



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



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

2010**Open to Public Inspection**

A For the 2010 calendar year, or tax year beginning and ending																												
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input checked="" type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">C Name of organization WEST SUBURBAN YMCA</td> <td rowspan="4">D Employer identification number 04-2104783</td> </tr> <tr> <td colspan="2">Doing Business As WEST SUBURBAN YMCA</td> </tr> <tr> <td>Number and street (or P.O. box if mail is not delivered to street address)</td> <td>Room/suite</td> </tr> <tr> <td colspan="2">276 CHURCH STREET</td> </tr> <tr> <td colspan="2">City or town, state or country, and ZIP + 4 NEWTON, MA 02458</td> <td>E Telephone number (617) 244-6050</td> </tr> <tr> <td colspan="2">F Name and address of principal officer PATRICK PALMER SAME AS C ABOVE</td> <td>G Gross receipts \$ 7,558,365.</td> </tr> <tr> <td colspan="2">I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</td> <td>H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> </tr> <tr> <td colspan="2">J Website: WWW.WESTSUBURBANYMCA.ORG</td> <td>H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td colspan="2">K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶</td> <td>H(c) Group exemption number ▶</td> </tr> <tr> <td colspan="2">L Year of formation: 1877</td> <td>M State of legal domicile: MA</td> </tr> </table>	C Name of organization WEST SUBURBAN YMCA		D Employer identification number 04-2104783	Doing Business As WEST SUBURBAN YMCA		Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	276 CHURCH STREET		City or town, state or country, and ZIP + 4 NEWTON, MA 02458		E Telephone number (617) 244-6050	F Name and address of principal officer PATRICK PALMER SAME AS C ABOVE		G Gross receipts \$ 7,558,365.	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	J Website: WWW.WESTSUBURBANYMCA.ORG		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		H(c) Group exemption number ▶	L Year of formation: 1877		M State of legal domicile: MA
C Name of organization WEST SUBURBAN YMCA		D Employer identification number 04-2104783																										
Doing Business As WEST SUBURBAN YMCA																												
Number and street (or P.O. box if mail is not delivered to street address)	Room/suite																											
276 CHURCH STREET																												
City or town, state or country, and ZIP + 4 NEWTON, MA 02458		E Telephone number (617) 244-6050																										
F Name and address of principal officer PATRICK PALMER SAME AS C ABOVE		G Gross receipts \$ 7,558,365.																										
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																										
J Website: WWW.WESTSUBURBANYMCA.ORG		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No																										
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		H(c) Group exemption number ▶																										
L Year of formation: 1877		M State of legal domicile: MA																										

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O. 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) 3 26 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 26 5 Total number of individuals employed in calendar year 2010 (Part V, line 2a) 5 416 6 Total number of volunteers (estimate if necessary) 6 227 7a Total 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 0.																								
Revenue	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Prior Year</th> <th>Current Year</th> </tr> </thead> <tbody> <tr> <td>8 Contributions and grants (Part VIII, line 1h)</td> <td style="text-align:right">265,778.</td> <td style="text-align:right">438,696.</td> </tr> <tr> <td>9 Program service revenue (Part VIII, line 2g)</td> <td style="text-align:right">6,160,104.</td> <td style="text-align:right">6,308,029.</td> </tr> <tr> <td>10 Investment income (Part VIII, column (A), lines 3, 4, and 7)</td> <td style="text-align:right">-31,865.</td> <td style="text-align:right">129,737.</td> </tr> <tr> <td>11 Other revenue (Part VIII, column (A), lines 5, 6, 8c, 9c, 10c, and 11e)</td> <td style="text-align:right">-10,464.</td> <td style="text-align:right">-3,586.</td> </tr> <tr> <td>12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td> <td style="text-align:right">6,383,553.</td> <td style="text-align:right">6,872,876.</td> </tr> </tbody> </table>		Prior Year	Current Year	8 Contributions and grants (Part VIII, line 1h)	265,778.	438,696.	9 Program service revenue (Part VIII, line 2g)	6,160,104.	6,308,029.	10 Investment income (Part VIII, column (A), lines 3, 4, and 7)	-31,865.	129,737.	11 Other revenue (Part VIII, column (A), lines 5, 6, 8c, 9c, 10c, and 11e)	-10,464.	-3,586.	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,383,553.	6,872,876.						
	Prior Year	Current Year																							
8 Contributions and grants (Part VIII, line 1h)	265,778.	438,696.																							
9 Program service revenue (Part VIII, line 2g)	6,160,104.	6,308,029.																							
10 Investment income (Part VIII, column (A), lines 3, 4, and 7)	-31,865.	129,737.																							
11 Other revenue (Part VIII, column (A), lines 5, 6, 8c, 9c, 10c, and 11e)	-10,464.	-3,586.																							
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,383,553.	6,872,876.																							
Expenses	<table border="1" style="width:100%; border-collapse: collapse;"> <tbody> <tr> <td>13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)</td> <td style="text-align:right">178,553.</td> <td style="text-align:right">203,257.</td> </tr> <tr> <td>14 Benefits paid to or for members (Part IX, column (A), line 4)</td> <td style="text-align:right">0.</td> <td style="text-align:right">0.</td> </tr> <tr> <td>15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)</td> <td style="text-align:right">3,864,422.</td> <td style="text-align:right">3,949,822.</td> </tr> <tr> <td>16a Professional fundraising fees (Part IX, column (A), line 11e)</td> <td style="text-align:right">0.</td> <td style="text-align:right">0.</td> </tr> <tr> <td>b Total fundraising expenses (Part IX, column (D), line 25) ▶ 322,609.</td> <td></td> <td></td> </tr> <tr> <td>17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)</td> <td style="text-align:right">2,869,257.</td> <td style="text-align:right">2,888,328.</td> </tr> <tr> <td>18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)</td> <td style="text-align:right">6,912,232.</td> <td style="text-align:right">7,041,407.</td> </tr> <tr> <td>19 Revenue less expenses. Subtract line 18 from line 12</td> <td style="text-align:right">-528,679.</td> <td style="text-align:right">-168,531.</td> </tr> </tbody> </table>	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	178,553.	203,257.	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,864,422.	3,949,822.	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 322,609.			17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	2,869,257.	2,888,328.	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,912,232.	7,041,407.	19 Revenue less expenses. Subtract line 18 from line 12	-528,679.	-168,531.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	178,553.	203,257.																							
14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.																							
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,864,422.	3,949,822.																							
16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.																							
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 322,609.																									
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	2,869,257.	2,888,328.																							
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,912,232.	7,041,407.																							
19 Revenue less expenses. Subtract line 18 from line 12	-528,679.	-168,531.																							
Net Assets or Fund Balances	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Beginning of Current Year</th> <th>End of Year</th> </tr> </thead> <tbody> <tr> <td>20 Total assets (Part X, line 16)</td> <td style="text-align:right">14,311,657.</td> <td style="text-align:right">14,972,937.</td> </tr> <tr> <td>21 Total liabilities (Part X, line 26)</td> <td style="text-align:right">7,208,825.</td> <td style="text-align:right">8,234,945.</td> </tr> <tr> <td>22 Net assets or fund balances. Subtract line 21 from line 20</td> <td style="text-align:right">7,102,832.</td> <td style="text-align:right">6,737,992.</td> </tr> </tbody> </table>		Beginning of Current Year	End of Year	20 Total assets (Part X, line 16)	14,311,657.	14,972,937.	21 Total liabilities (Part X, line 26)	7,208,825.	8,234,945.	22 Net assets or fund balances. Subtract line 21 from line 20	7,102,832.	6,737,992.												
	Beginning of Current Year	End of Year																							
20 Total assets (Part X, line 16)	14,311,657.	14,972,937.																							
21 Total liabilities (Part X, line 26)	7,208,825.	8,234,945.																							
22 Net assets or fund balances. Subtract line 21 from line 20	7,102,832.	6,737,992.																							

