,126	7,142,252	10,760,257	49,285,720

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** ▶☐

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	99 390 %
16	Public support percentage from 2008 Schedule A, Part III, line 15	16	99 410 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2009** (line 10c column (f) divided by line 13 column (f))	17	1 000 %
18	Investment income percentage from **2008** Schedule A, Part III, line 17	18	1 000 %

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

Additional Data

Software ID:
Software Version:
EIN: 02-0222248
Name: YOUNG MEN'S CHRISTIAN ASSOCIATION

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
GEORGE ATTAR TRUSTEE	2 00	X						0	0	0
DIANE BEAUDRY TRUSTEE	2 00	X						0	0	0
MARY JO BOISVERT TRUSTEE	2 00	X						0	0	0
VASILIKI CANOTAS TRUSTEE	2 00	X						0	0	0
TOM DEBLOIS TRUSTEE	2 00	X						0	0	0
PAM DIAMANTIS VICE CHAIR	2 00	X		X				0	0	0
LISA DIBRIGIDA TRUSTEE	2 00	X						0	0	0
SCOTT W ELLISON TRUSTEE	2 00	X						0	0	0
TIM HOWE TRUSTEE	2 00	X						0	0	0
DAVID KUHN TRUSTEE	2 00	X						0	0	0
DENISE LANGLEY TRUSTEE	2 00	X						0	0	0
TOM LEWRY TREASURER	2 00	X		X				0	0	0
JOHN LOMBARDI TRUSTEE	2 00	X						0	0	0
MICHAEL J MCCLUSKEY TRUSTEE	2 00	X						0	0	0
SUZANNE MELLON TRUSTEE	2 00	X						0	0	0
RICHARD PEASE CHAIR	2 00	X		X				0	0	0
WAYNE ROBINSON TRUSTEE	2 00	X						0	0	0
JOEL ROZEN SECRETARY	2 00	X		X				0	0	0
TOM SHAUGHNESSY TRUSTEE	2 00	X						0	0	0
ARTHUR SULLIVAN TRUSTEE	2 00	X						0	0	0
PHILIP TAUB TRUSTEE	2 00	X						0	0	0
MIAH TROST TRUSTEE	2 00	X						0	0	0
WILLIAM TUCKER TRUSTEE	2 00	X						0	0	0
DOUG WENNERS TRUSTEE	2 00	X						0	0	0
DIANA WIELAND TRUSTEE	2 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
TRAVIS YORK TRUSTEE	2 00	X						0	0	0
HAL JORDAN CEO	50 00			X				168,899	0	7,823

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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
YOUNG MEN'S CHRISTIAN ASSOCIATION

Employer identification number
02-0222248

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? ☐ Yes ☑ 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 for any other purpose conferring impermissible private benefit ☐ Yes ☑ 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 importantly land area
☐ Protection of natural habitat
☐ Preservation of a 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
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	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, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☑ No

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation 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
- 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
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	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	2,429,140	2,896,229			
b Contributions	499,325	297,410			
c Investment earnings or losses	270,444	-483,195			
d Grants or scholarships					
e Other expenditures for facilities and programs	-746,877	-264,458			
f Administrative expenses	-25,413	-16,846			
g End of year balance	2,426,619	2,429,140			

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

- a Board designated or quasi-endowment ▶ 65 000 %
- b Permanent endowment ▶ 35 000 %
- c Term endowment ▶ %

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

		Yes	No
(i) unrelated organizations	3a(i)		No
(ii) related organizations	3a(ii)		No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		No

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		892,796		892,796
b Buildings		14,138,638	7,651,667	6,486,971
c Leasehold improvements		34,559	34,559	
d Equipment		3,454,121	2,927,525	526,596
e Other				
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				7,906,363

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		
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
BENEFICIAL INTEREST IN TRUST	1,012,198
DEFERRED FINANCING COSTS	190,025
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	1,202,223

