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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 01-01-2010 and ending 12-31-2010

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

C Name of organization
GREATER PROVIDENCE YMCA

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
371 PINE ST

City or town, state or country, and ZIP + 4
PROVIDENCE, RI 02903

D Employer identification number
05-0258878

E Telephone number
(401) 521-9622

G Gross receipts $ 25,941,691

F Name and address of principal officer
KAREN LESLIE
371 PINE ST
PROVIDENCE, RI 02903

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

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

J Website: ▶ WWW YMCAGREATERPROVIDENCE ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1854 | **M** State of legal domicile RI

Part I Summary

1 Briefly describe the organization's mission or most significant activities
BUILD HEALTHY SPIRIT, MIND AND BODY FOR ALL, THROUGH PROGRAMS, SERVICES AND RELATIONSHIPS THAT ARE BASED UPON OUR CORE VALUES OF CARING, HONESTY, RESPECT, AND RESPONSIBILITY

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	29
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	29
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	**5**	1,744
6	Total number of volunteers (estimate if necessary)	**6**	1,238
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	2,950,043	3,673,864
9	Program service revenue (Part VIII, line 2g)	18,978,696	19,068,238
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	111,975	93,863
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	499,119	256,736
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	22,539,833	23,092,701
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
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)	13,849,651	13,929,808
16a	Professional fundraising fees (Part IX, column (A), line 11e)	36,000	40,713
b	Total fundraising expenses (Part IX, column (D), line 25) ▶339,522		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	8,469,906	8,809,725
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	22,355,557	22,780,246
19	Revenue less expenses Subtract line 18 from line 12	184,276	312,455

Revenue

Expenses

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	29,852,396	32,689,613
21	Total liabilities (Part X, line 26)	6,925,306	8,793,993
22	Net assets or fund balances Subtract line 21 from line 20	22,927,090	23,895,620

Net Assets or Fund Balances

Part II Signature Block

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

Sign Here

****** | 2011-06-15
Signature of officer | Date

KAREN LESLIE PRESIDENT & CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ▶ ☑	PTIN
MICHAEL L HANNA	MICHAEL L HANNA			

Firm's name ▶ SULLIVAN & COMPANY CPAS LLP | Firm's EIN ▶

Firm's address ▶ 50 HOLDEN STREET
PROVIDENCE, RI 02908 | Phone no ▶ (401) 272-5600

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 MISSION OF THE YMCA OF GREATER PROVIDENCE IS TO BUILD HEALTHY SPIRIT, MIND AND BODY FOR ALL, THROUGH PROGRAMS, SERVICES AND RELATIONSHIPS THAT ARE BASED UPON OUR CORE VALUES OF CARING, HONESTY, RESPECT, AND RESPONSIBILITY

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 10,199,741 including grants of $) (Revenue $ 11,992,681)

