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Form 990  Department of the Treasury Internal Revenue Service	Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)	OMB No 1545-0047
	The organization may have to use a copy of this return to satisfy state reporting requirements	<div> <div>2010</div> <div>Open to Public Inspection</div> </div>

A For the 2010 calendar year, or tax year beginning 01-01-2010 and ending 12-31-2010		D Employer identification number 04-2281530	
B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization METROWEST YMCA INC		E Telephone number (508) 879-4420
	Doing Business As		
	Number and street (or P O box if mail is not delivered to street address) 280 OLD CONNECTICUT PATH		G Gross receipts \$ 9,430,213
	City or town, state or country, and ZIP + 4 FRAMINGHAM, MA 017014539		
F Name and address of principal officer JEANNE MCALLISTER 280 OLD CONNECTICUT PATH FRAMINGHAM, MA 017014539		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶	
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			
J Website: ▶ WWW.METROWESTYMCA.ORG			
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation 1960	M State of legal domicile MA

Part I	Summary
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Activities & Governance	1 Briefly describe the organization's mission or most significant activities THE METROWEST YMCA IS ORGANIZED, AND SHALL BE OPERATED, EXCLUSIVELY FOR CHARTIABLE, EDUCATIONAL AND RECREATIONAL PURPOSES WITHIN THE MEANING OF SECTION 501 C (3) OF THE INTERNAL REVENUE CODE OF 1986 AND SHALL CONDUCT SUCH OTHER ACTIVITIES AS ARE PERMITTED FOR A CHARITABLE CORPORATION UNDER MASSACHUSETTS LAW DEDICATED TO THE DEVELOPMENT OF ALL PEOPLE REGARDLESS OF AGE, GENDER, RACE, RELIGION, INCOME, ABILITY OR SEXUAL ORIENTATION, OUR PROGRAMS ARE DESIGNED TO PROMOTE THE VALUES OF CARING, HONESTY, RESPECT AND RESPONSIBILITY, AND TO ENHANCE THE SPIRITUAL, MENTAL, PHYSICAL AND SOCIAL QUALITY OF LIFE FOR INDIVIDUALS, FAMILIES AND COMMUNITIES THROUGHOUT METROWEST IN 2010, THE YMCA SERVED 21,000 MEMBERS AND PROGRAM PARTICIPANTS, HAD OVER 450 BOARD , FUNDRAISING AND PROGRAM VOLUNTEERS AND 1250 COMMUNITY DONORS WHO DONATED FUNDS TO HELP SUPPORT THE YMCA'S FINANCIAL ASSISTANCE PROGRAM, WHICH PROVIDED \$813,137 IN Y PROGRAM AND MEMBERSHIP SCHOLARSHIPS TO LOW INCOME INDIVIDUALS AND FAMILIES			
	2 Check this box <input checked="" 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	37
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	36
	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	560
6	Total number of volunteers (estimate if necessary)	6	414	
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0	
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	1,014,803	937,830
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	7,106,051	8,023,833
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	28,882	34,863
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	184,080	123,387
	12		8,333,816	9,119,913
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	621,000	618,856
	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)	4,668,901	4,972,089
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) <u>153,677</u>		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	2,645,109	2,860,636
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	7,935,010	8,451,581
	19	Revenue less expenses Subtract line 18 from line 12	398,806	668,332
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	12,902,347	13,461,104
	21	Total liabilities (Part X, line 26)	7,760,325	7,622,676
	22	Net assets or fund balances Subtract line 21 from line 20	5,142,022	5,838,428

Part II	Signature Block
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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			2011-05-12 Date	
	JEANNE MCALLISTER, PRESIDENT Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name MATTHEW HUTT CPA		Preparer's signature MATTHEW HUTT CPA		Date
	Check if self-employed <input type="checkbox"/>				PTIN
	Firm's name <input type="checkbox"/> ALEXANDER ARONSON FINNING & CO PC				Firm's EIN <input type="checkbox"/>
	Firm's address <input type="checkbox"/> 21 EAST MAIN STREET WESTBORO, MA 01581				Phone no <input type="checkbox"/> (508) 366-9100

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

Part III

Statement of Program Service Accomplishments

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

1

Briefly describe the organization’s mission

THE METROWEST YMCA IS ORGANIZED, AND SHALL BE OPERATED, EXCLUSIVELY FOR CHARTIABLE, EDUCATIONAL AND RECREATIONAL PURPOSES WITHIN THE MEANING OF SECTION 501 C (3) OF THE INTERNAL REVENUE CODE OF 1986 AND SHALL CONDUCT SUCH OTHER ACTIVITIES AS ARE PERMITTED FOR A CHARITABLE CORPORATION UNDER MASSACHUSETTS LAW DEDICATED TO THE DEVELOPMENT OF ALL PEOPLE REGARDLESS OF AGE, GENDER, RACE, RELIGION, INCOME, ABILITY OR SEXUAL ORIENTATION, OUR PROGRAMS ARE DESIGNED TO PROMOTE THE VALUES OF CARING, HONESTY, RESPECT AND RESPONSIBILITY, AND TO ENHANCE THE SPIRITUAL, MENTAL, PHYSICAL AND SOCIAL QUALITY OF LIFE FOR INDIVIDUALS, FAMILIES AND COMMUNITIES THROUGHOUT METROWEST IN 2010, THE YMCA SERVED 21,000 MEMBERS AND PROGRAM PARTICIPANTS, HAD OVER 450 BOARD , FUNDRAISING AND PROGRAM VOLUNTEERS AND 1250 COMMUNITY DONORS WHO DONATED FUNDS TO HELP SUPPORT THE YMCA'S FINANCIAL ASSISTANCE PROGRAM, WHICH PROVIDED \$813,137 IN Y PROGRAM AND MEMBERSHIP SCHOLARSHIPS TO LOW INCOME INDIVIDUALS AND FAMILIES