Part II Signature Block

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

Sign Here	Signature of officer PATRICK PALMER, PRESIDENT/CEO Type or print name and title	Date 8/14/12
Paid Preparer Use Only	Print/Type preparer's name KAREN LO Firm's name ▶ MCGLADREY LLP Firm's address ▶ 80 CITY SQUARE CHARLESTOWN, MA 02129-3742	Preparer's signature Date 8/13/12 Check if self employed <input type="checkbox"/> PTIN P01434915 Firm's EIN ▶ 42-0714325 Phone no. (617) 912-9000

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

032001 02-22-11 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2010)**SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION**

SCANNED SEP 17 2012

4 617

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

☒ X

- 1**
- Briefly describe the organization's mission:

SEE SCHEDULE O.

- 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 \$
- 2,622,749.
- including grants of \$
- 111,652.
-) (Revenue \$
- 3,813,805.
-)
-
- HEALTH AND WELLNESS: SEE SCHEDULE O.

- 4b**
- (Code:) (Expenses \$
- 2,109,156.
- including grants of \$
- 59,484.
-) (Revenue \$
- 1,900,954.
-)
-
- YMCA CAMPS: SEE SCHEDULE O.

- 4c**
- (Code:) (Expenses \$
- 1,143,745.
- including grants of \$
- 32,121.
-) (Revenue \$
- 606,571.
-)
-
- YMCA CHILD CARE & YOUTH DEVELOPMENT: SEE SCHEDULE O.

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

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

- 4e**
- Total program service expenses ►
- 5,875,650.

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)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	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? <i>If "Yes," complete Schedule D, Part I</i>	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10 X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a X	
b 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? <i>If "Yes," complete Schedule D, Part VII</i>	11b	X
c 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? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	X
d 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? <i>If "Yes," complete Schedule D, Part IX</i>	11d X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e X	
f 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 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	12a	X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>	12b X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20a Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	

Form 990 (2010)

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>	X	
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		X
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
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? <i>If "Yes," complete Schedule L, Part I</i>		X
25b 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? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
28a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	X	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?		X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Form 990 (2010)

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	19	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
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	416	
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4b	If "Yes," enter the name of the foreign country 		
See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7 Organizations that may receive deductible contributions under section 170(c).			
7a	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?	X	
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8822?		X
7d	If "Yes," indicate the number of Forms 8822 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9a	Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13a	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?		
Note. See the instructions for additional information the organization must report on Schedule O.			
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

Form 990 (2010)

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

Check if Schedule O contains a response to any question in this Part VI

☒**Section A. Governing Body and Management**

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year		
1b Enter the number of voting members included in line 1a, above, who are independent		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6 Does the organization have members or stockholders?	X	
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	X	
7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?	X	
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	X	
11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13 Does the organization have a written whistleblower policy?	X	
14 Does the organization have a written document retention and destruction policy?	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	X	
b Other officers or key employees of the organization	X	
If "Yes" to line 15a or 15b, 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?		X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

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

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

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **SHERRY KLEIN - (617) 244-6050**
276 CHURCH STREET, NEWTON, MA 02458

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response to any question in this Part VII ☐**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.

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

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

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

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

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

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

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
SANDRA BUTZEL CLERK - DIRECTOR	1.00	X		X				0.	0.	0.
DAVID CARROLL CHAIRMAN - DIRECTOR	1.00	X		X				0.	0.	0.
CYNTHIA CASEY DIRECTOR	1.00	X						0.	0.	0.
CHRIS DAME DIRECTOR	1.00	X						0.	0.	0.
BOB DAVIS TREASURER - DIRECTOR	1.00	X		X				0.	0.	0.
ALEX DAVIS DIRECTOR	1.00	X						0.	0.	0.
JOE DENUCCI DIRECTOR	1.00	X						0.	0.	0.
MARK DIGIOVANNI 2ND VICE CHAIR - DIRECTOR	1.00	X		X				0.	0.	0.
GRETCHEN FRIEND DIRECTOR	1.00	X						0.	0.	0.
JOEL HIRCHHORN DIRECTOR	1.00	X						0.	0.	0.
DAVID HUMPHREY DIRECTOR	1.00	X						0.	0.	0.
CATHY INGLESE DIRECTOR	1.00	X						0.	0.	0.
DAVID LANDAU DIRECTOR	1.00	X						0.	0.	0.
MATT LEVIN VICE CHAIR - DIRECTOR	1.00	X		X				0.	0.	0.
ROBERT LEVY DIRECTOR	1.00	X						0.	0.	0.
PETER MERRIGAN DIRECTOR	1.00	X						0.	0.	0.
GEORGE NICHOLSON DIRECTOR	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
PETER NURCZYNSKI DIRECTOR	1.00	X						0.	0.	0.
JOE ONSTOTT DIRECTOR	1.00	X						0.	0.	0.
TONY RUFO DIRECTOR	1.00	X						0.	0.	0.
SUSAN STERN DIRECTOR	1.00	X						0.	0.	0.
ALEX TEMEL DIRECTOR	1.00	X						0.	0.	0.
WILLIAM LAWRENCE CHAIRMAN - TRUSTEES	1.00	X		X				0.	0.	0.
DANIEL KRAFT TRUSTEE	1.00	X						0.	0.	0.
IRWIN SILVER TRUSTEE	1.00	X						0.	0.	0.
STEPHEN WU TRUSTEE	1.00	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								546,134.	0.	73,571.
d Total (add lines 1b and 1c)								546,134.	0.	73,571.