FOR HEALTHY LIVING - HEALTH & WELLNESS PROGRAMSTHE Y IS A LEADING VOICE ON HEALTH AND WELL-BEING WE BRING FAMILIES CLOSER TOGETHER, ENCOURAGE GOOD HEALTH, AND FOSTER CONNECTIONS THROUGH FITNESS, SPORTS, FUN, AND SHARED INTERESTS AS A RESULT, 75,000 PEOPLE IN OUR COMMUNITY ARE RECEIVING THE SUPPORT, GUIDANCE AND RESOURCES THEY NEED TO ACHIEVE GREATER HEALTH IN SPIRIT, MIND, AND BODY OUR PROGRAMS ARE PARTICULARLY IMPORTANT AS OUR NATION STRUGGLES WITH AN OBESITY CRISIS, FAMILIES STRUGGLE WITH WORK/LIFE BALANCE, AND INDIVIDUALS SEARCH FOR PERSONAL FULFILLMENT IN 2010, WE DELIVERED NEARLY $4 3 MILLION IN FREE OR SUBSIDIZED PROGRAMS THROUGH MEMBERSHIPS, AFFORDABLE CHILD CARE, CAMP SCHOLARSHIPS, SERVICES, AND ACTIVITIES THAT CREATE A MEANINGFUL IMPACT IN OUR COMMUNITY THE MISSION OF THE YMCA OF GREATER PROVIDENCE IS CARRIED OUT PRIMARILY THROUGH THE DELIVERY OF HIGH QUALITY ACTIVITIES TO COMMUNITY MEMBERS AT OUR SEVEN FULL SERVICE BRANCHES, URBAN OUTREACH PROGRAM, AND RESIDENT CAMP IT IS OUR POLICY TO SERVE INDIVIDUALS AND FAMILIES REGARDLESS OF THEIR ABILITY TO PAY MANY OF THE PROGRAMS AT THE YMCA ARE DESIGNED TO ADDRESS BROAD HEALTH ISSUES THROUGHOUT THE COMMUNITY OUR LIVESTRONG AT THE YMCA INITIATIVE, FOR EXAMPLE, HELPS CANCER SURVIVORS BUILD STRENGTH AND STAMINA AFTER THEIR TREATMENT SO THEY CAN LEAD HEALTHY AND VIBRANT LIVES ONCE AGAIN THE YMCA'S DIABETES PREVENTION PROGRAM IS DESIGNED TO HELP AT-RISK ADULTS ADOPT AND MAINTAIN HEALTHY LIFESTYLES AND REDUCE THEIR CHANCES OF DEVELOPING TYPE-2 DIABETES Y ON THE MOVE PROGRAM ENGAGES YOUNG PEOPLE IN PHYSICAL FITNESS AND WELLNESS TO HELP COMBAT THE EPIDEMIC OF CHILDHOOD OBESITY ALL OF THESE PROGRAMS ARE OFFERED EITHER FREE OF CHARGE OR WITH SOME FINANCIAL ASSISTANCE TO PARTICIPANTS WE ALSO SEEK TO STRENGTHEN THE BONDS BETWEEN AND AMONG FAMILY MEMBERS MANY OF OUR BRANCHES OFFER FAMILY FITNESS ACTIVITIES AND EACH YEAR WE HOST HEALTHY FAMILY HOME WEEK DURING WHICH WE ENCOURAGE FAMILIES TO BRING FITNESS INTO THEIR HOMES AT OUR KENT COUNTY BRANCH, WE BUILT AN ACTIVE FAMILY CENTER WHERE CHILDREN AND PARENTS CAN PLAY TOGETHER WITH A FOCUS ON OUR COMMITMENT TO SOCIAL REPONSIBILITY, THE YMCA CONTINUES TO SERVE AS A COMMUNITY LEADER IN PUBLIC SAFETY PROGRAMS AND INITIATIVES AS THE PRIMARY PROVIDER OF AQUATICS TRAINING, INCLUDING LIFEGUARD PREPARATION, AS WELL AS FIRST AID/CPR, NUTRITION EDUCATION, AND FITNESS AND EXERCISE INSTRUCTION, THE YMCA IS AN ESSENTIAL RESOURCE IN KEEPING COMMUNITIES HEALTHY AND WELL AND PREVENTING INJURY AND OTHER DAMAGE PART OF OUR MISSION IS TO RAISE COMMUNITY AWARENESS OF HEALTH AND WELLNESS ISSUES WHILE ENCOURAGING THE PARTICIPATION OF AT-RISK POPULATIONS THROUGHOUT THE COURSE OF THE YEAR, THE YMCA OF GREATER PROVIDENCE HOLDS SEVERAL FREE EVENTS TO ENGAGE THE PUBLIC IN ACHIEVING THEIR OWN PERSONAL GOALS ON THE STATE LEVEL, THE YMCA OF GREATER PROVIDENCE WORKS TOGETHER WITH COMMUNITY PARTNERS TO EDUCATE THE PUBLIC ABOUT HEALTH-RELATED ISSUES AS PART OF OUR PIONEERING HEALTHY COMMUNITIES INITIATIVE COLLABORATING WITH THE RI DEPARTMENT OF HEALTH, DEPARTMENTS OF EDUCATION, LEADING HOSPITALS, AND HEALTHCARE PROVIDERS, THE YMCA STRIVES TO INCREASE ACCESS TO PUBLIC HEALTH RESOURCES AND HELP INDIVIDUALS FIND PROGRAMS AND SERVICES THAT MEET THEIR HEALTH AND WELLNESS NEEDS

4b (Code) (Expenses $ 7,258,820 including grants of $) (Revenue $ 5,767,972)