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
INTEREST RATE SWAP IN LOSS POSITION	385,256
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	385,256

2. Fin 48 Footnote 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	10,829,608
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	10,847,723
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-18,115
4	Net unrealized gains (losses) on investments	4	136,644
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	43,082
9	Total adjustments (net) Add lines 4 - 8	9	179,726
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	161,611

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	9,555,264
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	136,644		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	220,425		
e	Add lines **2a** through **2d**			2e	357,069
3	Subtract line **2e** from line **1**			3	9,198,195
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	1,631,413		
c	Add lines **4a** and **4b**			4c	1,631,413
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	10,829,608

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

1	Total expenses and losses per audited financial statements			1	9,393,653
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	Other losses	2c			
d	Other (Describe in Part XIV)	2d	177,343		
e	Add lines **2a** through **2d**			2e	177,343
3	Subtract line **2e** from line **1**			3	9,216,310
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	1,631,413		
c	Add lines **4a** and **4b**			4c	1,631,413
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	10,847,723

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, 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

Identifier	Return Reference	Explanation
INTENDED USES FOR ENDOWMENT FUNDS	SCHEDULE D, PAGE 2, PART V, LINE 4	ENDOWMENT FUNDS ARE USED FOR THE FURTHERANCE OF THE YMCA'S MISSION THROUGH FINANCIAL ASSISTANCE AS WELL AS CAPITAL IMPROVEMENTS EXPENDITURES
RECONCILATION OF CHANGES - OTHER	SCHEDULE D, PAGE 4, PART XI, LINE 8	RENTAL EXPENSES OFFSETTING RENTAL INCOME ON RETURN 145,034 FUNDRAISING EXPENSES OFFSETTING INCOME ON RETURN 32,309 CHANGE IN BENEFICIAL INTEREST IN TRUST 63,698 UNREALIZED LOSS ON INTEREST RATE SWAP -20,616 FINANCIAL ASSISTANCE OFFSET AGAINST REVENUE IN STATEMENTS -1,631,413 RENT EXPENSE NETTED WITH INCOME ON THE RETURN - 145,034 FUNDRAISING EXPENSES OFFSETTING INCOME ON THE RETURN -32,309 FINANCIAL ASSSITANCE OFFSET AGAINST REVENUE IN STATEMENTS 1,631,413
REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER	SCHEDULE D, PAGE 4, PART XII, LINE 2D	RENTAL EXPENSES OFFSETTING RENTAL INCOME ON RETURN 145,034 FUNDRAISING EXPENSES OFFSETTING INCOME ON RETURN 32,309 CHANGE IN BENEFICIAL INTEREST IN TRUST 63,698 UNREALIZED LOSS ON INTEREST RATE SWAP -20,616
REVENUE AMOUNTS INCLUDED ON RETURN - OTHER	SCHEDULE D, PAGE 4, PART XII, LINE 4B	FINANCIAL ASSISTANCE OFFSET AGAINST REVENUE IN STATEMENTS 1,631,413
EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER	SCHEDULE D, PAGE 4, PART XIII, LINE 2D	RENT EXPENSE NETTED WITH INCOME ON THE RETURN 145,034 FUNDRAISING EXPENSES OFFSETTING INCOME ON THE RETURN 32,309
EXPENSE AMOUNTS INCLUDED ON RETURN - OTHER	SCHEDULE D, PAGE 4, PART XIII, LINE 4B	FINANCIAL ASSSITANCE OFFSET AGAINST REVENUE IN STATEMENTS 1,631,413

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SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization
YOUNG MEN'S CHRISTIAN ASSOCIATION

Employer identification number
02-0222248

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

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

- **a** ☐ Mail solicitations
- **b** ☐ Internet and e-mail solicitations
- **c** ☐ Phone solicitations
- **d** ☐ In-person solicitations
- **e** ☐ Solicitation of non-government grants
- **f** ☐ Solicitation of government grants
- **g** ☐ Special fundraising events