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 **3**

- 3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4	X	
5		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NEW ENGLAND BUILDERS, INC. 290 BROADWAY #137, METHUEN, MA 01844	GENERAL CONTRACTOR	1,522,557.
FITZ VOGT & ASSOCIATES P.O. BOX 415512, BOSTON, MA 02241	FOOD SERVICES	106,399.

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

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2010)

(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			
KEVIN COUNIHAN DIRECTOR	1.00	X						0.	0.	0.
KAY KAHN DIRECTOR	1.00	X						0.	0.	0.
PETER KOUTOUJIAN DIRECTOR	1.00	X						0.	0.	0.
CAROL MATTESON DIRECTOR	1.00	X						0.	0.	0.
JOHN TALVACCHIA DIRECTOR	1.00	X						0.	0.	0.
WILLIAM HORNE TRUSTEE	1.00	X						0.	0.	0.
PATRICK PALMER PRESIDENT & CEO	40.00			X				210,657.	0.	26,413.
SHERRY KLEIN VP OF FINANCE	40.00			X				96,616.	0.	17,218.
DUFFY BRENT VP OF ORGANIZATIONAL ADV.	40.00					X		130,553.	0.	15,695.
MARY KERN VP OF OPERATIONS	40.00					X		108,308.	0.	14,245.
Total to Part VII, Section A, line 1c								546,134.		73,571

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	1 a Federated campaigns	1a	5,449.				
	b Membership dues	1b					
	c Fundraising events	1c	93,758.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	339,489.				
	g Noncash contributions included in lines 1a-1f \$		21,919.				
	h Total. Add lines 1a-1f			438,696.			
Program Service Revenue	2 a PROGRAM FEES	Business Code	713940	3501341.	3501341.		
	b MEMBERSHIP DUES		900099	2690846.	2690846.		
	c RESIDENCE AND OTHER		532000	115,842.	115,842.		
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			6308029.			
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			62,545.		
4 Income from investment of tax-exempt bond proceeds							
5 Royalties							
6 a Gross Rents		(i) Real	(ii) Personal				
b Less: rental expenses							
c Rental income or (loss)							
d Net rental income or (loss)							
7 a Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other				
b Less: cost or other basis and sales expenses							
c Gain or (loss)							
d Net gain or (loss)				67,192.			67,192.
8 a Gross income from fundraising events (not including \$ 93,758. of contributions reported on line 1c). See Part IV, line 18		a		20,900.			
b Less: direct expenses		b		37,787.			
c Net income or (loss) from fundraising events				-16,887.			-16,887.
9 a Gross income from gaming activities. See Part IV, line 19		a					
b Less: direct expenses		b					
c Net income or (loss) from gaming activities							
10 a 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	11 a MANAGEMENT FEES	Business Code	561000	7,800.	7,800.		
	b MISCELLANEOUS		900099	5,501.	5,501.		
	c						
	d All other revenue						
	e Total. Add lines 11a-11d			13,301.			
	12 Total revenue. See instructions.			6872876.	6321330.	0.	112,850.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	203,257.	203,257.		
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	547,491.	108,603.	308,355.	130,533.
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	2,657,930.	2,372,212.	225,998.	59,720.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	209,026.	126,572.	55,815.	26,639.
9 Other employee benefits	291,045.	256,397.	34,556.	92.
10 Payroll taxes	244,330.	193,006.	35,813.	15,511.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	50,026.	59.	49,967.	
12 Advertising and promotion	245,949.	168,799.	2,427.	74,723.
13 Office expenses	192,223.	183,049.	2,258.	6,916.
14 Information technology	40,946.	35,443.	5,503.	
15 Royalties				
16 Occupancy	679,422.	679,422.		
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates	89,856.		89,856.	
22 Depreciation, depletion, and amortization	534,385.	534,385.		
23 Insurance	134,095.	134,095.		
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a FINANCING COSTS	469,976.	469,976.		
b FOOD	117,998.	117,734.	151.	113.
c BANK FEES	103,615.	102,925.		690.
d TRANSPORTATION	79,705.	79,705.		
e EMPLOYEE EXPENSES	71,326.	39,279.	27,576.	4,471.
f All other expenses	78,806.	70,732.	4,873.	3,201.
25 Total functional expenses. Add lines 1 through 24f	7,041,407.	5,875,650.	843,148.	322,609.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). 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	747,230.	1	178,922.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	542,384.	3	533,614.
	4 Accounts receivable, net	66,038.	4	48,736.
	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)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	4,500.	8	4,500.
	9 Prepaid expenses and deferred charges	31,667.	9	27,094.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a 13,244,886.		
	b Less: accumulated depreciation	10b 3,948,461.		
	11 Investments - publicly traded securities	9,795,828.	10c	9,296,425.
	12 Investments - other securities. See Part IV, line 11.	1,362,428.	11	1,546,550.
	13 Investments - program-related. See Part IV, line 11.		12	
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11.	1,761,582.	14	
16 Total assets. Add lines 1 through 15 (must equal line 34).	14,311,657.	15	3,337,096.	
		16	14,972,937.	
Liabilities	17 Accounts payable and accrued expenses	697,666.	17	327,273.
	18 Grants payable		18	
	19 Deferred revenue	384,342.	19	377,260.
	20 Tax-exempt bond liabilities	5,440,000.	20	5,424,538.
	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	250,000.	23	1,908,474.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D.	436,817.	25	197,400.
	26 Total liabilities. Add lines 17 through 25.	7,208,825.	26	8,234,945.
	Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
27 Unrestricted net assets		5,628,638.	27	5,107,419.
28 Temporarily restricted net assets		928,181.	28	1,084,560.
29 Permanently restricted net assets		546,013.	29	546,013.
Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
30 Capital stock or trust principal, or current funds			30	
31 Paid-in or capital surplus, or land, building, or equipment fund			31	
32 Retained earnings, endowment, accumulated income, or other funds			32	
33 Total net assets or fund balances		7,102,832.	33	6,737,992.
34 Total liabilities and net assets/fund balances		14,311,657.	34	14,972,937.

Form 990 (2010)

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,872,876.
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,041,407.
3	Revenue less expenses Subtract line 2 from line 1	3	-168,531.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7,102,832.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-196,309.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	6,737,992.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

☐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?