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

If “Yes,” describe these new services on Schedule O

Yes

No

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

If “Yes,” describe these changes on Schedule O

Yes

No

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 \$ 3,658,286 including grants of \$ 273,730) (Revenue \$ 3,933,921)

HEALTH, EDUCATION, AND RECREATIONAL PROGRAMS THE YMCA OFFERS A WIDE VARIETY OF HEALTH, EDUCATIONAL AND INSTRUCTIONAL PROGRAMS WHICH DIRECTLY FURTHER THE ORGANIZATIONS FOCUS ON YOUTH DEVELOPMENT, HEALTHY LIVING AND SOCIAL RESPONSIBILITY AS WELL AS ITS GOAL TO IMPROVE THE MIND, BODY AND SPIRIT OF INDIVIDUALS AND FAMILIES THROUGHOUT THE METROWEST COMMUNITY IN 2010 OVER 18,000 MEMBERS AND PARTICIPANTS BENEFITED FROM THESE PROGRAMS, 1 OUT OF 9 OF WHOM PARTICIPATED WITH THE SUPPORT OF YMCA FINANCIAL ASSISTANCE WITH A STRONG EMPHASIS ON HEALTH AND WELLNESS, YOUTH DEVELOPMENT, SAFETY AND FAMILY STRENGTHENING, THESE PROGRAMS INCLUDE HEALTH AND WELLNESS INSTRUCTION FOR YOUTH THROUGH SENIORS INCLUDING SPECIAL PROGRAMS FOCUSED ON FAMILIES, CARDIOVASCULAR AND STRENGTH TRAINING, SWIM INSTRUCTION AND RECREATIONAL SWIMMING FOR ALL AGES, YOUTH SPORTS, GYMNAS TIC INSTRUCTION, PRESCHOOL AND YOUTH ENRICHMENT CLASSES, OUTDOOR EDUCATION, TEEN LEADERSHIP DEVELOPMENT AND PROGRAMS SPECIFICALLY DESIGNED FOR AT-RISK YOUTH PROGRAM FEES ARE SET AT A LEVEL THAT IS AFFORDABLE FOR A MAJOR SEGMENT OF THE COMMUNITY, WITH FINANCIAL ASSISTANCE PROVIDED ON A SLIDING SCALE FEE BASIS FOR THOSE WHO CAN NOT AFFORD THE PUBLISHED FEE

4b

(Code) (Expenses \$ 2,264,814 including grants of \$ 169,063) (Revenue \$ 2,575,314)

YMCA CHILD CARE AND BEFORE AND AFTER SCHOOL CARE PROGRAMS THE YMCA PROVIDED QUALITY, LICENSED, NATIONALLY ACCREDITED CARE TO 879 TODDLER, PRE-SCHOOL AND SCHOOL AGED CHILDREN IN 2010 THE PURPOSE OF THE YMCAS CHILD CARE PROGRAMS IS TO FOSTER GROWTH AND DEVELOPMENT FOR CHILDREN AS WELL AS THEIR PARENTS THESE EDUCATIONAL PROGRAMS HELP DEVELOP AND SUPPORT COGNITIVE AND ACADEMIC GROWTH AND LEARNING, AND HELP KIDS DEVELOP MORAL AND ETHICAL BEHAVIOR, SELF-ESTEEM AND LEADERSHIP SKILLS THE YMCA IS THE LARGEST PROVIDER OF OUT OF SCHOOL TIME CARE PROGRAMS AND A SIGNIFICANT PROVIDER OF EARLY EDUCATION AND CARE PROGRAMS IN THE METROWEST AREA IN MANY INSTANCES, YMCA CHILD CARE MAKES IT POSSIBLE FOR THE PARENTS OF CHILDREN IN OUR PROGRAMS TO BECOME AND REMAIN GAINFULLY EMPLOYED, KNOWING THAT THEIR CHILDREN ARE THRIVING IN A SAFE, DEVELOPMENTALLY SOUND ENVIRONMENT FOR PARENTS WHO CANNOT AFFORD THE FULL FEE, CARE IS PROVIDED BELOW COST, BASED ON A SLIDING FEE SCALE UP TO THE LIMIT OF CONTRIBUTED SUPPORT AND FUNDING AVAILABLE FOR SUBSIDIES 29% OF THE PARTICIPATING FAMILIES RECEIVE YMCA FINANCIAL ASSISTANCE, WITH AN ADDITIONAL 17% RECEIVING TUITION SUPPORT THROUGH THE STATE FUNDED CONTRACT AND VOUCHER PROGRAM