FOR YOUTH DEVELOPMENT - CHILDCARE AND CAMP PROGRAMSTHE YMCA OF GREATER PROVIDENCE IS COMMITTED TO NURTURING THE POTENTIAL OF EVERY CHILD AND TEEN WE BELIEVE THAT ALL KIDS DESERVE THE OPPORTUNITY TO DISCOVER WHO THEY ARE AND WHAT THEY CAN ACHIEVE FOR THAT REASON, WE HELP YOUNG PEOPLE CULTIVATE THE VALUES, SKILLS, AND RELATIONSHIPS THAT LEAD TO POSITIVE BEHAVIORS, BETTER HEALTH, AND EDUCATIONAL ACHIEVEMENT OUR YMCA PROGRAMS, LIKE CHAMPIONING OUR STUDENTS AND READING INTERVENTION AND ENRICHMENT, OFFER A RANGE OF EXPERIENCES THAT ADDRESS COGNITIVE, SOCIAL, PHYSICAL, AND EMOTIONAL GROWTH EXPENSES INCLUDE SUBSIDIES AND DIRECT FINANCIAL ASSISTANCE THAT MAKE PARTICIPATION POSSIBLE FOR MANY OF THE MORE THAN 5,000 CHILDREN WE ENGAGE Y CHILD CARE PROGRAMS STRENGTHEN THE FAMILY UNIT BY PROVIDING CONVENIENT, AFFORDABLE, ACCESSIBLE CHILD CARE FOR 2,415 CHILDREN THE YMCA'S HIGH QUALITY CHILD CARE PROGRAMS UTILIZE A WELL-DEVELOPED CURRICULUM WHICH IS DELIVERED BY PROFESSIONALLY TRAINED STAFF IN SAFE SURROUNDINGS CHILDREN ARE PROVIDED A STIMULATING ENVIRONMENT IN WHICH THEY CAN LEARN, DEVELOP HEALTHY LIFESTYLES, IMPROVE THEIR SOCIAL AND EMOTIONAL SKILLS, AND GROW TO THEIR FULLEST POTENTIAL CHILD CARE RUNS THE RANGE FROM INFANT AND PRESCHOOL DAY PROGRAMS TO BEFORE AND AFTER SCHOOL CARE FOR SCHOOL AGE AND MIDDLE SCHOOL AGE CHILDREN OUT OF SCHOOL TIME PROGRAMMING IS A CORNERSTONE TO THE SERVICES WE PROVIDE YOUNG PEOPLE, PARTICULARLY IN URBAN SETTINGS WHERE THERE IS A DEARTH OF LEARNING OPPORTUNITIES OUTSIDE OF THE PUBLIC SCHOOL CLASSROOM WITH A FOCUS ON OUR COMMITMENT TO SOCIAL RESPONSIBILITY, THE YMCA IS ABLE TO SUPPORT FAMILIES WHO MIGHT NOT OTHERWISE BE ABLE TO AFFORD CHILD CARE THROUGH A WIDE RANGE OF FUNDRAISING ACTIVITIES MANY OF OUR PARTICIPATING FAMILIES RECEIVE SOME FORM OF PUBLIC ASSISTANCE AND THE Y ITSELF OFFERS FINANCIAL ASSISTANCE AND SCHOLARSHIPS WE DON'T BELIEVE ANY CHILD SHOULD BE TURNED AWAY FROM QUALITY CHILD CARE Y DAY CAMP ALSO OFFERS A POSITIVE, EDUCATIONAL, AND SUPERVISED ALTERNATIVE FOR 2,525 CHILDREN AGES 3-15 DURING THE SUMMER YMCA CAMPS STRIVE TO CREATE A SAFE AND CARING COMMUNITY FOR ALL PARTICIPATING YOUTH ALL CHILDREN ARE WELCOMED AND ACCEPTED EVERY DAY OFFERS NEW EXPERIENCES, THE CHANCE TO DEVELOP NEW SKILLS AND THE OPPORTUNITY TO MAKE NEW FRIENDS THE YMCA OF GREATER PROVIDENCE OFFERS CAMPS WITH VARIED FOCUSES, SUCH AS NATURE, SPORTS, ART, THEATER, MUSIC, HORSEBACK, COMPUTER, GYMNASTICS, AND LEADERSHIP DEVELOPMENT ALL OF OUR PROGRAMS ARE DESIGNED TO ENCOURAGE GROUP PARTICIPATION, COOPERATION, BUILD SELF-CONFIDENCE AND ALLOW CHILDREN TO DEVELOP INDIVIDUAL INTERESTS CHILDREN RECEIVE A WELL-BALANCED EXPERIENCE, BY HAVING BOTH THEIR PHYSICAL AND EMOTIONAL NEEDS MET YMCA OF GREATER PROVIDENCE CAMPS ARE OPERATED BY EACH OF OUR BRANCHES IN RHODE ISLAND AND NEARBY MASSACHUSETTS AND ARE OPEN TO CHILDREN AGES 3 TO 17 MANY CAMPS OFFER EXTENDED-CARE OPTIONS, WHICH MAKE THEM A GREAT CHOICE FOR WORKING PARENTS OUR CAMP STAFF IS MADE UP OF INDIVIDUALS COMMITTED TO MAKING THE EXPERIENCE FUN, SAFE AND MEMORABLE OUR CAMP STAFF CONSISTS OF MANY YEAR-ROUND CHILD-CARE STAFF AND COLLEGE STUDENTS WITH PERTINENT CHILD-CARE EXPERIENCE AND/OR EDUCATION ALL YMCA OF GREATER PROVIDENCE CAMP STAFF MEMBERS ARE REQUIRED TO UNDERGO THOROUGH BACKGROUND CHECKS, WHICH INCLUDE PERSONAL AND PROFESSIONAL REFERENCE CHECKS, CRIMINAL BACKGROUND CHECKS AND CHILD ABUSE/NEGLECT AND/OR SEXUAL OFFENDER RECORD CHECKS THROUGH THE STATE THEY ARE EMPLOYED IN CAMP STAFF ARE ALSO FIRST AID AND CPR CERTIFIED, WITH OVER 40 HOURS OF TRAINING BEFORE THEY SERVE AT CAMP YMCA CAMPS ARE ACCREDITED BY THE AMERICAN CAMPING ASSOCIATION AND APPROVED BY THE RHODE ISLAND AND MASSACHUSETTS DEPARTMENTS OF HEALTH OUR CAMPS MEET OR EXCEED THE REQUIREMENTS OF THE NATIONAL YMCA AND THE AMERICAN CAMPING ASSOCIATION

4c (Code) (Expenses $ 1,386,524 including grants of $) (Revenue $ 1,325,189)

