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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: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization VALLEY SHORE YMCA		D Employer identification number 06-0646979
	Doing Business As		E Telephone number (860) 399-9622
	Number and street (or P O box if mail is not delivered to street address) PO BOX 694	Room/suite	G Gross receipts \$ 3,566,173
	City or town, state or country, and ZIP + 4 WESTBROOK, CT 06498		
F Name and address of principal officer PAUL MOHABIR CEO C/O VALLEY SHORE YMCA WESTBROOK, CT 06498		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (Insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ WWW.VSYMCA.ORG			
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation 1917
			M State of legal domicile CT

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities PURPOSE AND MISSION - THE ARTICLES OF INCORPORATION FOR THE VALLEY-SHORE YMCA INC STATES THAT THE ASSOCIATION'S PURPOSE IS THE ORGANIZATION, DEVELOPMENT AND CONSERVATION OF YMCA ACTIVITIES AND TO PROMOTE THE SPIRITUAL, INTELLECTUAL, SOCIAL AND PHYSICAL WELFARE OF PEOPLE IN THE TOWNS OF WESTBROOK, OLD SAYBROOK, ESSEX, DEEP RIVER, CENTERBROOK, IVORYTON, LYME, OLD LYME, MADISON, CLINTON, KILLINGWORTH AND CHESTER, CONNECTICUT THE ASSOCIATION'S MISSION IS TO FUNCTION AS A HUMAN SERVICE ASSOCIATION, NATIONALLY AFFILIATED AND WORLDWIDE IN SCOPE, SERVING INDIVIDUALS AND FAMILIES IN THE SHORELINE AREA OF CONNECTICUT CHRISTIAN IN ITS HERITAGE, THE YMCA IS ECUMENICAL IN ITS DELIVERY OF SERVICES AND IN ITS MEMBERSHIP THE VALLEY-SHORE YMCA ASSISTS PEOPLE IN LEARNING CHARACTER-BUILDING SKILLS, I E RESPONSIBILITY, RESPECT, HONESTY, AND CARING THAT WILL ENRICH THEIR LIVES, HELP THEM TO GROW AND TO REALIZE THEIR FULL POTENTIAL, AND TO LEAD THEM TO INTER-RACIAL, INTER-FAITH, INTERNATIONAL AND INTER			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets			
	3	Number of voting members of the governing body (Part VI, line 1a)	32	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	30	
	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	151	
	6	Total number of volunteers (estimate if necessary)	576	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0	
7b	Net unrelated business taxable income from Form 990-T, line 34			
Revenue	8	Contributions and grants (Part VIII, line 1h)	291,984	283,478
	9	Program service revenue (Part VIII, line 2g)	3,252,886	3,229,979
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-37,199	2,181
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	48,399	13,571
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,556,070	3,529,209
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	
14		Benefits paid to or for members (Part IX, column (A), line 4)		0
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,006,373	1,918,061
16a		Professional fundraising fees (Part IX, column (A), line 11e)		0
b		Total fundraising expenses (Part IX, column (D), line 25) ▶ 79,849		
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,606,960	1,671,684
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	3,613,333	3,589,745	
19	Revenue less expenses Subtract line 18 from line 12	-57,263	-60,536	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	4,387,114	4,259,440
	21	Total liabilities (Part X, line 26)	2,292,348	2,220,553
	22	Net assets or fund balances Subtract line 21 from line 20	2,094,766	2,038,887

Part II Signature Block

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

Sign Here	***** Signature of officer	2011-06-06 Date			
	PAUL MOHABIR CEO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name MICHAEL A SOKOLOWSKI	Preparer's signature MICHAEL A SOKOLOWSKI	Date 2011-06-06	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name ▶ GUILMARTIN DIPIRO & SOKOLOWSKI LLC				Firm's EIN ▶
	Firm's address ▶ 213 COURT ST SUITE 703 MIDDLETOWN, CT 064573367				Phone no ▶ (860) 347-5689