4c

(Code) (Expenses \$ 1,467,766 including grants of \$ 176,063) (Revenue \$ 1,637,985)

YMCA SUMMER CAMPYMCA SUMMER CAMPS SERVED 2,075 DIFFERENT CHILDREN IN 2010, 1 OUT OF 7 OF WHOM ATTENDED CAMP WITH THE SUPPORT OF YMCA FUNDED FINANCIAL ASSISTANCE THE SUMMER CAMP PROGRAMS, SERVING CHILDREN BETWEEN THE AGES OF 3 AND 15 ARE EDUCATIONAL, PROMOTE MENTAL AND PHYSICAL WELL-BEING, SELF ESTEEM, SOCIAL GROWTH AND RESPECT FOR THE ENVIRONMENT THROUGH A VARIETY OF ACTIVITIES AND THE USE OF NATURAL SURROUNDINGS, YMCA CAMPS SEEK TO HELP PARTICIPANTS ACHIEVE THEIR FULLEST POTENTIAL IN SPIRIT, MIND AND BODY IN MANY INSTANCES, CAMPING PROGRAMS SERVE AS CHILD CARE FOR PARENTS IN THE SUMMERTIME, ALLOWING THEM TO REMAIN GAINFULLY EMPLOYED

4d

Other program services (Describe in Schedule O)

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
















4e

Total program service expenses

\$ 7,390,866

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	Yes
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 	2	Yes
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>	3	No
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	No
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	No
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	No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II.</i> 	7	No
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	No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i> 	9	No
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	Yes
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	Yes
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	No
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	No
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	No
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	Yes
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	No
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	Yes
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	No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>	13	No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	14b	No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U.S.? <i>If "Yes," complete Schedule F, Parts II and IV.</i>	15	No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U.S.? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	16	No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions).</i>	17	No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>	18	No
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	No
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>	20a	No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions).	20b	

Part IV

Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance					
Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/>					
			Yes	No	
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	12		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return.	2a	560	Yes	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b		
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?	3a			No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country: See 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?	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7 Organizations that may receive deductible contributions under section 170(c).					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?					
8					
9 Sponsoring organizations maintaining donor advised funds.					
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10 Section 501(c)(7) organizations. Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b			
11 Section 501(c)(12) organizations. Enter					
a	Gross income from members or shareholders.	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?					
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
a	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.	13a			
b	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.	13b			
c	Enter the amount of reserves on hand.	13c			
14a Did the organization receive any payments for indoor tanning services during the tax year?					
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14a			No
14b					

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.
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	37		
b	Enter the number of voting members included in line 1a, above, who are independent	36		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	Yes	
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	Yes	
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
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	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	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?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure	
17	List the States with which a copy of this Form 990 is required to be filed▶MA
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ CHRISTOPHER MEYERS 280 OLD CONNECTICUT PATH FRAMINGHAM, MA 017014539 (508) 879-4420

Part VII

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

Check 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, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, 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			
(1) PENNYE J WILLIAMS BOARD MEMBER	1 50	X						0	0	0
(2) RON FOISY VICE CHAIR	1 50	X		X				0	0	0
(3) DIEGO BETANCOURT BOARD MEMBER	1 50	X						0	0	0
(4) JAMES L BRICK BOARD MEMBER	1 00	X						0	0	0
(5) JOANNA CONNOLLY BOARD MEMBER	1 00	X						0	0	0
(6) HENRY CONNORS TREASURER	1 50	X		X				0	0	0
(7) ALEXANDRIA COX BOARD MEMBER	1 00	X						0	0	0
(8) JB DOWD BOARD MEMBER	1 30	X						0	0	0
(9) FAITH EASTER BOARD MEMBER	1 00	X						0	0	0
(10) DWIGHT EVERETT BOARD MEMBER	1 00	X						0	0	0
(11) DAN ROMANO BOARD MEMBER	1 50	X						0	0	0
(12) TRACY GEE BOARD MEMBER	1 00	X						0	0	0
(13) GEORGE HULME BOARD MEMBER	1 00	X						0	0	0
(14) REV RICHARD HURST BOARD MEMBER	1 00	X						0	0	0
(15) PAMELA MCDONOUGH BOARD MEMBER	1 00	X						0	0	0
(16) HELEN LEMOINE BOARD MEMBER	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			
(17) MARYLIZ MACNEIL BOARD MEMBER	1 00	X						0	0	0
(18) ANNE MADARA BOARD MEMBER	1 00	X						0	0	0
(19) MARK MILLER BOARD MEMBER	1 00	X						0	0	0
(20) PETER NEWMAN BOARD MEMBER	1 00	X						0	0	0
(21) CAROLYN PYBURN BOARD MEMBER	1 00	X						0	0	0
(22) PAUL REGAN BOARD MEMBER	1 30	X						0	0	0
(23) PAULA MARTIN BOARD MEMBER	1 00	X						0	0	0
(24) MIKE SIABA BOARD MEMBER	1 00	X						0	0	0
(25) SHARON CORREIA BOARD MEMBER	1 30	X						0	0	0
(26) LOUISE DONAHUE BOARD MEMBER	1 00	X						0	0	0
(27) MAGALI BLACK BOARD MEMBER	1 00	X						0	0	0
(28) RICK HOLMES BOARD MEMBER	1 00	X						0	0	0
(29) MARISA PIZZI BOARD MEMBER	1 00	X						0	0	0
(30) RACHEL STEWART BOARD MEMBER	1 00	X						0	0	0
(31) DAVID THOMPSON BOARD MEMBER	1 00	X						0	0	0
(32) THERESA WARD BOARD MEMBER	1 50	X						0	0	0
(33) CARLOS CUNNINGHAM BOARD MEMBER	1 00	X						0	0	0
(34) JANET DRUMMEY CHAIR	2 50	X		X				0	0	0
(35) PATRICIA GRIGAS BOARD MEMBER	1 00	X						0	0	0
(36) CATHLEEN MCELLIGOTT BOARD MEMBER	1 00	X						0	0	0
(37) JOYA CASEY CLERK/HR DIRECTOR	35 00	X		X				50,978	0	13,139
(38) JEANNE MCALLISTER PRESIDENT/CEO	40 00			X				155,171	0	23,068
(39) CHRIS MEYERS DIRECTOR OF FINANCE	40 00			X				85,128	0	16,062
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								291,277	0	52,269