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

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

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

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

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

☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis

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

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

Form 990 (2010)

SCHEDULE A
(Form 990 or 990-EZ)

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

2010

Open to Public Inspection

Name of the organization

WEST SUBURBAN YMCA

Employer identification number

04-2104783

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

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

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☒ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).**
- f ☐ If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box.
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? ☐
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

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

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

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

Schedule A (Form 990 or 990-EZ) 2010

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support test - 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2010

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	639,860.	1,654,193.	1,145,152.	265,478.	438,696.	4,143,379.
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	5,219,511.	5,637,439.	6,348,471.	6,176,216.	6,321,330.	29,702,967.
3 Gross receipts from activities that are not an unrelated trade or business under section 513			53,647.			53,647.
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	5,859,371.	7,291,632.	7,547,270.	6,441,694.	6,760,026.	33,899,993.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons				30,862.	32,500.	63,362.
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						0.
c Add lines 7a and 7b				30,862.	32,500.	63,362.
8 Public support (Subtract line 7c from line 6)						33,836,631.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6	5,859,371.	7,291,632.	7,547,270.	6,441,694.	6,760,026.	33,899,993.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	92,551.	92,229.	87,013.	66,619.	62,545.	400,957.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	92,551.	92,229.	87,013.	66,619.	62,545.	400,957.
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)	-67.	-8.	13,693.	11,404.	20,900.	45,922.
13 Total support (Add lines 9, 10c, 11, and 12)	5,951,855.	7,383,853.	7,647,976.	6,519,717.	6,843,471.	34,346,872.
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	98.51 %
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	98.57 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	1.17 %
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	1.26 %

19a 33 1/3% support tests - 2010. 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 - 2009. 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 ☐

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

2010**Open to Public
Inspection**

Name of the organization

WEST SUBURBAN YMCA

Employer identification number

04-2104783

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 can 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)

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 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 Tax 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, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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 section 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 (ASC 958), 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 (ASC 958), 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 (ASC 958) 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 acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply).

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

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes ☐ No

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

- c Beginning balance
 d Additions during the year
 e Distributions during the year
 f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes ☐ No

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	929,848.	1,072,538.	1,072,538.		
b Contributions					
c Net investment earnings, gains, and losses	145,885.	-142,690.			
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	1,075,733.	929,848.	1,072,538.		

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

- a Board designated or quasi-endowment ► _____ %
 b Permanent endowment ► 50.76 %
 c Term endowment ► 49.24 %

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

- (i) unrelated organizations
 (ii) related organizations

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

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

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

Part VI 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		28,750.		28,750.
b Buildings		11,779,653.	3,165,136.	8,614,517.
c Leasehold improvements				
d Equipment		1,436,483.	783,325.	653,158.
e Other				

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))

► 9,296,425.

Schedule D (Form 990) 2010

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
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col (b) must 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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col (b) must 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
(1) BOND ISSUANCE COSTS, NET	98,785.
(2) CONSTRUCTION IN PROGRESS	2,122,571.
(3) DEPOSITS	1,200.
(4) DUE FROM AFFILIATE, NEWTON CORNER PLACE, LLP	684,596.
(5) INVESTMENT IN AFFILIATE, NEWTON CORNER PLACE, INC.	429,944.
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ►	3,337,096.

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

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) ACCRUED INTEREST PAYABLE	197,400.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ►	197,400.

FIN 48 (ASC 740) 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 (ASC 740)

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	6,872,876.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	7,041,407.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-168,531.
4	Net unrealized gains (losses) on investments	4	72,884.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-269,193.
9	Total adjustments (net). Add lines 4 through 8	9	-196,309.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-364,840.

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	6,780,290.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	72,884.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	-203,257.
e	Add lines 2a through 2d	2e	-130,373.
3	Subtract line 2e from line 1	3	6,910,663.
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	-37,787.
c	Add lines 4a and 4b	4c	-37,787.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	6,872,876.

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

1	Total expenses and losses per audited financial statements	1	7,145,130.
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	306,980.
e	Add lines 2a through 2d	2e	306,980.
3	Subtract line 2e from line 1	3	6,838,150.
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	203,257.
c	Add lines 4a and 4b	4c	203,257.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	7,041,407.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4: THE ENDOWMENT FUNDS ARE FOR THE USE OF THE

ORGANIZATION FOR ITS OPERATIONS AND PROGRAMS.

PART X, LINE 2: EFFECTIVE JANUARY 2008, THE ORGANIZATION ADOPTED THE

STANDARD ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. THE STANDARD

CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN INCOMES TAXES BY PRESCRIBING

THE RECOGNITION THRESHOLD A TAX POSITION IS REQUIRED TO MEET BEFORE BEING

RECOGNIZED IN THE CONSOLIDATED FINANCIAL STATEMENTS. IT ALSO PROVIDES

Part XIV Supplemental Information (continued)

GUIDANCE ON DERECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES,
ACCOUNTING IN INTERIM PERIODS, DISCLOSURE, AND TRANSITION. MANAGEMENT
BELIEVES THAT THE ORGANIZATION HAS NO MATERIAL UNCERTAINTIES IN INCOME
TAXES.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

CHANGE IN INTEREST RATE SWAP CONTRACT -269,193.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FINANCIAL ASSISTANCE NETTED WITH PROGRAM SERVICE REVENUE -203,257.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

SPECIAL EVENTS INCLUDED IN FORM 990, PART VIII, LINE 8B -37,787.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENTS INCLUDED IN FORM 990, PART VIII, LINE 8B 37,787.

CHANGE IN FAIR VALUE OF INTEREST RATE SWAP CONTRACT 269,193.

TOTAL TO SCHEDULE D, PART XIII, LINE 2D 306,980.

PART XIII, LINE 4B - OTHER ADJUSTMENTS:

FINANCIAL ASSISTANCE NETTED WITH PROGRAM SERVICE REVENUE 203,257.

Department of the Treasury
Internal Revenue Service

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

2010

Open To Public Inspection

Name of the organization

WEST SUBURBAN YMCA

Employer identification number

04-2104783

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 email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

- 2 a** 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 services? ☐ 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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(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
		Yes	No			
Total						

3 List all states in which the organization is registered or licensed to solicit contributions 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 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

		(a) Event #1 GOLF TOURNAMENT (event type)	(b) Event #2 ROAD RACES (event type)	(c) Other events NONE (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	99,870.	14,788.		114,658.
	2 Less: Charitable contributions	82,170.	11,588.		93,758.
	3 Gross income (line 1 minus line 2)	17,700.	3,200.		20,900.
Direct Expenses	4 Cash prizes		200.		200.
	5 Noncash prizes	302.			302.
	6 Rent/facility costs	14,276.			14,276.
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	14,556.	8,453.		23,009.
	10 Direct expense summary Add lines 4 through 9 in column (d)				(37,787)
	11 Net income summary Combine line 3, column (d), and line 10				-16,887.