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

(i) Name of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	**(iii)** No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
Total . . . . . ▶						

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

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 ANNUAL DINNER (event type)	(b) Event #2 SCY BREAKFAST (event type)	(c) Other Events 1 (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	250,733	26,726	25,779	303,238
	2 Less Charitable contributions	213,123	24,053	22,686	259,862
	3 Gross income (line 1 minus line 2)	37,610	2,673	3,093	43,376
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs		50	600	650
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	26,859	2,450	2,350	31,659
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				32,309
	11 Net income summary Combine lines 3, column d, and line 10 ▶				11,067

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	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Combine lines 1, column d, and line 7 ▶				

			Yes	No
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?	9a		
b	If "No," Explain			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		
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			
a	The organization's facility	**13a**		
b	An outside facility	**13b**		
14	Enter 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 ▶			
	☐ 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?	**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 ▶ $			

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
YOUNG MEN'S CHRISTIAN ASSOCIATION

Employer identification number
02-0222248

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations . . . ▶ 29

3 Enter total number of other organizations . . . ▶

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
FINANCIAL ASSISTANCE	7046		496,585	FMV	MEMBERSHIP ASST
FINANCIAL ASSISTANCE	471		174,677	FMV	PROGRAM ASST
FINANCIAL ASSISTANCE	396		263,725	FMV	PROGRAM ASST

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 02-0222248
Name: YOUNG MEN'S CHRISTIAN ASSOCIATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BIG BROTHERBIG SISTER PROGRAM25 LOWELL STREET 201 MANCHESTER,NH 03101	51-0180586	3		36,826	FMV	MEMBERSHIP FEES	
CHILD AND FAMILY SERVICES1245 ELM STREET MANCHESTER,NH 03101	01-0222164	3		28,913	FMV	MEMBERSHIP FEES	
COMMUNITY STRATEGIES OF NH1490 ELM STREET UNIT 1 MANCHESTER,NH 03101	04-3461434	3		22,113	FMV	MEMBERSHIP FEES	
CROTCHED MOUNTAIN16 RT 111 BROOKSTONE PK STE 3 DERRY,NH 03038	22-2849875	3		12,285	FMV	MEMBERSHIP FEE	
EASTER SEALS555 AUBURN STREET MANCHESTER,NH 03103	02-0272825	3		56,212	FMV	MEMBERSHIP FEE	
EMILY'S PLACE - YWCA72 CONCORD STREET MANCHESTER,NH 03101	02-0222254	3		7,314	FMV	MEMBERSHIP FEES	
FAMILIES IN TRANSITION 122 MARKET STREET MANCHESTER,NH 03101	02-0475414	3		31,678	FMV	MEMBERSHIP FEES	
KIDS CAFE - SALVATION ARMY121 CEDAR STREET MANCHESTER,NH 03101	13-5562351	3		14,628	FMV	MEMBERSHIP FEES	
MENTAL HEALTH CENTER 401 SECTOR STREET MANCHESTER,NH 03104	02-0258994	3		13,260	FMV	MEMBERSHIP FEES	
REDEVELOPMENT AUTHORITY198 HANOVER STREET MANCHESTER,NH 03104	02-6000518	3		45,540	FMV	MEMBERSHIP FEES	