FOR YOUTH DEVELOPMENT - RESIDENT CAMPYMCA CAMP FULLER IS A TRADITIONAL CO-EDUCATIONAL SUMMER CAMP FOR BOYS AND GIRLS AGES 7-16 OUR LOCATION ON POINT JUDITH SALT POND IS IDEAL FOR WATER-BASED ACTIVITIES AS WELL AS MANY LAND ACTIVITIES EACH SUMMER, CAMPERS COME FROM AROUND THE WORLD TO EXPERIENCE LIFE AT CAMP FULLER THE CAMP SUPPORTS THE YMCA MISSION OF BUILDING A STRONG SPIRIT, MIND AND BODY BY FOSTERING THE CORE VALUES OF RESPECT, RESPONSIBILITY, HONESTY AND CARING THESE VALUES ARE PART OF EVERYDAY LIFE AT CAMP WHETHER LIVING IN A CABIN, PARTICIPATING IN PROGRAM AREAS, ENJOYING THE NATURAL ENVIRONMENT AT CAMP, OR PARTICIPATING IN CAMP-WIDE ACTIVITIES, OUR VALUES ARE ALWAYS APPARENT THROUGHOUT CAMP LIFE A WIDE VARIETY OF PROGRAMS AND SERVICES ARE AVAILABLE THROUGH THE CAMP ALL SUMMER LONG WITH ITS IDEAL COASTAL LOCATION, CAMP FULLER IS A LEADER IN DELIVERING SAILING INSTRUCTION AND CAMPERS ARE ENGAGED IN A HOST OF WATER-BASED ACTIVITIES AT THE SAME TIME, MORE TRADITIONAL CAMPING ACTIVITIES ARE AVAILABLE INCLUDING ARTS & CRAFTS AND LEADERSHIP DEVELOPMENT WITH A FOCUS ON OUR COMMITMENT TO SOCIAL RESPONSIBILITY, CAMP FULLER'S FUNDRAISING ACTIVITIES, MOSTLY FOCUSED ON GENEROUS ALUMNI WHO KNOW FIRSTHAND THE BENEFITS OF THE CAMP, SUPPORT FAMILIES WHO MIGHT NOT OTHERWISE BE ABLE TO AFFORD THE SUMMER CAMP EXPERIENCE SCHOLARSHIPS ALSO HELP ENSURE A DIVERSE MIX OF CAMPERS FROM A VARIETY OF SOCIOECONOMIC BACKGROUNDS CAMP FULLER PRIDES ITSELF ON A LONG-STANDING TRADITION OF CULTIVATING COMPETENT AND EXPERIENCED PEOPLE MANY OF OUR STAFF MEMBERS ARE FORMER CAMPERS WHO HAVE A DEEP APPRECIATION FOR CAMP AND WOULD LIKE TO SHARE THEIR EXPERIENCE AND LOVE FOR CAMP WITH THE CAMPERS WE HIRE STAFF FROM AROUND THE COUNTRY AND AROUND THE WORLD TO PROVIDE DIVERSITY AND A CHANCE FOR CULTURAL EXCHANGE A HEALTH DIRECTOR, FOOD SERVICE DIRECTOR, AND ON-SITE DIRECTOR PROVIDE LEADERSHIP, SUPERVISION, AND NECESSARY HEALTH AND SAFETY EXPERIENCE CAMPERS LIVE WITH THEIR COUNSELORS IN ONE OF FOUR DIVISIONS TWO FOR BOYS AND TWO FOR GIRLS THE DIVISION CONSISTS OF SEVEN TO NINE CABINS WITH TYPICALLY EIGHT CAMPERS AND TWO STAFF PER CABIN THE CABINS AND DIVISIONS ARE IMPORTANT FAMILY-LIKE STRUCTURES CAMP FULLER IS ACCREDITED BY THE AMERICAN CAMPING ASSOCIATION AND APPROVED BY THE RHODE ISLAND DEPARTMENTS OF HEALTH FULLER MEETS AND EXCEED THE REQUIREMENTS OF THE NATIONAL YMCA AND THE AMERICAN CAMPING ASSOCIATION

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

4e **Total program service expenses** ▶ $ 18,845,085

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (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? *If "Yes," complete Schedule C, Part 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? *If "Yes," complete Schedule C, Part II*	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? *If "Yes," complete Schedule C, Part III*	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? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	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, line10? *If "Yes," complete Schedule D, Part VI.*	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? *If "Yes," complete Schedule D, Part VII.*	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? *If "Yes," complete Schedule D, Part VIII.*	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? *If "Yes," complete Schedule D, Part IX.*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	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)? *If "Yes," complete Schedule D, Part X.*	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17	Yes	
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	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? *If "Yes," complete Schedule I, Parts I and II*	**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? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
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**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	**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)? *If "Yes," complete Schedule R, Part V, line 2* ☐ Yes ☑ No			
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	73		
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 Yes	
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	1,744		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b Yes	
	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 Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b Yes	
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	No
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?			9a	No
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b	No
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
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?			14a	No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*			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	1a	29		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	29		
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		No
	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 , RI