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 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary Add lines 2 through 5 in column (d)					()
8 Net gaming income summary Combine line 1, column d, and line 7					

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

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

- 11 Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 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? ☐ Yes ☐ No

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 of the third party:

Name ► _____

Address ► _____

16 Gaming manager information

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

☐ Director/officer☐ Employee☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions)

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?

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. Part II can be duplicated if additional space is needed

[illegible]

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

3 Enter total number of other organizations

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

Schedule I (Form 990) (2010)

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.
Part III can be duplicated 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
MEMBERSHIP FINANCIAL AID	168	0.	103,430. FMV		SCHOLARSHIP/DISCOUNT
CAMP FINANCIAL AID	86	0.	59,483. FMV		SCHOLARSHIP/DISCOUNT
CHILDCARE FINANCIAL AID	20	0.	32,121. FMV		SCHOLARSHIP/DISCOUNT
PROGRAM FINANCIAL AID	133	0.	8,223. FMV		SCHOLARSHIP/DISCOUNT

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

FINANCIAL ASSISTANCE FOR CAMPS, MEMBERSHIPS, AND PROGRAMS IS AVAILABLE

AND IS MADE POSSIBLE THROUGH GENEROUS DONATIONS TO OUR PARTNERS WITH

YOUTH CAMPAIGN. PARTICIPANTS SEEKING FINANCIAL AID MUST COMPLETE AN

APPLICATION IN ORDER TO DETERMINE AN APPROPRIATE AWARD. ALL DECISIONS

WILL BE MADE WITHIN 4 WEEKS OF RECEIPT, PROVIDED ALL NECESSARY

DOCUMENTATION IS INCLUDED. ALL APPLICATIONS ARE KEPT STRICTLY

CONFIDENTIAL. ASSISTANCE WILL BE AWARDED FOR THE DURATION OF A GIVEN

PROGRAM. NOTIFICATION OF FINANCIAL AID AWARDS IS MADE VIA MAIL AND

AWARDS TAKE THE FORM OF REDUCED FEES. MEMBERSHIP AID MUST BE APPLIED

Part IV Supplemental Information

FOR ANNUALLY. WE ARE COMMITTED TO THIS SIMPLE POLICY: NO ONE WILL BE
TURNED AWAY FROM OUR PROGRAMS AND FACILITIES DUE TO AN INABILITY TO
PAY.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization

WEST SUBURBAN YMCA

Employer identification number
04-2104783

Part I Questions Regarding Compensation

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

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

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

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

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

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

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

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

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

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

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

- a** The organization?
- b** Any related organization?

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

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

- a** The organization?
- b** Any related organization?

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

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

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

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2	X	
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2010

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed

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

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

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 PATRICK PALMER	(i) 210,399.	(ii) 258.	(iii) 0.	25,274.	1,139.	237,070.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
2	(i)						
	(ii)						
3	(i)						
	(ii)						
4	(i)						
	(ii)						
5	(i)						
	(ii)						
6	(i)						
	(ii)						
7	(i)						
	(ii)						
8	(i)						
	(ii)						
9	(i)						
	(ii)						
10	(i)						
	(ii)						
11	(i)						
	(ii)						
12	(i)						
	(ii)						
13	(i)						
	(ii)						
14	(i)						
	(ii)						
15	(i)						
	(ii)						
16	(i)						
	(ii)						

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 Part V.
► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

2010
Open to Public
Inspection

Name of the organization

WEST SUBURBAN YMCA

Employer identification number
04-2104783

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
MASS DEVELOPMENT FINANCE AGENCY	04-3431814	NONE	10/27/10	5440000.	REFINANCE PREVIOUS BOND		X		X		X
B											
C											
D											

Part II Proceeds

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Amount of bonds retired								
2 Amount of bonds legally defeased								
3 Total proceeds of issue		5,440,000.						
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows		5,350,000.						
7 Issuance costs from proceeds		65,760.						
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds								
11 Other spent proceeds		24,240.						
12 Other unspent proceeds								
13 Year of substantial completion								
14 Were the bonds issued as part of a current refunding issue?	X						Yes	No
15 Were the bonds issued as part of an advance refunding issue?		X						
16 Has the final allocation of proceeds been made?	X							
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III Private Business Use

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

Part III	Private Business Use (Continued)	Page

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X						
b	Are there any research agreements that may result in private business use of bond-financed property?		X						
c	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?								
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		.00	%				%	%
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		.00	%				%	%
6	Total of lines 4 and 5		.00	%				%	%
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
---------	-----------

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?	A	B	C	D
		Yes	No	Yes	No
		X			
2	Is the bond issue a variable rate issue?	X			
3a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?				
b	Name of provider	X			
c	Term of hedge				
d	Was the hedge superintergrated?				
e	Was the hedge terminated?				
4a	Were gross proceeds invested in a GIC?				
b	Name of provider	X			
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			

Part V **Supplemental Information.** Complete this part to provide additional information for responses to questions on Schedule K

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization

WEST SUBURBAN YMCA

Employer identification number
04-2104783

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION'S MISSION:

THE WEST SUBURBAN YMCA, LOCATED IN NEWTON, MASSACHUSETTS, IS A
NONPROFIT COMMUNITY SERVICE ORGANIZATION MADE POSSIBLE BECAUSE OF
CHARITABLE DONATIONS, MEMBER SUPPORT AND DEDICATED VOLUNTEERS. THE YMCA
IS DEVOTED TO EDUCATION, PHYSICAL HEALTH, MENTAL WELL-BEING, AND MORAL
DEVELOPMENT OF CHILDREN, FAMILIES, AND COMMUNITIES. THE Y STRIVES TO
INCORPORATE ALL ITS PROGRAMS WITH THE CORE VALUES OF HONESTY, CARING,
RESPECT, AND RESPONSIBILITY. FOUNDED IN 1877, THE WEST SUBURBAN YMCA
HAS OVER 13,000 MEMBERS AND PROGRAM PARTICIPANTS, AND SERVES THE
COMMUNITIES OF NEWTON, WATERTOWN, BELMONT, WELLESLEY, AND WESTON WITH
DAY AND RESIDENT CAMPS IN NEWTON, WAYLAND AND EAST BROOKFIELD, MA. ALL
ARE WELCOME AT OUR YMCA, REGARDLESS OF ABILITY TO PAY.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