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

PURPOSE AND MISSION - THE ARTICLES OF INCORPORATION FOR THE VALLEY-SHORE YMCA INC STATES THAT THE ASSOCIATION'S PURPOSE IS THE ORGANIZATION, DEVELOPMENT AND CONSERVATION OF YMCA ACTIVITIES AND TO PROMOTE THE SPIRITUAL, INTELLECTUAL, SOCIAL AND PHYSICAL WELFARE OF PEOPLE IN THE TOWNS OF WESTBROOK, OLD SAYBROOK, ESSEX, DEEP RIVER, CENTERBROOK, IVORYTON, LYME, OLD LYME, MADISON, CLINTON, KILLINGWORTH AND CHESTER, CONNECTICUT THE ASSOCIATION'S MISSION IS TO FUNCTION AS A HUMAN SERVICE ASSOCIATION, NATIONALLY AFFILIATED AND WORLDWIDE IN SCOPE, SERVING INDIVIDUALS AND FAMILIES IN THE SHORELINE AREA OF CONNECTICUT CHRISTIAN IN ITS HERITAGE, THE YMCA IS ECUMENICAL IN ITS DELIVERY OF SERVICES AND IN ITS MEMBERSHIP THE VALLEY-SHORE YMCA ASSISTS PEOPLE IN LEARNING CHARACTER-BUILDING SKILLS, I E RESPONSIBILITY, RESPECT, HONESTY, AND CARING THAT WILL ENRICH THEIR LIVES, HELP THEM TO GROW AND TO REALIZE THEIR FULL POTENTIAL, AND TO LEAD THEM TO INTER-RACIAL, INTER-FAITH, INTERNATIONAL AND INTER

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses \$ 2,186,563 including grants of \$) (Revenue \$ 1,259,784)

BUILDING HEALTHY COMMUNITIES - MEMBERSHIP, HEALTH & WELL-BEING, AQUATICS - OUR YMCA PROGRAMS, FEE-BASED OR FREE TO OUR MEMBERS, ENHANCE THE WELL-BEING OF ALL WHO PARTICIPATE HEALTH SEEKERS OF ALL AGES CAN ENJOY THE GYMNASIUM, RACQUETBALL COURT HEALTH AND WELLNESS CENTER AND POOLS AND FIND THE SUPPORT THEY NEED TO IMPROVE THEIR QUALITY OF LIFE THE NEGATIVE EFFECTS OF OBESITY, A HEALTH CRISIS IN OUR COUNTRY AND OUR SHORELINE COMMUNITY SERVED BY THE VALLEY-SHORE YMCA, WILL BEGIN TO IMPROVE BY PROVIDING THE COMMUNITY LIFESTYLE CHANGES WITH PROGRAMS THAT PROMOTE EXERCISE AND GOOD NUTRITION (SEE SCHEDULE O) BOTH LAND AND WATER CLASSES ARE AVAILABLE ON A DAILY BASIS PROGRAMS INCLUDE SWIMMING, ARTHRITIS EXERCISE CLASSES, PILATES, INDOOR CYCLE AND WALKSPORT A VARIETY OF CARDIOVASCULAR, STRENGTH TRAINING, BALANCE AND STRETCH PROGRAMS ARE DESIGNED FOR MEMBERS FROM AGE 13 TO SENIORS THE YMCA OFFERS REHABILITATIVE PROGRAMS FOR MEMBERS WHO SUFFER FROM ARTHRITIS, AND OTHER MANAGED PROGRAMS FOR THOSE WITH FITNESS CHALLENGES BLOOD PRESSURE SCREENING, BODY FAT ANALYSIS AND FITNESS ASSESSMENTS ARE ALSO AVAILABLE IN ADDITION, THE VALLEY-SHORE YMCA IS A HOST SITE FOR THE WEIGHT WATCHERS PROGRAM SWIMMING AND WATER SAFETY PROGRAMS FOR CHILDREN TO ADULTS PROMOTES GOOD HEALTH THROUGH REGULAR EXERCISE THE VALLEY-SHORE YMCA OFFERS CLASSES FOR PEOPLE WITH MEDICAL RESTRICTIONS THAT IMPROVE JOINT FLEXIBILITY AND RANGE OF MOTION THE YMCA ALSO PROMOTES GOOD HEALTH AND TEAMWORK WITH YOUTH AND MASTERS SWIM TEAMS OUR PORPOISE CLUB ENHANCES LEARNED SWIMMING SKILLS WHILE PROMOTING LEADERSHIP AND RESPONSIBILITY PARTICIPANTS ARE ALSO INTRODUCED TO OTHER ASPECTS OF AQUATICS, SUCH AS SAFETY AND LIFESAVING SKILLS, A COMMUNITY LEADER IN THEIR AREA WE ARE ALSO THE LEADER IN PROVIDING AN ACTIVATE AMERICA FIT KIDS SWIM PROGRAM TO THE 1ST GRADE STUDENTS IN THE TOWN OF WESTBROOK