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MOORE CENTER195 MCGREGOR STREET UNIT 400 MANCHESTER,NH 03102	02-0261136	3		73,710	FMV	MEMBERSHIP FEES	
OXFORD HOUSE9 BROOK STREET MANCHESTER,NH 03104	11-3725444	3		16,217	FMV	MEMBERSHIP FEES	
ROBINSON HOUSE49 MANCHESTER STREET MANCHESTER,NH 03101	02-2068285	3		7,371	FMV	MEMBERSHIP FEES	
TIRRELL HOUSE - DHHS15 BROOK STREET MANCHESTER,NH 03104		GOV		34,398	FMV	MEMBERSHIP FEES	
VETERNS CENTER103 LIBERTY STREET MANCHESTER,NH 03104		GOV		9,828	FMV	MEMBERSHIP FEES	
VETERNS AFFAIRS718 SMYTH ROAD MANCHESTER,NH 03104		GOV		10,971	FMV	MEMBERSHIP FEES	
WELCOME HOME286 CONCORD STREET MANCHESTER,NH 03104	02-0478822	3		34,398	FMV	MEMBERSHIP FEES	
AMERICAN LEGION 4356 BOUTWELL STREET MANCHESTER,NH 03102	02-0103730	3		7,371	FMV	MEMBERSHIP FEES	
HAMPSHIRE HOUSE1492 ELM STREET MANCHESTER,NH 03101		GOV		7,371	FMV	MEMBERSHIP FEES	
HEALTHY LIVINGVARIOUS MANCHESTER,NH 03101		3		56,489	FMV	MEMBERSHIP FEES	

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOLISTIC DEV CHILDREN & YOUTHVARIOUS MANCHESTER,NH 03101		3		60,736	FMV	MEMBERSHIP FEES	
DEAF AND HARD OF HEARING100 AURORE AVENUE MANCHESTER,NH 03104	02-0494977	3		5,028	FMV	MEMBERSHIP FEES	
HELPING HANDS-PINE STREET140-142 CENTRAL STREET MANCHESTER,NH 03103	02-0418983	3		7,862	FMV	MEMBERSHIP FEES	
MANCHESTER HEALTH CENTER1555 ELM STREET MANCHESTER,NH 03101	02-0258994	3		28,501	FMV	MEMBERSHIP FEES	
MAYHEW PROGRAMPO BOX 120 BRISTOL,NH 03222	23-7423042	3		5,028	FMV	MEMBERSHIP FEES	
NEW HORIZONS199 MANCHESTER STREET MANCHESTER,NH 03105	23-7312684	3		12,285	FMV	MEMBERSHIP FEES	
OFFICE OF YOUTH SERVICES1045 ELM STREET SUITE 204 MANCHESTER,NH 03101	02-6000517	3		18,855	FMV	MEMBERSHIP FEES	
PALACE THEATRE80 HANOVER STREET MANCHESTER,NH 03101	23-7356019	3		14,742	FMV	MEMBERSHIP FEES	
WEST BRIDGE1361 ELM STREET MANCHESTER,NH 03101	52-2324227	3		5,897	FMV	MEMBERSHIP FEES	
YDC-YOUTH DEVELOPMENT CTR1056 NORTH RIVER ROAD MANCHESTER,NH 03104	02-6000618	3		5,028	FMV	MEMBERSHIP FEES	

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
YOUTH EMPOWERMENT49 MANCHESTER STREET MANCHESTER,NH 03101	02-0268285	3		5,571	FMV	MEMBERSHIP FEES	

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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, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
YOUNG MEN'S CHRISTIAN ASSOCIATION

Employer identification number
02-0222248

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate 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 ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all 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 ☑ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☑ Compensation survey or study ☑ Form 990 of other organizations ☑ 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**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only 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**		No
b	Any related organization?	**5b**		No
	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?	**6a**		No
b	Any related organization?	**6b**		No
	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	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured 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**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

(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				
HAL JORDAN	(i) (ii)	168,899			6,756	1,067	176,722	71,457

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

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
YOUNG MEN'S CHRISTIAN ASSOCIATION

Employer identification number
02-0222248

Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased Yes	(g) Defeased No	(h) On Behalf of Issuer Yes	(h) On Behalf of Issuer No
A	NH HEALTH & ED FACILITIES AUTHORITY	02-0279866	64461RFW3	09-01-2009	3,330,000	PROPERTY AND CAPITAL		X		X