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

2

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

Section B. Independent Contractors

1

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

(A) Name and business address	(B) Description of services	(C) Compensation
CONSIGLI CONSTRUCTION COINC 72 SUMNER STREET MILFORD, MA 01757	CONSTRUCTION SERVICES	1,432,920

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

1

Part VIII

Statement of Revenue

					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a	22,259	937,830				
	b	Membership dues	1b						
	c	Fundraising events	1c						
	d	Related organizations	1d						
	e	Government grants (contributions)	1e	713,877					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	201,694					
	g	Noncash contributions included in lines 1a-1f \$							
	h	Total. Add lines 1a-1f							
	Program Service Revenue	2a	Business Code						8,023,833
		PROGRAM FEES AND DUES 713940							
b									
c									
d									
e									
f		All other program service revenue							
g		Total. Add lines 2a-2f							
Other Revenue		3	Investment income (including dividends, interest and other similar amounts)			27,085			
	4	Income from investment of tax-exempt bond proceeds . .							
	5	Royalties							
	6a	(i) Real		(ii) Personal					
	b	Less rental expenses							
	c	Rental income or (loss)							
	d	Net rental income or (loss)							
	7a	(i) Securities		(ii) Other	7,778			7,778	
		318,078							
		310,300							
		7,778							
	b	Less cost or other basis and sales expenses							
	c	Gain or (loss)							
	d	Net gain or (loss)							
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18							
		a							
	b	Less direct expenses							
c	Net income or (loss) from fundraising events . .								
9a	Gross income from gaming activities See Part IV, line 19 . .								
	a								
b	Less direct expenses								
c	Net income or (loss) from gaming activities . .								
10a	Gross sales of inventory, less returns and allowances . .								
	a								
b	Less cost of goods sold								
c	Net income or (loss) from sales of inventory . .								
Miscellaneous Revenue				Business Code	123,387	123,387			
11a	OTHER INCOME 900099								
b									
c									
d	All other revenue								
e	Total. Add lines 11a-11d			123,387					
12	Total revenue. See Instructions			9,119,913	8,147,220	0	34,863		

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	618,856	618,856		
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	279,429		190,310	89,119
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	3,869,322	3,494,857	342,907	31,558
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	205,781	185,625	20,156	
9	Other employee benefits	226,914	200,737	25,357	820
10	Payroll taxes	390,643	341,401	39,269	9,973
a	Fees for services (non-employees)				
	Management				
b	Legal				
c	Accounting	31,037		31,037	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	4,733		4,733	
g	Other	312,370	305,262	4,947	2,161
12	Advertising and promotion	73,411	63,363	9,577	471
13	Office expenses	352,624	311,563	29,546	11,515
14	Information technology				
15	Royalties				
16	Occupancy	537,804	505,842	30,252	1,710
17	Travel	117,573	115,058	2,459	56
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	51,503	26,732	24,771	
20	Interest	541,819	499,677	38,607	3,535
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	375,611	348,929	25,379	1,303
23	Insurance	64,950	47,934	15,891	1,125
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	EQUIPMENT RENTAL AND MA	238,961	199,973	38,799	189
b	DUES	111,028	106,693	4,335	
c	OTHER	31,292	12,424	18,726	142
d	BAD DEBT	15,920	5,940	9,980	
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	8,451,581	7,390,866	907,038	153,677
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)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			478,518	1	518,561
	2	Savings and temporary cash investments			1,731,231	2	1,294,329
	3	Pledges and grants receivable, net			314,020	3	201,378
	4	Accounts receivable, net			134,038	4	156,152
	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). Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			71,760	9	85,682
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	14,630,118			
	b	Less: accumulated depreciation	10b	4,040,703	8,916,577	10c	10,589,415
	11	Investments—publicly traded securities			466,873	11	508,262
	12	Investments—other securities. See Part IV, line 11				12	
	13	Investments—program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			789,330	15	107,325
16	Total assets. Add lines 1 through 15 (must equal line 34)			12,902,347	16	13,461,104	
Liabilities	17	Accounts payable and accrued expenses			495,946	17	396,733
	18	Grants payable				18	
	19	Deferred revenue			366,561	19	405,700
	20	Tax-exempt bond liabilities			6,610,826	20	6,500,032
	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			262,800	23	244,234
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities. Complete Part X of Schedule D			24,192	25	75,977
	26	Total liabilities. Add lines 17 through 25			7,760,325	26	7,622,676
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			4,601,036	27	5,547,256
	28	Temporarily restricted net assets			480,986	28	231,172
	29	Permanently restricted net assets			60,000	29	60,000
	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			5,142,022	33	5,838,428
34	Total liabilities and net assets/fund balances			12,902,347	34	13,461,104	