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

LYDIA SCHROTER
371 PINE ST
PROVIDENCE, RI 02903
(401) 427-1831

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) MARK SACCOCCIO VICE CHAIR	1 00	X		X				0	0	0
(2) MARIANNE PURSLEY VICE CHAIR	1 00	X		X				0	0	0
(3) PATRICIA A THOMPSON VICE CHAIR	1 00	X		X				0	0	0
(4) SANDRA W CHENG SECRETARY	1 00	X		X				0	0	0
(5) GEORGE F WARNER TREASURER	1 00	X		X				0	0	0
(6) DAVID P LOFTUS ASST TREASURER	1 00	X		X				0	0	0
(7) JOHN ACKERMANN BOARD MEMBER	1 00	X						0	0	0
(8) JAMES BERSON BOARD MEMBER	1 00	X						0	0	0
(9) RYAN BILODEAU BOARD MEMBER	1 00	X						0	0	0
(10) KAS DECARVALHO BOARD MEMBER	1 00	X						0	0	0
(11) KEVIN M FLYNN BOARD MEMBER	1 00	X						0	0	0
(12) PATRICIA M GERMANI BOARD MEMBER	1 00	X						0	0	0
(13) MARK J HASHWAY BOARD MEMBER	1 00	X						0	0	0
(14) CHRIS HURD BOARD MEMBER	1 00	X						0	0	0
(15) CHARLIE KROLL BOARD MEMBER	1 00	X						0	0	0
(16) ADAM J MACKSOUD 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) MARY MCCLURE CHAIR	1 00	X		X				0	0	0
(18) BRIAN O'MALLEY BOARD MEMBER	1 00	X						0	0	0
(19) STEPHEN ROBINSON BOARD MEMBER	1 00	X						0	0	0
(20) ADRIENNE SOUTHGATE BOARD MEMBER	1 00	X						0	0	0
(21) JOSEPH B WHITE BOARD MEMBER	1 00	X						0	0	0
(22) REV J ALLEN WILLIAMS BOARD MEMBER	1 00	X						0	0	0
(23) MARK GIM BOARD MEMBER	1 00	X						0	0	0
(24) FRAN FALSEY BOARD MEMBER	1 00	X						0	0	0
(25) JONATHAN GEIGER BOARD MEMBER	1 00	X						0	0	0
(26) HARVEY WHITLEY BOARD MEMBER	1 00	X						0	0	0
(27) AMY OBERG BOARD MEMBER	1 00	X						0	0	0
(28) JOSEPH SHAPIRO BOARD MEMBER/H&W INSTRUCTOR	11 00	X						2,434	0	0
(29) KAREN LESLIE PRESIDENT/CEO	40 00			X	X	X		178,979	0	25,399
(30) LYDIA SCHROTER VP & CFO	40 00			X		X		122,674	0	19,526
(31) MICHAEL FOURNIER CHIEF OPERATING OFFICER	40 00					X		137,694	0	13,643
(32) CARL BROWN VP INFORMATION TEC	40 00					X		106,337	0	19,801
(33) MARY GABLASKI VP HUMAN RESOURCES	40 00					X		104,892	0	11,099
(34) CYNTHIA MCDERMOTT VP STRATEGIC INITIATIVES	40 00					X		101,490	0	17,295
1b **Sub-Total** . . . . . ▶										
c **Total from continuation sheets to Part VII, Section A** . . . . ▶										
d **Total (add lines 1b and 1c)** . . . . . ▶								754,500	0	106,763

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 ▶ 6

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 0

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns . .	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations . . .	1d				
	e Government grants (contributions)	1e	992,190			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,681,674			
	g Noncash contributions included in lines 1a-1f $					
	h **Total.** Add lines 1a-1f . . . . . ▶		3,673,864			
Program Service Revenue		Business Code				
	2a MEMBER DUES	900099	9,712,490	9,712,490		
	b PROGRAM FEES-CHILD CAR	624410	7,093,161	7,093,161		
	c PROGRAM FEES AQUATICS,	713940	2,262,587	2,262,587		
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a–2f . . . . . ▶		19,068,238			
	3 Investment income (including dividends, interest and other similar amounts) . . . . . ▶		140,339			140,339
	4 Income from investment of tax-exempt bond proceeds . . ▶					
	5 Royalties . . . . . ▶					
		(i) Real	(ii) Personal			
	6a Gross Rents					
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss) . . . . . ▶					
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	2,656,016				
	b Less cost or other basis and sales expenses	2,702,492				
	c Gain or (loss)	-46,476				
	d Net gain or (loss) . . . . . ▶		-46,476			-46,476
Other Revenue	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . . a	195,495				
	b Less direct expenses . . . b	123,744				
	c Net income or (loss) from fundraising events . . ▶		71,751			71,751
	9a Gross income from gaming activities See Part IV, line 19 . a					
	b Less direct expenses . . . . . b					
	c Net income or (loss) from gaming activities . . ▶					
	10a Gross sales of inventory, less returns and allowances . a	40,358				
	b Less cost of goods sold . . b	22,754				
	c Net income or (loss) from sales of inventory . . ▶		17,604	17,604		
	Miscellaneous Revenue	Business Code				
	11a MISCELLANEOUS	900099	71,820			71,820
	b RENTAL INCOME	531190	48,774			48,774
	c VENDING MACHINES	900099	11,764			11,764
	d All other revenue		35,023			35,023
	e **Total.** Add lines 11a–11d . . . . . ▶		167,381			
	12 **Total revenue.** See Instructions . . . ▶		23,092,701	19,085,842	0	332,995