Part II Proceeds

		A	B	C	D	E
1	Total proceeds of issue	3,040,000				
2	Gross proceeds in reserve funds					
3	Proceeds in refunding or defeasance escrows					
4	Other unspent proceeds					
5	Issuance costs from proceeds					
6	Working capital expenditures from proceeds					
7	Capital expenditures from proceeds	3,330,000				
8	Year of substantial completion	2008				

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No	E Yes	E No
9	Were the bonds issued as part of a current refunding issue?		X								
10	Were the bonds issued as part of an advance refunding issue?		X								
11	Has the final allocation of proceeds been made?	X									
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X									

Part III Private Business Use

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No	E Yes	E No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X								
2	Are there any lease arrangements with respect to the financed property which may result in private business use?		X								

Part III Private Business Use *(Continued)*

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?		X								
3b	Are there any research agreements with respect to the financed property which may result in private business use?		X								
3c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?		X								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶										
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶										
6	Total of lines 4 and 5										
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?		X								

Part IV Arbitrage

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X								
2	Is the bond issue a variable rate issue?		X								
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		X								
b	Name of provider										
c	Term of hedge										
4a	Were gross proceeds invested in a GIC?		X								
b	Name of provider										
c	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5	Were any gross proceeds invested beyond an available temporary period?		X								
6	Did the bond issue qualify for an exception to rebate?		X								

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SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