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	9,119,913
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,451,581
3	Revenue less expenses Subtract line 2 from line 1	3	668,332
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,142,022
5	Other changes in net assets or fund balances (explain in Schedule O)	5	28,074
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	5,838,428

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization
METROWEST YMCA INC

Employer identification number
04-2281530

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 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									

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 501(c)(3) organization, check this box and stop here ▶

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 for 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 ▶		
b 33 1/3% support test—2009. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
17a 10%-facts-and-circumstances test—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 ▶		
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 ▶		
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶		

Part IIISupport 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.")	904,058	1,595,789	1,682,143	1,014,803	956,105	6,152,898
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	4,587,513	5,120,593	5,637,387	7,106,051	8,023,833	30,475,377
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	5,491,571	6,716,382	7,319,530	8,120,854	8,979,938	36,628,275
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
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						0
8 Public Support (Subtract line 7c from line 6)						36,628,275

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	5,491,571	6,716,382	7,319,530	8,120,854	8,979,938	36,628,275
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	47,851	104,731	38,510	38,428	27,085	256,605
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	47,851	104,731	38,510	38,428	27,085	256,605
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.)	83,864	63,331	64,774	184,080	123,387	519,436
13 Total support (Add lines 9, 10c, 11 and 12.)	5,623,286	6,884,444	7,422,814	8,343,362	9,130,410	37,404,316
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage			
15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	97.930%	
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	97.840%	

Section D. Computation of Investment Income Percentage			
17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	0.690%	
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	0.760%	
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 ▶			

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation
SCHEDULE A, PART II, LINE 12, EXPLANATION OF OTHER INCOME OTHER INCOME
SCHEDULE A, PART II, LINE 12, EXPLANATION OF OTHER INCOME OTHER INCOME

Schedule A (Form 990 or 990-EZ) 2010

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
METROWEST YMCA INC

Employer identification number
04-2281530

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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

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

1

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

☐ Preservation of land for public use (e g , recreation or pleasure)

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

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

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06

3

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

4

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

5

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

☐ Yes ☐ No

6

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

7

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

8

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

☐ Yes ☐ No

9

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a

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

b

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

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

► \$ _____

(ii) Assets included in Form 990, Part X

► \$ _____

2

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

a

Revenues included in Form 990, Part VIII, line 1

► \$ _____

b

Assets included in Form 990, Part X

► \$ _____

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

Cat No 52283D

Schedule D (Form 990) 2010

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

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

1a

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

☐ Yes

☐ No

b

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

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	60,000	60,000	60,000		
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	60,000	60,000	60,000		

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶ 100.000 %

c

Term endowment ▶

3a

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

(i) unrelated organizations

3a(i)

No

(ii) related organizations

3a(ii)

No

b

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

3b

4

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

Part VI

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		195,136		195,136
b Buildings		13,774,774	3,630,449	10,144,325
c Leasehold improvements				
d Equipment		623,827	399,873	223,954
e Other		36,381	10,381	26,000
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				10,589,415

Schedule D (Form 990) 2010

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	19,119,913
2	Total expenses (Form 990, Part IX, column (A), line 25)	8,451,581
3	Excess or (deficit) for the year Subtract line 2 from line 1	668,332
4	Net unrealized gains (losses) on investments	28,074
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV)	
9	Total adjustments (net) Add lines 4 - 8	28,074
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	696,406

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements	18,524,398
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a	Net unrealized gains on investments2a28,074	
b	Donated services and use of facilities2b	
c	Recoveries of prior year grants2c	
d	Other (Describe in Part XIV)2d	
e	Add lines 2a through 2d2e28,074	
3	Subtract line 2e from line 138,496,324	
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 7b4a	
b	Other (Describe in Part XIV)4b623,589	
c	Add lines 4a and 4b4c623,589	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)59,119,913	

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements	17,827,992
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
a	Donated services and use of facilities2a	
b	Prior year adjustments2b	
c	Other losses2c	
d	Other (Describe in Part XIV)2d	
e	Add lines 2a through 2d2e0	
3	Subtract line 2e from line 137,827,992	
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 7b4a	
b	Other (Describe in Part XIV)4b623,589	
c	Add lines 4a and 4b4c623,589	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)58,451,581	