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
2 Grants and other assistance to individuals in the U S See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	349,012	2,434	346,578	
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	11,328,419	10,012,847	1,157,628	157,944
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	2,252,377	1,902,861	278,102	71,414
10 Payroll taxes				
a Fees for services (non-employees) Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services *See Part IV, line 17*	40,713			40,713
f Investment management fees	39,944		39,944	
g Other	67,650	1,500	66,150	
12 Advertising and promotion	436,304	137,471	255,017	43,816
13 Office expenses	1,439,811	679,794	745,199	14,818
14 Information technology				
15 Royalties				
16 Occupancy	2,247,651	2,131,197	116,454	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	189,468	93,062	95,293	1,113
20 Interest	192,761	159,844	32,917	
21 Payments to affiliates	213,567	207,876	5,691	
22 Depreciation, depletion, and amortization	1,374,589	1,233,335	141,254	
23 Insurance	350,671	320,216	30,455	
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 PROGRAM EXPENSES	1,498,723	1,419,293	70,390	9,040
b FOOD	335,610	335,499	70	41
c TRANSPORTATION	195,107	180,575	14,532	0
d MISCELLANEOUS	81,471	14,058	67,090	323
e ORGANIZATIONAL DUES	17,548	13,223	4,025	300
f All other expenses	128,850		128,850	
25 **Total functional expenses.** Add lines 1 through 24f	22,780,246	18,845,085	3,595,639	339,522
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		4,000	1	148,173
	2	Savings and temporary cash investments		1,202,775	2	2,362,652
	3	Pledges and grants receivable, net		3,503,816	3	3,234,253
	4	Accounts receivable, net		439,107	4	428,077
	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		348,601	9	358,632
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 38,393,231			
	b	Less accumulated depreciation	10b 19,448,349	16,579,299	10c	18,944,882
	11	Investments—publicly traded securities		5,875,855	11	5,114,916
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		1,898,943	15	2,098,028
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		29,852,396	16	32,689,613
Liabilities	17	Accounts payable and accrued expenses		1,378,444	17	1,179,516
	18	Grants payable			18	
	19	Deferred revenue		834,439	19	886,454
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties		4,593,590	23	6,332,694
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		118,833	25	395,329
	26	**Total liabilities.** Add lines 17 through 25		6,925,306	26	8,793,993
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		12,932,402	27	14,218,354
	28	Temporarily restricted net assets		8,107,095	28	7,588,687
	29	Permanently restricted net assets		1,887,593	29	2,088,579
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		22,927,090	33	23,895,620
	34	Total liabilities and net assets/fund balances		29,852,396	34	32,689,613

Part XI Reconcilliation 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	23,092,701
2	Total expenses (must equal Part IX, column (A), line 25)	2	22,780,246
3	Revenue less expenses Subtract line 2 from line 1	3	312,455
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	22,927,090
5	Other changes in net assets or fund balances (explain in Schedule O)	5	656,075
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	23,895,620

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

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
GREATER PROVIDENCE YMCA

Employer identification number
05-0258878

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 331/3% 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 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

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

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

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

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

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

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

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

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

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

Part II **Support Schedule for Organizations Described in 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 ")	5,192,152	2,301,434	5,560,857	3,013,850	3,745,615	19,813,908
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	5,192,152	2,301,434	5,560,857	3,013,850	3,745,615	19,813,908
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						19,813,908

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	5,192,152	2,301,434	5,560,857	3,013,850	3,745,615	19,813,908
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	303,831	375,816	197,367	133,556	139,588	1,150,158
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)	107,237	110,378	382,882	440,004	184,985	1,225,486
11 **Total support** (Add lines 7 through 10)						22,189,552

12	Gross receipts from related activities, etc (See instructions)	12	103,043,442

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	89 290 %
15	Public Support Percentage for 2009 Schedule A, Part II, line 14	15	90 720 %

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 III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
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						
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						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

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						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
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)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section501(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
16	Public support percentage from 2009 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

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

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

Additional Data

Software ID:
Software Version:
EIN: 05-0258878
Name: GREATER PROVIDENCE YMCA

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			
MARK SACCOCCIO VICE CHAIR	1 00	X		X				0	0	0
MARIANNE PURSLEY VICE CHAIR	1 00	X		X				0	0	0
PATRICIA A THOMPSON VICE CHAIR	1 00	X		X				0	0	0
SANDRA W CHENG SECRETARY	1 00	X		X				0	0	0
GEORGE F WARNER TREASURER	1 00	X		X				0	0	0
DAVID P LOFTUS ASST TREASURER	1 00	X		X				0	0	0
JOHN ACKERMANN BOARD MEMBER	1 00	X						0	0	0
JAMES BERSON BOARD MEMBER	1 00	X						0	0	0
RYAN BILODEAU BOARD MEMBER	1 00	X						0	0	0
KAS DECARVALHO BOARD MEMBER	1 00	X						0	0	0
KEVIN M FLYNN BOARD MEMBER	1 00	X						0	0	0
PATRICIA M GERMANI BOARD MEMBER	1 00	X						0	0	0
MARK J HASHWAY BOARD MEMBER	1 00	X						0	0	0
CHRIS HURD BOARD MEMBER	1 00	X						0	0	0
CHARLIE KROLL BOARD MEMBER	1 00	X						0	0	0
ADAM J MACKSOUD BOARD MEMBER	1 00	X						0	0	0
MARY MCCLURE CHAIR	1 00	X		X				0	0	0
BRIAN O'MALLEY BOARD MEMBER	1 00	X						0	0	0
STEPHEN ROBINSON BOARD MEMBER	1 00	X						0	0	0
ADRIENNE SOUTHGATE BOARD MEMBER	1 00	X						0	0	0
JOSEPH B WHITE BOARD MEMBER	1 00	X						0	0	0
REV J ALLEN WILLIAMS BOARD MEMBER	1 00	X						0	0	0
MARK GIM BOARD MEMBER	1 00	X						0	0	0
FRAN FALSEY BOARD MEMBER	1 00	X						0	0	0
JONATHAN GEIGER BOARD MEMBER	1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
HARVEY WHITLEY BOARD MEMBER	1 00	X						0	0	0
AMY OBERG BOARD MEMBER	1 00	X						0	0	0
JOSEPH SHAPIRO BOARD MEMBER/H&W INSTRUCTOR	11 00	X						2,434	0	0
KAREN LESLIE PRESIDENT/CEO	40 00			X	X	X		178,979	0	25,399
LYDIA SCHROTER VP & CFO	40 00			X		X		122,674	0	19,526
MICHAEL FOURNIER CHIEF OPERATING OFFICER	40 00					X		137,694	0	13,643
CARL BROWN VP INFORMATION TEC	40 00					X		106,337	0	19,801
MARY GABLASKI VP HUMAN RESOURCES	40 00					X		104,892	0	11,099
CYNTHIA MCDERMOTT VP STRATEGIC INITIATIVES	40 00					X		101,490	0	17,295