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

Name of the organization
YOUNG MEN'S CHRISTIAN ASSOCIATION

Employer identification number
02-0222248

Identifier	Return Reference	Explanation
ORGANIZATION'S MISSION	FORM 990 - ORGANIZATION'S MISSION	THE YMCA CREATES A COMMUNITY WHERE ALL ARE WELCOME THE YMCA BUILDS A HEALTY SPIRIT, MIND AND BODY IN CHILDREN, INDIVIDUALS AND FAMILIES WHILE INSTILLING THE VALUES OF CARING, HONESTY, RESPECT AND RESPONSIBILITY THROUGH OUR PRACTICES AND PROGRAMS
FIRST ACHIEVEMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4A	WHO NEED HELP, RECEIVE HELP OF THIS NUMBER, 7,543 RECEIVED FREE OR DISCOUNTED MEMBERSHIP AT THE YMCA AND 4,652 RECEIVED FINANCIAL ASSISTANCE ENABLING THEM TO PARTICIPATE IN A YMCA PROGRAM AS A PART OF THIS COMMITMENT, THE YMCA PROVIDES FREE MEMBERSHIP TO OVER 79 OTHER NON-PROFIT AGENCIES WHOSE CLIENTS HAVE SPECIAL NEEDS, SUCH AS FOSTER HOMES, GROUP HOMES FOR CHILDREN WITH NO PARENTS, DRUG AND ALCOHOL TREATMENT CENTERS, MENTORING PROGRAMS AND DISABLED INDIVIDUALS COLLABORATING TO SUPPORT OTHERS IN OUR COMMUNITY IS A MAJOR FOCUS FOR OUR ORGANIZATION IN ALL YMCA WELLNESS PROGRAMS, WE EMPHASIZE A HOLISTIC APPROACH TOWARDS HEALTH BY STRESSING THE BALANCED DEVELOPMENT OF SPIRIT, MIND AND BODY THE YMCA'S CORE VALUES OF HONESTY, CARING, RESPECT AND RESPONSIBILITY ARE TAUGHT AS A WAY TO HELP ALL PEOPLE COMMIT TO INDIVIDUAL AND FAMILY WELLNESS THE YMCA MAINTAINS A MAJOR FOCUS ON DEVELOPING STRONG FAMILIES AND OFFERS CONCURRENT PROGRAMMING AND CHILD CARE SUPPORT THROUGH A PROGRAM CALLED FAMILY TIME WITH THIS PROGRAM, THE ENTIRE FAMILY CAN COME AT ONE TIME TO ENSURE EVERYONE GETS TO PARTICIPATE IN HEALTHY ACTIVITIES OVER 70% OF OUR MEMBERSHIPS ARE YOUTH AND FAMILIES, SO THIS MAKES A BIG IMPACT IN ADDITION, WE RUN SPECIAL PROGRAMS LIKE HEALTY KIDS DAY, AMERICA ON THE MOVE WEEK, HOST FAMILY OUTINGS AND OFFER SPECIAL RATES TO FAMILIES WE MAINTAIN A BROAD DEFINITION OF FAMILIES TO ENSURE TRADITIONAL AND NONTRADITIONAL FAMILIES CAN PARTICIPATE OVER 150 CLASSES ARE OFFERED EACH WEEK FOR PEOPLE OF ALL WALKS OF LIFE THIS BROAD SCOPE OF SERVICE ENSURES THERE IS THE OPPORTUNITY FOR A LIFETIME OF PARTICIPATION, WHICH IS THE MOST POWERFUL METHODOLOGY FOR LONG TERM CHANGE THE YMCA IS ALSO COMMITTED TO PROVIDING HEALTHY ALTERNATIVES FOR YOUTH DURING THE HIGH RISK AFTER SCHOOL HOURS BY PROVIDING AN EXTENSIVE VARIETY OF PROGRAMS TO SERVE A CHILD'S MANY INTERESTS THESE PROGRAMS INCLUDE INSTRUCTIONAL AND COMPETITIVE SWIMMING, GYMNASTICS AND DANCE PROGRAMS, A MULTITUDE OF YOUTH SPORTS PROGRAMS INCLUDING BASKETBALL, SOCCER, WRESTLING, T-BALL, OUTDOOR ADVENTURE, TENNIS AND FITNESS THE YMCA ENCOURAGES AN EXTENSIVE USE OF VOLUNTEERS AND MENTORS TO RUN ITS PROGRAM AND INCLUDE FAMILY PARTICIPATION AS A WAY TO BRING FAMILIES CLOSER TOGETHER DUE TO THE YMCA'S LONG STANDING INVOLVEMENT IN AQUATICS, AND OUR CONCERN FOR KEEPING CHILDRAN SAFE AROUND OCEANS, PONDS, LAKES, STREAMS, RIVERS AND SWIMMING POOLS, WE PROVIDE FREE AQUATIC SAFETY PROGRAM THAT SERVES 1,200 FOURTH GRADE CHILDREN PER YEAR IN MANCHESTER'S ELEMENTARY SCHOOL SYSTEM PROVIDING THESE PROGRAMS FOR ALL AGES, LEVELS AND ABILITIES OFFERS A UNIQUE OPPORTUNITY FOR YOUTH TO BUILD LIFELONG RELATIONSHIPS AND FRIENDS, BUILD SELF CONFIDENCE, SPEND QUALITY TIME WITH THEIR FAMILIES AND OF COURSE, DEEPEN VALUES