Part XIV Supplemental Information

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

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	BOARD DESIGNATED NET ASSETS REPRESENT FUNDS SET ASIDE BY THE BOARD OF DIRECTORS TO CREATE AN "ENDOWMENT FUND" IN WHICH EARNINGS WILL BE USED FOR RETIREMENT OF LONG-TERM FINANCING. THE USE OF THESE FUNDS REQUIRES THE APPROVAL OF THE BOARD OF DIRECTORS.
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE YMCA FOLLOWS ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES STANDARD WHICH REQUIRES THE YMCA TO REPORT UNCERTAIN TAX POSITIONS, RELATED INTEREST AND PENALTIES, AND TO ADJUST ITS ASSETS AND LIABILITIES RELATED TO UNRECOGNIZED TAX BENEFITS AND ACCRUED INTEREST AND PENALTIES ACCORDINGLY. AS OF DECEMBER 31, 2010, THE YMCA DETERMINED THAT THERE ARE NO MATERIAL UNRECOGNIZED TAX BENEFITS TO REPORT.
		SCHEDULE D, PAGE 4, PART XII AND XIII, LINE 4B - \$4,733 OF INVESTMENT FEES, \$618,856 OF GRANT EXPENSE ARE NETTED WITH INVESTMENT INCOME, PROGRAM FEES AND DUES RESPECTIVELY PER THE AUDITED FINANCIAL STATEMENTS.

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
METROWEST YMCA INC

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

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

OMB No 1545-0047

2010

Open to Public
Inspection

Employer identification number
04-2281530

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2

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

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed. ▶ ☐

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

2

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

▶

3

Enter total number of other organizations

▶

Part III

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

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) ASSISTANCE TO INDIVIDUALS FOR MEMBERSHIP DUES, AND PROGRAM AND CHILDCARE FEES	2499	0	618,856	BASED ON YMCA'S ESTABLISHED FEE SCHEDULE	MEMBERSHIP DUES, AND PROGRAM AND CHILDCARE FEES

Part IV

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

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 THE METROWEST YMCA PROVIDES FINANCIAL ASSISTANCE TO LOW INCOME INDIVIDUALS ENABLING THEM TO PARTICIPATE IN YMCA PROGRAMS AND MEMBERSHIP SERVICES AT A REDUCED RATE THE RATE IS BASED ON A SLIDING FEE SCALE DETERMINATION OF THE AMOUNT OF ASSISTANCE PROVIDED IS DEPENDENT ON FAMILY INCOME, FAMILY SIZE AND OTHER SPECIAL FINANCIAL CIRCUMSTANCES APPLICANTS ARE REQUIRED TO COMPLETE A REQUEST APPLICATION AND SUBMIT ALONG WITH THAT REQUEST A COPY OF THEIR FEDERAL TAX RETURN, CURRENT PAY CHECK STUBS AND OTHER SUPPLEMENTAL INFORMATION IF NEEDED TO SUPPORT THEIR FINANCIAL POSITION DEPENDING ON PROGRAM AREA AND FAMILY CIRCUMSTANCES, FINANCIAL ASSISTANCE IS GRANTED FOR A 6 OR 12 MONTH PERIOD ALL FINANCIAL ASSISTANCE IS IN THE FORM OF PROGRAM OR MEMBERSHIP FEE SUBSIDY NO CASH IS PROVIDED TO INDIVIDUALS RECORDS ARE KEPT IN A SECURE FILE TO DOCUMENT THAT REQUEST APPLICATION AND FEE REDUCTION

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization METROWEST YMCA INC	Employer identification number 04-2281530
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Part I

Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items <div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	
3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply <div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
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	4a 4b 4c	No No No
Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of a The organization? b Any related organization? If "Yes," to line 5a or 5b, describe in Part III	5a 5b	No No
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	6a 6b	No No
7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	No
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	No
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use 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) JEANNE MCALLISTER	(i) (ii)	155,171 0	0 0	0 0	0 0	23,068 0	178,239 0	0 0
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

Part III **Supplemental Information**

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

Identifier	Return Reference	Explanation
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Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
METROWEST YMCA INC

Supplemental Information on Tax Exempt Bonds

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

OMB No 1545-0047

2010

Open to Public
Inspection

Employer identification number
04-2281530

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) Pool financing	
						Yes	No	Yes	No	Yes	No
A MASSACHUSETTS DEVELOPMENT FINANCE AGENCY	04-3431814		08-01-2007	6,700,000	RENOVATION OF THE YMCA'S FRAMINGHAM FACILITY AND REPYMT OF A NOTE PAYABLE		X		X		X

Part II Proceeds

		A		B		C		D	
1	Amount of bonds retired								
2	Amount of bonds legally defeased								
3	Total proceeds of issue								
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrow								
7	Issuance costs from proceeds								
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds								
11	Other spent proceeds								
12	Other unspent proceeds								
13	Year of substantial completion								
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X						
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