HEALTH AND WELLNESS: HEALTH AND WELLNESS PROGRAMS HELP PEOPLE CREATE
REALISTIC GOALS FOR SELF-IMPROVEMENT WITH EMPHASIS ON DISEASE
PREVENTION THROUGH REGULAR EXERCISE, PROPER NUTRITION, STRESS
MANAGEMENT, AND HEALTH EDUCATION. TO FIGHT OBESITY, THE YMCA AND THE
CITY OF NEWTON, MASSACHUSETTS, HAVE LAUNCHED ACTIVATE ! NEWTON, A
PROGRAM DESIGNED TO HELP THE MOST AT-RISK PEOPLE IN NEWTON DEVELOP
HABITS AND RELATIONSHIPS THAT LEAD TO A HEALTHY AND ACTIVE LIFESTYLE
THROUGH EVENTS AND COMMUNITY ACTIVITIES. THE YMCA HAS SPORTS PROGRAMS
FOR YOUTH, FAMILIES, AND ADULTS THAT PROMOTE TEAMWORK, INTERACTION, AND
DEVELOPMENT OF SOCIAL AND PHYSICAL SKILLS. WE HAVE SWIM PROGRAMS FOR
AGE GROUPS FROM TODDLERS TO SENIORS. WE HAVE FAMILY SWIM TIME TO

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

Schedule O (Form 990 or 990-EZ) (2010)

032211
01-24-11

Name of the organization

WEST SUBURBAN YMCA

Employer identification number

04-2104783

PROMOTE CLOSER INTERGENERATIONAL RELATIONSHIPS. WE ALSO HAVE FITNESS PROGRAMS TO KEEP SENIORS EXERCISING AND AGILE. THESE SERVICES ARE OFFERED AT REASONABLE FEES WITH SPECIAL ACCOMMODATIONS FOR PEOPLE WITH SPECIAL NEEDS AND WITH FINANCIAL ASSISTANCE FOR THOSE WHO CANNOT AFFORD THE FULL FEE.

WEST SUBURBAN YMCA AQUATICS PROGRAMS ARE PART OF THE YMCA OVERALL GOAL OF BUILDING HEALTHY SPIRIT, MIND, AND BODY. IN ADDITION TO PROVIDING SPECIFIC SWIMMING WATER SKILLS AND SAFETY, AQUATIC PROGRAMS PROMOTE GOOD HEALTH THROUGH REGULAR EXERCISE ALONG WITH TEAMWORK, SELF-CONFIDENCE, AND PERSONAL GOAL SETTING FOR ALL AGES. THESE PROGRAMS ARE OFFERED AT AFFORDABLE FEES WITH FINANCIAL ASSISTANCE AVAILABLE FOR THOSE WHO CANNOT AFFORD THE FULL FEES. A NUMBER OF PARTICIPANTS TAKE PART IN A VARIETY OF AQUACISE CLASSES WHICH INCREASE JOINT FLEXIBILITY AND HELP RELIEVE ARTHRITIC PAIN, A WELCOME ALTERNATIVE FOR THE ACTIVE OLDER ADULT POPULATION. TEENAGED PARTICIPANTS LEARN LIFEGUARDING SKILLS IN YMCA LIFEGUARD CLASSES. CHILDREN ALSO PARTICIPATE IN THE YMCA BLUE WAVES SWIM TEAM PROGRAM HELD WITH YMCA'S THROUGHOUT THE REGION.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

YMCA CAMPS: THE WEST SUBURBAN YMCA HAS FOUR CAMPS THAT PROVIDE A LASTING EXPERIENCE OF PERSONAL ENRICHMENT. THESE CAMPS, LOCATED IN WAYLAND, MA, AND EAST BROOKFIELD, MA, ALONG WITH CAMP POLLIWOG, A SUMMER DAY CAMP FOR TODDLERS, AND CAMP PIKATI, SUMMER SPORTS CAMP, BOTH IN NEWTON, MA, OFFER EDUCATIONAL, ADVENTURE, AND LEARNING ACTIVITIES THAT PROVIDE CHALLENGE AND PROMOTE MENTAL DEVELOPMENT, PHYSICAL WELL BEING, SOCIAL GROWTH, AND SELF RESPECT. CAMPING HELPS YOUTHS BECOME AWARE OF THEIR PHYSICAL AND MENTAL CAPABILITIES, RECOGNIZE THE VALUE OF COOPERATION, AND GAIN CONFIDENCE. FINANCIAL ASSISTANCE IS OFFERED FOR

Name of the organization

WEST SUBURBAN YMCA

Employer identification number

04-2104783

THESE PROGRAMS SO THAT A YOUTH'S ECONOMIC CIRCUMSTANCES ARE NOT A
BARRIER TO PARTICIPATION.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

THE CENTRAL FOCUS OF ALL WEST SUBURBAN YMCA EARLY CHILDHOOD EDUCATION
AND CHILD CARE PROGRAMS IS TO FOSTER GROWTH AND DEVELOPMENT IN
CHILDREN, PARENTS, AND FAMILIES. AS WITH ALL YMCA PROGRAMS, CHILD CARE
OFFERINGS ARE DESIGNED TO HELP YOUNG PEOPLE DEVELOP POSITIVE VALUES,
SELF-ESTEEM, AND LEADERSHIP. PARENTS PLAY AN IMPORTANT ROLE IN POLICY
AND PROGRAM DECISIONS. YMCA CHILD CARE PROGRAMS RELIEVE THE BURDEN OF
BALANCING WORK AND FAMILY AND MAKE IT POSSIBLE FOR PARENTS OF CHILDREN
IN OUR CARE TO REMAIN GAINFULLY EMPLOYED, KNOWING THAT THEIR CHILDREN
ARE THRIVING IN A SAFE, DEVELOPMENTALLY SOUND ENVIRONMENT. YMCA YOUTH
AND TEEN PROGRAMMING PROVIDES KIDS WITH POSITIVE ROLE MODELS TO HELP
THEM DEVELOP SELF-ESTEEM AND STRONG VALUES, INCLUDING COOPERATION,
RESPECT, GOOD CITIZENSHIP, AND A STRONG WORK ETHIC. THESE PROGRAMS ALSO
BUILD SKILLS IN LEADERSHIP, VOLUNTEERISM, AND COMMUNITY SERVICES. THE
YMCA PROVIDES YOUTH AND TEENS WITH A SAFE, SUPERVISED, CARING
ENVIRONMENT.

FORM 990, PART VI, SECTION A, LINE 6: VOTING MEMBERSHIP SHALL BE OPEN TO
ANY PERSON AT LEAST EIGHTEEN (18) YEARS OF AGE WHO COMPLIES WITH THE
REQUIREMENTS OF THIS ASSOCIATION REGARDING MEMBERSHIP FEES AND ANY OTHER
REQUIREMENTS. THIS SHALL INCLUDE SUSTAINING MEMBERS.