SECOND ACHIEVEMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4B	HEALTHY ACTIVITIES WITH POSITIVE ROLE MODELS TO HELP GUIDE THEIR DECISIONS IT IS PROVEN THAT THE MORE POSITIVE ASSETS A CHILD HAS, THE LESS LIKELY THEY ARE TO ENGAGE IN HIGH RISK BEHAVIOR THAT MAY LEAD TO NEGATIVE HEALTH HABITS AND ANTI-SOCIAL BEHAVIORS WITH THIS AS A BACKDROP, THE YMCA IS THE LARGEST PROVIDER OF CHILDCARE PROGRAMS IN THE AREA AND SERVES OVER 950 CHILDREN PER DAY A SPECIAL EMPHASIS IS PLACED ON ENSURING ACCESS TO PROGRAMS IN LOW INCOME AREAS BY PROVIDING FINANCIAL ASSISTANCE THROUGH GRANTS, STATE AID AND YMCA FUND RAISING DURING THE SUMMER MONTHS WHEN CHILDREN ARE NOT IN SCHOOL, THE YMCA OFFERS EXTENSIVE DAY AND RESIDENT CAMPING PROGRAMS FOR CHILDREN 18 MONTHS TO 15 YEARS OLD AGAIN, THIS PROVIDES MANY OF OUR CENTER-CITY YOUTH WITH A UNIQUE OPPORTUNITY TO PARTICIPATE WITH CHILDREN FROM WITHIN AND OUTSIDE THE STATE AND COUNTRY A MAJOR EMPHASIS OF OUR CAMPING PROGRAM IS TO PROVIDE OPPORTUNITIES FOR YOUTH TO GAIN LEADERSHIP SKILLS BY PROGRESSING FROM A CAMPER TO A LEADER-IN-TRAINING (L I T), TO A COUNSELOR-IN-TRAINING (C I T), TO A JUNIOR COUNSELOR AND FINALLY TO A FULL COUNSELOR EACH YEAR, THE YMCA EMPLOYS OVER 425 YOUNG ADULTS AND IS ONE OF THE COMMUNITY'S LARGEST YOUTH EMPLOYERS THROUGH OUR CAMPING PROGRAMS, WE ARE ABLE TO PROVIDE OPPORTUNITIES FOR YOUTH DEVELOPMENT 12 MONTHS PER YEAR TO BUILD A HEALTY SPIRIT, MIND AND BODY
THIRD ACHIEVEMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4C	MENTOR AND PROVIDE POSITIVE GROUP WORK EXPERIENCE GEARED AT BUILDING ACADEMIC COMPETENCY, SOCIAL SKILLS AND A STRONG RELATIONSHIP WITH THE SCHOOL AND COMMUNITY THE YMCA SERVES 52 YOUTH PER YEAR WITH OVER 150 REFERRALS FOR THE 52 SLOTS THE YMCA ALSO PROVIDES A SPECIAL PROGRAM CALLED THE TRUANCY ALTERNATIVE PROGRAM (T A P) FOR SUSPENDED AND EXPELLED STUDENTS SINCE NO PROGRAM EXISTS IN MANCHESTER TO SUPPORT THEM WHEN THEY ARE OUT OF SCHOOL THE YMCA RUNS THE PROGRAM (IN COOPERATION WITH THE MANCHESTER SCHOOL DEPARTMENT) IN THE YMCA FACILITY (DOWNTOWN BRANCH) AND PROVIDES AN OPPORTUNITY FOR STUDENTS TO COMPLETE THEIR SCHOOL WORK TO STAY ON COURSE WITH THEIR STUDIES, RECEIVE TUTORING HELP, PERFORM COMMUNITY SERVICE AND LEARN WAYS TO IMPROVE SOCIAL SKILLS TO AVOID FURTHER PROBLEMS IN SCHOOL OVER 230 YOUTH ARE SERVED EACH YEAR THE YOUTH OPPPORTUNITIES UNLIMITED PROGRAM (Y O U) OPERATES IN TWO OF OUR CENTER-CITY SCHOOLS AND PROVIDES QUALITY CHILDCARE FOR 135 CHILDREN, 85% OF WHICH ARE BELOW FEDERAL POVERTY GUIDELINES MOST FAMILIES PAY AS LITTLE AS 3 00 PER WEEK THIS KEEPS FAMILIES OFF OF STATE ASSISTANCE AS IT ENABLES PARENTS TO WORK AND KNOW THEIR CHILDREN ARE WELL CARED FOR THE YMCA ALSO RUNS A TEEN CENTER TO PROVIDE A LONG TERM CONNECTION TO THE YMCA FOR CHILDREN WHO NEED A POSITIVE PLACE TO COME DURING AFTER SCHOOL HOURS THE CENTER IS RUN BY STAFF TRAINED TO SUPPORT POSITIVE YOUTH DEVELOPMENT IN ORDER TO DEVELOP LEADERSHIP SKILLS IN YOUTH AND ENCOURAGE CIVIL ENGAGEMENT, THE YMCA RUNS A MODEL LEGISLATURE AT THE NH STATE CAPITAL FOR OVER 355 HIGH SCHOOL STUDENTS THIS IS A COLLABORATIVE PROGRAM WITH LOCAL SCHOOL SYSTEMS AND TIES INTO THE SCHOOL'S CURRICULUM ON GOVERNMENT AND PUBLIC POLICY IN ADDITION, OUR YMCA ORGANIZES THE PROFESSIONAL TRAINING AND DEVELOPMENT PROGRAM FOR THE ELEVEN YMCA'S IN NEW HAMPSHIRE AND VERMONT WE DO THIS IN COLLABORATION WITH SPRINGFIELD COLLEGE - MANCHESTER
RELATED PARTY INFORMATION AMONG OFFICERS	FORM 990, PAGE 6, PART VI, LINE 2	TOM LEWRY PAM DIAMANTIS PRESIDENT PRINCIPAL COMMON OWNERS OF BUSINESS
POLICIES AND PROCEDURES GOVERNING CHAPTERS	FORM 990, PAGE 6, PART VI, LINE 10B	YES, THE ORGANIZATION HAS A WRITTEN POLICY AND PROCEDURES GOVERNING THE ACTIVITIES OF SUCH CHAPTERS,
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 11	THE FINANCE COMMITTEE, THE AUDIT COMMITTEE AND THE BOARD ALL REVIEW THE FORM 990 AND APPROVE THE FORM PRIOR TO THE FILING OF THE RETURN
ENFORCEMENT OF CONFLICTS POLICY	FORM 990, PAGE 6, PART VI, LINE 12C	EACH YEAR THE YMCA SENDS AND COLLECTS CONFLICT OF INTEREST FORMS TO ALL OFFICERS AND DIRECTORS THE FORMS ARE PRESENTED AT A REGULARLY SCHEDULED BOARD OF TRUSTEE MEETING, ARE REVIEWED AND VOTED ON BY THE REMAINING MEMBERS WHO ARE NOT IN CONFLICT THE YMCA ALSO PUBLISHES IN THE LOCAL NEWSPAPER NAMES OF ANY INDIVIDUALS WHO HAS A RELATIONSHIP OF OVER 5,000 THIS IS DONE ANNUALLY