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

Part IIIPrivate Business Use (Continued)

		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?		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?		X						
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government								
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government								
6	Total of lines 4 and 5								
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?		X						

Part IVArbitrage

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

Part VSupplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

Identifier	Return Reference	Explanation

Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
METROWEST YMCA INC

Employer identification number
04-2281530

Part I

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

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

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

Part II

Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c)Original principal amount	(d)Balance due	(e) In default?		(f) Approved by board or committee?		(g)Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
Total ▶ \$										

Part III

Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b)Relationship between interested person and the organization	(c)Amount of grant or type of assistance

Part IV

Business Transactions Involving Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) GEORGE HULME	BOARD MEMBER	69,480	A PRINCIPAL AT AN ORGANIZATION THAT FUNCTIONS AS AN INSURANCE BROKER FOR THE YMCA'S INSURANCE POLICIES		No

Part V

Supplemental Information
Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation
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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 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 METROWEST YMCA INC	Employer identification number 04-2281530
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Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2		TWO OF THE YMCA'S BOARD MEMBERS ARE RELATED AS FATHER AND DAUGHTER

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		THE AUDIT COMMITTEE APPROVES THE AUDITED FINANCIALS AND PRESENTS THEM TO THE FINANCE COMMITTEE AND THE EXECUTIVE COMMITTEE THE FINANCE COMMITTEE APPROVES THE 990 AND COPIES ARE GIVEN TO ALL EXECUTIVE BOARD MEMBERS

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	ALL BOARD MEMBERS AND SENIOR STAFF COMPLETE AND SIGN A CONFLICT OF INTEREST DISCLOSURE QUESTIONNAIRE EACH QUESTIONNAIRE IS REVIEWED BY THE CEO WHO MAKES THE BOARD CHAIR AWARE OF ANY POTENTIAL AREAS OF CONFLICT BOARD MEMBERS (AND SENIOR LEADERSHIP WHO HAVE A VOTE) MUST RECUSE THEMSELVES FROM ANY VOTE AND REFRAIN FROM ANY ATTEMPT TO INFLUENCE A VOTE IN ANY SITUATION WHERE A CONFLICT OR POTENTIAL CONFLICT EXISTS

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	<p>THE CEO'S SALARY RANGE, AS WELL AS THAT OF ALL EXEMPT STAFF, IS DETERMINED BY UTILIZING A NUMBER OF CRITERIA - THE HAY PLAN METHOD, WHICH IS A SYSTEM THAT ASSIGNS POINT VALUES IN KEY AREAS OF RESPONSIBILITY, KNOW-HOW AND AUTHORITY IS UTILIZED TO DETERMINE A TOTAL POINT VALUE FOR THE SPECIFIC POSITION A DOLLAR VALUE IS THEN USED AS A MULTIPLIER FOR THE POINTS TO DETERMINE A SALARY RANGE (MINIMUM/MID-POINT/MAXIMUM) THIS DOLLAR VALUE IS CONSISTENT FOR ALL EXEMPT POSITIONS ANNUALLY, SALARY RANGES ARE REVIEWED TO DETERMINE ADJUSTMENTS, IF ANY, TO THE POINT DOLLAR VALUE - THE HUMAN RESOURCE COMMITTEE OF THE BOARD OF THE METROWEST YMCA (WHICH IS COMPRISED PRIMARILY OF HUMAN RESOURCE PROFESSIONALS) ANNUALLY REVIEWS, VOTES UPON AND RECOMMENDS TO THE BOARD OF DIRECTORS ANY INCREASES IN POINT DOLLAR VALUES FOR EXEMPT POSITIONS AS A WHOLE AND THE % RANGE ALLOWED FOR SALARY INCREASES, WHICH ARE BASED ON PERFORMANCE THESE POINT VALUES AND % RANGES FOR SALARY INCREASES ARE THE SAME VALUES FOR THE CEO AS THEY ARE FOR THE OTHER EXEMPT STAFF POSITIONS - IN DETERMINING THE APPROPRIATE SALARY RANGES, POINTING AND SALARY INCREASES, THE HUMAN RESOURCE COMMITTEE USES AS A GUIDE, THE RECOMMENDATIONS OF THE YMCA OF THE USA HUMAN RESOURCE AND TALENT MANAGEMENT TASK FORCE, A COMMITTEE OF THE NATIONAL YMCA BOARD WHICH IS MADE UP OF YMCA LEADERS, VOLUNTEERS AND HUMAN RESOURCE OFFICERS, ASSISTED BY EXTERNAL CONSULTANTS, RSM MCGLADREY, INC THIS TASK FORCE IDENTIFIES METHODS AND RECOMMENDATIONS FOR VOLUNTEERS AND STAFF TO USE IN DEVELOPING AND MAINTAINING EFFECTIVE SALARY ADMINISTRATION PROGRAMS IN THEIR RESPECTIVE YMCA ASSOCIATIONS THE TASK FORCE ANNUALLY REVIEWS CURRENT SALARY ADMINISTRATION TRENDS IN YMCAS AND OTHER ORGANIZATIONS THROUGHOUT THE COUNTRY IN BOTH FOR-PROFIT AND NON-PROFIT SECTORS THOSE TRENDS ARE APPLIED TO THEN ESTABLISH RECOMMENDED GUIDELINES FOR YMCA'S TO USE FOR SALARY RANGE VALUES AND RAISE PERCENTAGES THE METROWEST YMCA USES THIS AS A KEY TOOL IN DETERMINING THE CEO SALARY IN ADDITION TO UTILIZING REGIONAL SALARY TREND REFERENCES AND COMPARISONS - THE METROWEST YMCA CEO'S SPECIFIC SALARY INCREASE EACH YEAR IS BASED ON THE RESULTS OF A FORMAL PERFORMANCE REVIEW BY THE BOARD CHAIR AND OTHERS, THE RESULTS OF WHICH ARE ALIGNED WITH THE PRE-APPROVED RAISE PERCENTAGE RANGE CHART TO DETERMINE THE NEW ANNUAL SALARY</p>