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
GREATER PROVIDENCE YMCA

Employer identification number
05-0258878

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	2d	

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

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

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

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

(ii) Assets included in Form 990, Part X ▶ $ _____

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

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

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

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

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

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

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

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

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

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

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

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

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	2,535,648	2,182,835	2,922,616		
b Contributions		607	5,085		
c Investment earnings or losses	296,919	491,212	-558,111		
d Grants or scholarships					
e Other expenditures for facilities and programs	112,000	116,000	160,134		
f Administrative expenses		23,006	26,621		
g End of year balance	2,720,567	2,535,648	2,182,835		

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

- a Board designated or quasi-endowment ▶ 95 350 %
- b Permanent endowment ▶ 0 %
- c Term endowment ▶ 4 650 %

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

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

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		1,448,021		1,448,021
b Buildings		27,389,778	12,249,812	15,139,966
c Leasehold improvements				
d Equipment		8,570,133	7,198,537	1,371,596
e Other		985,299		985,299
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				18,944,882

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

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

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

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

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

(a) Description	(b) Book value
(1) BENEFICIAL INTEREST IN PERPETUAL TRUST	2,088,578
(2) ASSETS HELD FOR RESALE	9,450
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	2,098,028

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
CAPITAL LEASES	395,329
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	395,329

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	23,092,701
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	22,780,246
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	312,455
4	Net unrealized gains (losses) on investments	4	455,089
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	200,986
9	Total adjustments (net) Add lines 4 - 8	9	656,075
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	968,530

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

1	Total revenue, gains, and other support per audited financial statements			1	23,708,832
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	455,089		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	200,986		
e	Add lines **2a** through **2d**			2e	656,075
3	Subtract line **2e** from line **1**			3	23,052,757
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	39,944		
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	39,944
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	23,092,701

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

1	Total expenses and losses per audited financial statements			1	22,740,302
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	22,740,302
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	39,944		
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	39,944
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	22,780,246

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	THE BOARD DESIGNATED PORTION OF THE ENDOWMENT FUNDS ARE TO BE USED FOR VARIOUS BRANCH AND CAMP OPERATIONS THE TEMPORARILY RESTRICTED PORTION OF THE FUNDS ARE TO BE USED TO BENEFIT ONE OF THE CAMPING PROGRAMS OPERATED BY THE ORGANIZATION
PART XI, LINE 8 - OTHER ADJUSTMENTS		UNREALIZED GAIN ON PERPETUAL TRUST
PART XII, LINE 2D - OTHER ADJUSTMENTS		GAIN ON BENEFICIAL INTEREST IN PERPETUAL TRUST 200,986

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
GREATER PROVIDENCE YMCA

Employer identification number
05-0258878

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

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

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

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☑ **Yes** ☐ **No**

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

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	**(iii)** No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
DONOR BY DESIGN GROUP LLP 724 NORTH ELIZABETH AVENUE FERGUSON, MO 63135	COUNSEL-DEVELOP FUNDRAISING STRATEGY		No	403,425	40,713	362,712
Total . . . . . ▶				403,425	40,713	362,712

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

RI, MA

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

		(a) Event #1 GALA-BAYSIDE (event type)	(b) Event #2 GOLF TOURNAMENT-NEWMAN (event type)	(c) Other Events 11 (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	78,035	60,770	56,690	195,495
	2 Less Charitable contributions				
	3 Gross income (line 1 minus line 2)	78,035	60,770	56,690	195,495
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Food and beverages	1,217			1,217
	8 Entertainment				
	9 Other direct expenses	48,498	34,742	39,287	122,527
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				123,744
	11 Net income summary Combine lines 3 and 10 in column (d) ▶				71,751

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

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

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

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

b If "No," Explain _____

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

b If "Yes," Explain _____

11 Does the organization operate gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in

a The organization's facility	**13a**	
b An outside facility	**13b**	

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ Yes ☐ No

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

c If "Yes," enter name and address

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ $

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

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

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

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
GREATER PROVIDENCE YMCA

Employer identification number
05-0258878

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☑ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☑ Compensation survey or study ☐ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment from the organization or a related organization?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use 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) KAREN LESLIE	(i)	178,979	0	0	15,120	10,279	204,378	0
	(ii)	0	0	0	0	0	0	0
(2) MICHAEL FOURNIER	(i)	137,694	0	0	11,200	2,443	151,337	0
	(ii)	0	0	0	0	0	0	0
(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 L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.**