Identifier	Return Reference	Explanation
COMPENSATION PROCESS FOR TOP OFFICIAL	FORM 990, PAGE 6, PART VI, LINE 15A	THE YMCA HAS AN EXECUTIVE COMPENSATION COMMITTEE THAT REVIEWS THE CEO BASED ON ESTABLISHED GOALS, LOOKS AT COMPARATIVE SALARY DATA TO ENSURE COMPENSATION IS REASONABLE FOR THE JOB AND THROUGH DELIBERATIONS AND DISCUSSIONS ON COMPENSATION, MAKE WAGE AND SALARY ADJUSTMENTS

GOVERNING DOCUMENTS DISCLOSURE EXPLANATION FORM 990, PAGE 6, PART VI, LINE 19 COPIES OF THE YMCA'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE PROVIDED BY THE YMCA BUSINESS OFFICE TO ANYONE WHO REQUESTS THEM THE FORM 990 IS ALSO AVAILABLE ON THE YMCA'S WEBSITE ADDITIONAL INFORMATION SCHEDULE O RECONCILIATION OF CHANGES TO BEGINNING OF YEAR BALANCE SHEET LINE 15 - OTHER ASSETS LINE INCREASED (948,500)DUE TO PRIOR PERIOD ADJUSTMENT FOR A BENEFICIAL INTEREST IN A TRUST LINE 28 - TEMPORARY RESTRICTED NET ASSET LINE INCREASED (948,500)DUE TO PRIOR PERIOD ADJUSTMENT FOR A BENEFICIAL INTEREST IN A TRUST