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	IN ADDITION TO OUR 990 BEING AVAILABLE ON GUIDESTAR, IF A MEMBER OF THE GENERAL PUBLIC REQUESTS TO VIEW OR RECEIVE A COPY OF ANY OF OUR GOVERNING DOCUMENTS, FORM 990, AUDIT, CONFLICT OF INTEREST POLICY OR FINANCIAL STATEMENTS, THE REQUEST WOULD BE DIRECTED TO THE BOARD CLERK WHO WOULD PROVIDE A COPY OF THE REQUESTED DOCUMENT WITHIN 24 HOURS OR LESS

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 28,074

Identifier	Return Reference	Explanation
	FORM 990, PART XII, LINE 2C	METROWEST YMCAS OVERSIGHT AND SELECTION PROCESS DID NOT CHANGE DURING FY 2010

Additional Data

Software ID:

Software Version:

EIN: 04-2281530

Name: METROWEST YMCA INC

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)							(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former				
PENNYE J WILLIAMS BOARD MEMBER	1 50	X						0	0	0	
RON FOISY VICE CHAIR	1 50	X		X				0	0	0	
DIEGO BETANCOURT BOARD MEMBER	1 50	X						0	0	0	
JAMES L BRICK BOARD MEMBER	1 00	X						0	0	0	
JOANNA CONNOLLY BOARD MEMBER	1 00	X						0	0	0	
HENRY CONNORS TREASURER	1 50	X		X				0	0	0	
ALEXANDRIA COX BOARD MEMBER	1 00	X						0	0	0	
JB DOWD BOARD MEMBER	1 30	X						0	0	0	
FAITH EASTER BOARD MEMBER	1 00	X						0	0	0	
DWIGHT EVERETT BOARD MEMBER	1 00	X						0	0	0	
DAN ROMANO BOARD MEMBER	1 50	X						0	0	0	
TRACY GEE BOARD MEMBER	1 00	X						0	0	0	
GEORGE HULME BOARD MEMBER	1 00	X						0	0	0	
REV RICHARD HURST BOARD MEMBER	1 00	X						0	0	0	
PAMELA MCDONOUGH BOARD MEMBER	1 00	X						0	0	0	
HELEN LEMOINE BOARD MEMBER	1 00	X						0	0	0	
MARYLIZ MACNEIL BOARD MEMBER	1 00	X						0	0	0	
ANNE MADARA BOARD MEMBER	1 00	X						0	0	0	
MARK MILLER BOARD MEMBER	1 00	X						0	0	0	
PETER NEWMAN BOARD MEMBER	1 00	X						0	0	0	
CAROLYN PYBURN BOARD MEMBER	1 00	X						0	0	0	
PAUL REGAN BOARD MEMBER	1 30	X						0	0	0	
PAULA MARTIN BOARD MEMBER	1 00	X						0	0	0	
MIKE SIABA BOARD MEMBER	1 00	X						0	0	0	
SHARON CORREIA BOARD MEMBER	1 30	X						0	0	0	

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
LOUISE DONAHUE BOARD MEMBER	1 00	X						0	0	0
MAGALI BLACK BOARD MEMBER	1 00	X						0	0	0
RICK HOLMES BOARD MEMBER	1 00	X						0	0	0
MARISA PIZZI BOARD MEMBER	1 00	X						0	0	0
RACHEL STEWART BOARD MEMBER	1 00	X						0	0	0
DAVID THOMPSON BOARD MEMBER	1 00	X						0	0	0
THERESA WARD BOARD MEMBER	1 50	X						0	0	0
CARLOS CUNNINGHAM BOARD MEMBER	1 00	X						0	0	0
JANET DRUMMEY CHAIR	2 50	X		X				0	0	0
PATRICIA GRIGAS BOARD MEMBER	1 00	X						0	0	0
CATHLEEN MCELLIGOTT BOARD MEMBER	1 00	X						0	0	0
JOYA CASEY CLERK/HR DIRECTOR	35 00	X		X				50,978	0	13,139
JEANNE MCALLISTER PRESIDENT/CEO	40 00			X				155,171	0	23,068
CHRIS MEYERS DIRECTOR OF FINANCE	40 00			X				85,128	0	16,062