4b (Code) (Expenses \$ 956,516 including grants of \$) (Revenue \$ 465,948)

CHILD CARE & YOUTH & FAMILY - THE VALLEY-SHORE YMCA OFFERS PRE-SCHOOL AND CHILDCARE PROGRAMS FOR CHILDREN 3 YEARS TO 12 YEARS OLD THE PROGRAMS TOGETHER HAVE OVER 450 CHILDREN ENROLLED AT BOTH THE MAIN FACILITY AND IN 7 OFF-SITE SCHOOL LOCATIONS FOR AFTER-SCHOOL PROGRAMS THE VALLEY-SHORE YMCA HAS BEEN A LEADER IN PROVIDING QUALITY DAY CARE IN THE SHORELINE AREA FOR TWENTY-FIVE YEARS OUR MISSION IS TO HELP MAINTAIN STRONG FAMILIES THROUGH QUALITY CHILDCARE THAT HELPS CHILDREN DEVELOP POSITIVE BEHAVIOR, SELF-ESTEEM AND LEADERSHIP QUALITIES IN ADDITION TO OUR CHILD CARE, THE VALLEY-SHORE YMCA HAS OPERATED SUMMER DAY CAMPS IN THE VALLEY-SHORE COMMUNITY FOR OVER 90 YEARS THE YMCA BELIEVES THAT CAMPING CONTRIBUTES SIGNIFICANTLY TO THE (SEE SCHEDULE O) HEALTHY GROWTH OF CHILDREN IT PROVIDES CREATIVE EXPERIENCES USING THE MEDIUM OF THE OUTDOOR ENVIRONMENT TO PROMOTE SPIRITUAL AWARENESS, MENTAL DEVELOPMENT, PHYSICAL WELL-BEING, SOCIAL GROWTH, AND A RESPECT FOR THE ENVIRONMENT A MAJORITY OF OUR CAMPERS COME FROM SINGLE PARENT OR DUAL WORKING PARENT HOMES DAY CAMP HAS BECOME A PRIMARY SUBSTITUTE FOR CHILDCARE DURING THE SUMMER WE OFFER AN EXTENDED CAMP DAY (7 00 - 9 00 AM AND 4 00 P M - 5 30 P M) FOR WORKING PARENTS THAT NEED IT THE CAMP SERVES CHILDREN AGES 3 THROUGH AGE 15, AND IN ADDITION, INCORPORATES MENTALLY AND PHYSICALLY CHALLENGED CAMPERS ON THE 26-ACRES OF PROPERTY AT THE MAIN FACILITY IN WESTBROOK, CT AND ON THE CAMPUS OF THE COUNTRY SCHOOL IN MADISON, CT MORE THAN 30 YOUNG TEENS ARE INVOLVED IN THE CAMP'S COUNSELOR IN TRAINING PROGRAM DURING THE SUMMER MONTHS APPROXIMATELY 800 CAMPERS ARE REGISTERED AND ATTEND THE SUMMER CAMP PROGRAM CAMP SCHOLARSHIPS ARE PROVIDED TO FAMILIES JUST STRUGGLING TO MAKE ENDS MEET THESE CHILDREN HAVE THE OPPORTUNITY TO SPEND THEIR ONLY VACATION FROM SCHOOL SURROUNDED BY WHOLESOME VALUES, NEW FRIENDS, AN ENRICHING ENVIRONMENT AND CARING ADULT LEADERSHIP IN 2010, FINANCIAL ASSISTANCE OF 10,384 WAS PROVIDED TO 70 FAMILIES WITH CHILDREN IN THE CAMPING PROGRAM FINANCIAL ASSISTANCE FOR OUR CHILDCARE AND PRE-SCHOOL PROGRAMS HELPS SINGLE PARENT FAMILIES AND FAMILIES WITH LOW INCOME REMAIN ACTIVELY EMPLOYED IN 2010, THE YMCA PROVIDED 19,551 IN ASSISTANCE FOR 47 CHILDREN WHO QUALIFIED FOR FINANCIAL ASSISTANCE STARTING IN SEPT OF 2009 THE VALLEY-SHORE YMCA PROVIDED CARE FOR OVER 20 CHILDREN BETWEEN THE AGES OF 3 AND 12 YEARS OLD DURING THE ADULT EDUCATION PROGRAM HELD AT JOEL SCHOOL IN CLINTON CT THIS PROGRAM WAS OFFERED TO PARENTS FREE OF CHARGE WHILE THEY ATTENDED EDUCATIONAL PROGRAMS TO BETTER THEIR STANDARD OF LIFE IN ADDITION, OUR YMCA PROVIDES A VARIETY OF PROGRAMS TO ADDRESS THE NEEDS OF VERY YOUNG CHILDREN INCLUDING PARENT/CHILD CLASSES THAT BEGIN THE DEVELOPMENT OF SOCIAL SKILLS THAT ARE NECESSARY FOR THE CHILD TO BE COMFORTABLE IN ATTENDING