FORM 990, PART VI, SECTION A, LINE 7A: THE ELECTION OF THE BOARD OF
DIRECTORS SHALL BE HELD AT THE ANNUAL MEETING, AT WHICH TIME THERE SHALL BE
CHOSEN A SUFFICIENT NUMBER OF DIRECTORS, WHO SHALL HOLD OFFICE FOR THREE

Name of the organization

WEST SUBURBAN YMCA

Employer identification number
04-2104783

YEARS AND UNTIL THEIR SUCCESSORS SHALL HAVE BEEN ELECTED AND QUALIFIED, TO FILL ANY EXISTING VACANCIES. DIRECTORS ARE LIMITED TO NO MORE THAN TWO (2) SUCCESSIVE TERMS OF THREE (3) YEARS, UNLESS HOLDING AN OFFICE. THEY MAY HOWEVER, BE RE-ELECTED TO THE BOARD AFTER ONE YEAR'S ABSENCE.

AT A REGULAR MEETING OF THE BOARD OF DIRECTORS, AT LEAST THIRTY DAYS PRECEDING THE ANNUAL ELECTION, THE CHAIRMAN SHALL APPOINT A NOMINATING COMMITTEE TO NOMINATE MEMBERS FOR ELECTION TO THE BOARD OF DIRECTORS AS PROVIDED FOR IN ARTICLE VII, SECTION 5 OF THE BY-LAWS. AT LEAST THREE WEEKS BEFORE THE ELECTION THE NOMINATING COMMITTEE SHALL POST CONSPICUOUSLY IN THE ASSOCIATION BUILDING A COPY OF THIS SECTION OF THE BY-LAWS TOGETHER WITH THE NAMES OF THE PERSONS THEY NOMINATE.

FIVE PERCENT OF THE VOTING MEMBERS OF THE ASSOCIATION MAY PRESENT IN WRITING TO THE NOMINATING COMMITTEE, NOT LATER THAN TEN DAYS BEFORE THE ANNUAL ELECTION, THE NAMES OF ANY VOTING MEMBERS FOR NOMINATION. SUCH NAMES SHALL BE POSTED IMMEDIATELY BY THE NOMINATING COMMITTEE. NO PERSON SHALL BE ELIGIBLE FOR ELECTION AS DIRECTOR UNLESS HIS NAME SHALL THUS HAVE BEEN SUBMITTED TO OR NOMINATED BY SAID NOMINATING COMMITTEE.

FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 TAX RETURN IS PREPARED BY AUDIT & TAX PROFESSIONALS FROM THE FIRM, RSM MCGLADREY. THE PRESIDENT & CEO HAS AN MBA, THE VP OF FINANCE HAS A MS IN ACCOUNTING AND IS A CPA, AND THE TREASURER OF THE BOARD OF DIRECTORS, HAS AN MBA. ALL THREE REVIEW THE FORM 990 TAX RETURN FOR REASONABLENESS AND ACCURACY. A COPY OF THE RETURN IS DISTRIBUTED TO ALL MEMBERS OF THE BOARD OF DIRECTORS PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C: ALL MEMBERS OF THE BOARD OF

Name of the organization

WEST SUBURBAN YMCA

Employer identification number

04-2104783

DIRECTORS AND THE BOARD OF TRUSTEES MUST COMPLETE AND SIGN OUR CONFLICT OF INTEREST POLICY ANNUALLY. THE WEST SUBURBAN YMCA MANAGEMENT REVIEWS DISCLOSURES TO DETERMINE THE IMPACT ON THE ORGANIZATION, WHICH ARE THEN ADDRESSED AND DOCUMENTED.

FORM 990, PART VI, SECTION B, LINE 15: AN INDEPENDENT COMPENSATION CONSULTANT WAS ENGAGED, AND MADE RECOMMENDATIONS FOR COMPENSATION FOR THE CEO. THIS REPORT WAS REVIEWED AND APPROVED BY THE EXECUTIVE COMMITTEE. OTHER EMPLOYEE COMPENSATION IS BASED UPON A PERFORMANCE MATRIX. THIS PROCESS WAS LAST TAKEN IN 2008 WHERE THE RESULTS FROM THE REVIEW WERE IMPLEMENTED IN THE FOLLOWING YEARS.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. THE ORGANIZATION'S FORM 990 IS AVAILABLE VIA THE GUIDESTAR WEBSITE AND THE MASSACHUSETTS NON-PROFIT AND CHARITIES WEBSITE.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED GAINS ON INVESTMENTS:	72,884.
CHANGE IN INTEREST RATE SWAP CONTRACT	-269,193.
TOTAL TO FORM 990, PART XI, LINE 5	-196,309.

REASON FOR FILING AN AMENDED RETURN:

AT THE TIME WHEN THE ORIGINAL FORM 990 WAS DUE AND FILED, THE AUDITED FINANCIAL STATEMENTS FOR YEAR ENDED DECEMBER 31, 2010 FOR WEST SUBURBAN YMCA HAD NOT BEEN FINALIZED AND ISSUED. THE PREVIOUSLY FILED FORM 990 FOR THE YEAR ENDED DECEMBER 31, 2010 HAS ACCORDINLY BEEN AMENDED TO

Name of the organization

WEST SUBURBAN YMCA

Employer identification number
04-2104783

REFLECT THE CORRECT AMOUNTS AS REPORTED ON THE ISSUED AUDITED FINANCIAL
STATEMENTS FOR THE SAME PERIOD. THE CORRECTIONS ARE AS FOLLOWS:

FORM 990, PART I:

CHANGES FROM ORIGINALLY FILED RETURN TO AMENDED RETURN -

LINE 1 = PROGRAM SERVICE REVENUE DECREASED BY \$14

LINE 12 = TOTAL REVENUE DECREASED BY \$14

LINE 19 = REVENUE LESS EXPENSES DECREASED BY \$14

LINE 20 = TOTAL ASSETS DECREASED BY \$2,803

LINE 22 = NET ASSETS DECEREASED BY \$2,803

FORM 990, PART III:

CHANGES FROM ORIGINALLY FILED RETURN TO AMENDED RETURN -

LINE 4A = REVENUE DECREASED BY \$14

FORM 990, PART VIII:

CHANGES FROM ORIGINALLY FILED RETURN TO AMENDED RETURN -

LINE 2A = PROGRAM FEES DECREASED BY \$14

FORM 990, PART X:

CHANGES FROM ORIGINALLY FILED RETURN TO AMENDED RETURN -

LINE 4 = ACCOUNTS RECEIVABLE, NET DECREASED BY \$16,383

LINE 10A AND C = LAND, BUILDINGS, AND EQUIPMENT: COST BASIS DECREASED
BY \$14

LINE 11 = INVESTMENTS - PUBLICLY TRADED SECURITIES DECREASED BY \$2,789

LINE 15 = OTHER ASSETS INCREASED BY \$16,383

LINE 16 = TOTAL ASSETS DECREASED BY \$2,803

LINE 17 = ACCOUNTS PAYABLE AND ACCRUED EXPENSES DECREASED BY \$197,400

Name of the organization

WEST SUBURBAN YMCA

Employer identification number
04-2104783

LINE 25 = OTHER LIABILITIES INCREASED BY \$197,400

LINE 27 = UNRESTRICTED NET ASSETS DECREASED BY \$148,688

LINE 28 = TEMPORARILY RESTRICTED NET ASSETS INCREASED BY \$145,885

LINE 33 = TOTAL NET ASSETS DECREASED BY \$2,803

LINE 34 = TOTAL LIABILITIES AND NET ASSETS DECREASED BY \$2,803

FORM 990, PART XI:

CHANGES FROM ORIGINALLY FILED RETURN TO AMENDED RETURN -

LINE 1 = TOTAL REVENUE DECREASED BY \$14

LINE 3 = REVENUE LESS EXPENSES DECREASED BY \$14

LINE 5 = OTHER CHANGES IN NET ASSETS DECREASED BY \$2,789

LINE 6 = NET ASSETS AT END OF YEAR DECREASED BY \$2,803

SCHEDULE A, PART III:

CHANGES FROM ORIGINALLY FILED RETURN TO AMENDED RETURN -

LINE 1 = CONTRIBUTIONS RECEIVED INCREASED BY \$5,449

LINE 2 = GROSS RECEIPTS THAT IS RELATED TO ORGANIZATION'S TAX-EXEMPT
PURPOSE DECREASED BY \$14

SCHEDULE D, PART V:

CHANGES FROM ORIGINALLY FILED RETURN TO AMENDED RETURN -

LINE 1C = NET INVESTMENT EARNINGS, GAINS, AND LOSSES DECREASED BY
\$44,026

LINE 1G = END OF YEAR BALANCE DECREASED BY \$44,026

LINE 2B = PERMANENT ENDOWMENT PERCENTAGE CHANGED FROM 58.80% TO 50.76%

LINE 2C = TERM ENDOWMENT PERCENTAGE CHANGED FROM 41.20% TO 49.24%

SCHEDULE D, PART VI:

Name of the organization

WEST SUBURBAN YMCA

Employer identification number

04-2104783

CHANGES FROM ORIGINALLY FILED RETURN TO AMENDED RETURN -

LINE 1D(B) = EQUIPMENT COST BASIS DECREASED BY \$14

SCHEDULE D, PART IX AND X:

CHANGES FROM ORIGINALLY FILED RETURN TO AMENDED RETURN -

DUE FROM AFFILIATES, NEWTON CORNER PLACE, LLP INCREASED BY \$16,383

ACCRUED INTEREST PAYABLE AMOUNTED TO \$197,400 IS REPORTED

SCHEDULE D, PART XI:

CHANGES FROM ORIGINALLY FILED RETURN TO AMENDED RETURN -

LINE 1 = TOTAL REVENUE DECREASED BY \$14

LINE 3 = EXCESS OR DEFICIT FOR THE YEAR DECREASED BY \$14

LINE 4 = NET UNREALIZED GAINS ON INVESTMENTS DECREASED BY \$2,789

LINE 9 = TOTAL ADJUSTMENTS DECREASED BY \$2,789

LINE 10 = EXCESS OR DEFICIT FOR THE YEAR PER AUDITED FS DECREASED BY
\$2,803

SCHEDULE D, PART XII:

CHANGES FROM ORIGINALLY FILED RETURN TO AMENDED RETURN -

LINE 1 = TOTAL REVENUE PER AUDITED FS INCREASED BY \$266,390

LINE 2A = NET UNREALIZED GAINS ON INVESTMENT DECREASED BY \$2,789

LINE 3 = CALCULATED LINE DECREASED BY \$14

LINE 2D = OTHER ADJUSTMENTS INCREASED BY \$269,193

LINE 5 = TOTAL REVENUE DECREASED BY \$14

SCHEDULE D, PART XIII:

CHANGES FROM ORIGINALLY FILED RETURN TO AMENDED RETURN -

LINE 1 = TOTAL EXPENSES PER AUDITED FS INCREASED BY \$269,193

Name of the organization

WEST SUBURBAN YMCA

Employer identification number

04-2104783

LINE 2D = OTHER ADJUSTMENTS INCREASED BY \$269,193

IN ADDITION, ON SCHEDULE R, PART III, NEWTON CORNER PLACE, LP IS ADDED
AS A RELATED ORGANIZATION BECAUSE NEWTON CORNER PLACE, INC., A 100%
OWNED SUBSIDIARY OF WEST SUBURBAN YMCA, IS A GENERAL PARTNER OF THE
PARTNERSHIP.

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?**a** Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity**b** Gift, grant, or capital contribution to other organization(s)**c** Gift, grant, or capital contribution from other organization(s)**d** Loans or loan guarantees to or for other organization(s)**e** Loans or loan guarantees by other organization(s)**f** Sale of assets to other organization(s)**g** Purchase of assets from other organization(s)**h** Exchange of assets**i** Lease of facilities, equipment, or other assets to other organization(s)**j** Lease of facilities, equipment, or other assets from other organization(s)**k** Performance of services or membership or fundraising solicitations for other organization(s)**l** Performance of services or membership or fundraising solicitations by other organization(s)**m** Sharing of facilities, equipment, mailing lists, or other assets**n** Sharing of paid employees**o** Reimbursement paid to other organization for expenses**p** Reimbursement paid by other organization for expenses**q** Other transfer of cash or property to other organization(s)**r** Other transfer of cash or property from other organization(s)**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

	(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved	Yes No	
					1a	1b
(1)						X
(2)						X
(3)						X
(4)						X
(5)						X
(6)						X

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box ☒ **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

Part II	Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).	
Type or print File by the extended due date for filing your return. See instructions.	Name of exempt organization	Employer identification number
	WEST SUBURBAN YMCA	04-2104783
	Number, street, and room or suite no. If a P.O. box, see instructions. 276 CHURCH STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEWTON, MA 02458	

Enter the Return code for the return that this application is for (file a separate application for each return)

01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

SHERRY KLEIN

- The books are in the care of **276 CHURCH STREET - NEWTON, MA 02458**

Telephone No. **(617) 244-6050**

FAX No.

- If the organization does not have an office or place of business in the United States, check this box ☐

- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **NOVEMBER 15, 2011**

5 For calendar year **2010**, or other tax year beginning , and ending

6 If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return

☐ Change in accounting period

7 State in detail why you need the extension

ADDITIONAL TIME IS NEEDED TO FILE A COMPLETE AND ACCURATE TAX RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

Signature and Verification

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

Signature

Title **DIRECTOR**

Date