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
GREATER PROVIDENCE YMCA

Employer identification number
05-0258878

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? To	From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	No	(f) Approved by board or committee? Yes	No	(g) Written agreement? 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) MARK SACCOCCIO	MEMBER OF BOARD OF DIRECTORS	55,711	ARCHITECTUAL SERVICES		No
(2) MARK HASHWAY	MEMBER OF BOARD OF DIRECTORS	2,337,781	CONSTRUCTION COSTS		No
(3) DAVID MONTI	FORMER MEMBER OF BOARD OF DIRECTORS	33,645	ADVERTISING SERVICES		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
GREATER PROVIDENCE YMCA

Employer identification number
05-0258878

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2		BOARD MEMBER MARK SACCOCCIO AND BOARD MEMBER MARK HASHWAY HAVE A BUSINESS RELATIONSHIP MARK SACCOCCIO'S FIRM PROVIDES ARCHITECTUAL SERVICES TO MARK HASHWAY'S CONSTRUCTION FIRM (THE BAILEY GROUP)

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		THE AUDIT COMMITTEE, WHICH IS A SUB-COMMITTEE OF THE BOARD OF DIRECTORS, REVIEWS THE 990 IN DETAIL AND PROVIDES A HIGH LEVEL REPORT TO THE BOARD OF DIRECTORS OR THEIR DESIGNEE PRIOR TO THE 990 BEING FILED A COPY OF THE 990 REPORT IS MADE AVAILABLE TO THE MEMBERS OF THE BOARD OF DIRECTORS UPON HIS/HER REQUEST

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	THE CONFLICT OF INTEREST POLICY IS BEING MONITORED ON A CASE BY CASE BASIS WHERE ANY MATERIAL TRANSACTION WITH THE RELATED PARTY IS PRESENTED TO THE BOARD FOR REVIEW AND APPROVAL ANNUALLY, KEY EMPLOYEES AND THE BOARD OF DIRECTORS ARE ASKED TO FILL OUT AND SIGN A CONFLICT OF INTEREST STATEMENT

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15A	A REVIEW OF OFFICER AND EXECUTIVE DIRECTOR COMPENSATION LIES WITH THE EXECUTIVE COMMITTEE ON AN ANNUAL BASIS, THE VP OF HUMAN RESOURCES SUBMITS A SALARY SURVEY THAT IS SHARED WITH THE EXECUTIVE COMMITTEE

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES THEIR GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON WRITTEN REQUEST

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 455,089 UNREALIZED GAIN ON PERPETUAL TRUST 200,986 TOTAL TO FORM 990, PART XI, LINE 5 656,075

Identifier	Return Reference	Explanation
	FORM 990, PART XII, LINE 2C	AUDIT OVERSIGHT THE AUDIT COMMITTEE OF THE BOARD OF DIRECTORS IS RESPONSIBLE FOR THE COMPLETE OVERSIGHT OF THE ANNUAL AUDIT OF FINANCIAL STATEMENTS

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Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

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

OMB No 1545-0172

2010

Attachment Sequence No **67**

Name(s) shown on return	Business or activity to which this form relates	**Identifying number**
GREATER PROVIDENCE YMCA	FORM 990 PAGE 10	05-0258878

Part I **Election To Expense Certain Property Under Section 179**

Note: *If you have any listed property, complete Part V before you complete Part I.*

1 Maximum amount See the instructions for a higher limit for certain businesses	**1**	500,000
2 Total cost of section 179 property placed in service (see instructions)	**2**	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	**3**	2,000,000
4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	**4**	
5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	**5**	

6	**(a)** Description of property	**(b)** Cost (business use only)	**(c)** Elected cost

7 Listed property Enter the amount from line 29	**7**		
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	**8**		
9 Tentative deduction Enter the **smaller** of line 5 or line 8	**9**		
10 Carryover of disallowed deduction from line 13 of your 2009 Form 4562	**10**		
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	**11**		
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	**12**		
13 Carryover of disallowed deduction to 2011 Add lines 9 and 10, less line 12 ▶	**13**		

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

Part II **Special Depreciation Allowance and Other Depreciation (Do not** include listed property **)** (See instructions)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	**14**	
15 Property subject to section 168(f)(1) election	**15**	
16 Other depreciation (including ACRS)	**16**	1,374,589

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

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2010	**17**	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B—Assets Placed in Service During 2010 Tax Year Using the General Depreciation System

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

Section C—Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System

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

Part IV **Summary** (see instructions)

21 Listed property Enter amount from line 28	**21**	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions	**22**	1,374,589
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	**23**	

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

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

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

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

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation/ deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)						**25**		
26 Property used more than 50% in a qualified business use								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1						**28**		
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1						**29**		

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person
If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

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

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

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

	Yes	**No**
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)		
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles		

Part VI **Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2010 tax year (see instructions)					
43 Amortization of costs that began before your 2010 tax year				**43**	
44 Total. Add amounts in column (f) See the instructions for where to report				**44**	