PROGRAMS ON THEIR OWN AS THEY GROW THE YOUTH & FAMILY AREA ENCOMPASSES FAMILY ACTIVITIES, YOUTH ENRICHMENT & SPORTS, SUMMER CAMPS, TEEN PROGRAMS, AND YOUTH SPECIAL EVENTS IN 2010, WE REACHED OVER 6,400 YOUTH AND FAMILY MEMBERS WITH THE YMCA'S PROGRAM OFFERING FAMILY ACTIVITIES ARE DESIGNED TO PROVIDE CHILDREN AND THEIR PARENTS WITH ACTIVITIES THAT FOSTER UNDERSTANDING, COMPANIONSHIP AND HEALTHY LIFESTYLES THE VALLEY-SHORE YMCA ALSO CELEBRATES INTERNATIONAL FAMILY NIGHT WITH EVENTS TO BRING FAMILIES TOGETHER FOR ACTIVITIES THAT SUPPORT DIVERSITY, HEALTHY CHILDREN AND FAMILIES OUR YOUTH SPORTS PROGRAMS INCLUDE INDOOR AND OUTDOOR TENNIS LESSONS, AN INSTRUCTIONAL, YEAR ROUND SOCCER PROGRAM, A GYMNASTICS AND DANCE PROGRAM, AND OUR YOUTH & BUDDY BASKETBALL PROGRAM ARCHERY, KINDERSPORTS, WRESTLING, FLOOR HOCKEY AND T-BALL ROUND OUT THE BALANCE OF OUR SPORT OFFERINGS AT THE YMCA SPORTSMANSHIP, AND RESPECT FOR TEAMMATES & OTHER PLAYERS ARE INSTILLED IN OVER 1500 CHILDREN WHO PARTICIPATE IN YOUTH SPORTS THROUGHOUT THE YEAR AT THE VALLEY-SHORE YMCA IN 2010, THE VALLEY-SHORE YMCA CONTINUED A COMPREHENSIVE ARTS & HUMANITIES PROGRAM OFFERING DANCE AND MUSIC CLASSES SUCH AS HIP-HOP, BALLET, AND JAZZ ALONG WITH PIANO, GUITAR AND DRUM LESSONS OVER 40 ACTS, INCLUDING YOUTH, TEENS, ADULTS AND SENIORS PARTICIPATED IN THE VALLEY-SHORE YARTS SHOWCASE HELD AT VALLEY REGIONAL HIGH SCHOOL IN DEEP RIVER, CT WE CONTINUE TO OFFER MORE YOUTH ENRICHMENT PROGRAMS AS WE REACH OUT TO OUR 12-TOWN SERVICES AREA OUR GOALS AT THE VALLEY-SHORE YMCA HAVE US HOSTING OTHER YMCA ACTIVITIES IN DEEP RIVER/ESSEX AND THE CLINTON/KILLINGWORTH AREAS AS WE REACH OUT TO MORE COMMUNITIES IN OUR SERVICE AREA IN 2009, WE HOSTED SEVERAL AFTER SCHOOL ENRICHMENT PROGRAMS IN THESE SERVICE AREAS INCLUDING THEATER PROGRAM AT THE DEEP RIVER ELEMENTARY SCHOOL AND A SPORTS PROGRAM IN CHESTER ELEMENTARY SCHOOL TEENS ARE A HUGE PART OF THE VALLEY-SHORE YMCA AS WELL EVERY FRIDAY EVENING THROUGHOUT THE YEAR THE YMCA OPENS THEIR DOORS FOR KIDS NIGHT OUT FROM 7 00-9 30 PM TEENS CAN SWIM, PLAY BASKETBALL, SHOOT POOL, LISTEN AND DANCE TO MUSIC AND PARTICIPATE IN SPECIAL EVENTS IN A SUPERVISED ENVIRONMENT AN AVERAGE OF OVER 100 TEENS PER WEEK ATTEND EACH FRIDAY YOUTH SPECIAL EVENTS ARE ALSO HELD THROUGHOUT THE YEAR THE YMCA'S HEALTHY KIDS DAY WILL ATTRACT OVER 1,600 PARTICIPANTS FROM THE COMMUNITY OFFERING A VARIETY OF ACTIVE, HEALTHY EVENTS AND INFORMATIONAL SESSIONS THE SHORELINE KIDS TRIATHLON, WHICH WILL CHALLENGE CLOSE TO 100 YOUTH AGES 7 TO 14 YEARS OLD TO A SWIMMING, BIKING AND RUNNING RACE AGAINST THE CLOCK ALSO A MAJOR LEAGUE BASEBALL PITCH, HIT & RUN CONTEST THAT WILL BE HELD THIS YEAR IN OLD LYME (PART OF OUR SERVICE AREA) THE PROGRAM WILL GIVE YOUTH AGES 14 AND UNDER, THE CHANCE TO SHOWCASE THEIR BASEBALL ABILITIES OFTEN OUR YOUTH SPECIAL EVENTS ARE HELD FREE OF CHARGE AND OPEN TO ALL SURROUNDING COMMUNITIES

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

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

4e Total program service expenses \$ 3,143,079

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i>	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i>		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i>		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i>		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>		No
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i>		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i>		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV.</i>		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? <i>If "Yes," complete Schedule F, Parts II and IV.</i>		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S? <i>If "Yes," complete Schedule F, Parts III and IV.</i>		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions).</i>		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>		No
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>		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)		

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question ID, question text, and Yes/No columns. Rows include questions 1a-1b, 2a-2b, 3a-3b, 4a-4b, 5a-5c, 6a-6b, 7a-7h, 8, 9a-9b, 10a-10b, 11a-11b, 12a-12b, 13a-13c, and 14a-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 32		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 30		
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?		No
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?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Does the organization have members or stockholders?		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	Yes	
b	Each committee with authority to act on behalf of the governing body?	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		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?		No
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?		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	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	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	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	Yes	
13	Does the organization have a written whistleblower policy?	Yes	
14	Does the organization have a written document retention and destruction policy?	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	Yes	
b	Other officers or key employees of the organization		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?		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?		

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed <input checked="" type="checkbox"/> CT
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization <input checked="" type="checkbox"/> PAUL MOHABIR PO BOX 694 WESTBROOK, CT 06498 (860) 399-9622

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) THOMAS FERREIRA PRESIDENT	5 00	X		X				0	0	0
(2) JEANNE BREEN 2ND VICE PRE	5 00	X		X				0	0	0
(3) JOHN DUHIG SECRETARY	3 00	X		X				0	0	0
(4) NOEL BISHOP DIRECTOR	2 00	X						0	0	0
(5) EDWARD M CASSELLA DIRECTOR	2 00	X						0	0	0
(6) PIERRE BOULANGER DIRECTOR	2 00	X						0	0	0
(7) JULIA HUTCHINSON DIRECTOR	1 00	X						0	0	0
(8) KEVIN COWAN DIRECTOR	1 00	X						0	0	0
(9) EILEEN DAILY DIRECTOR	1 00	X						0	0	0
(10) EMERSON EGBERT DIRECTOR	1 00	X						0	0	0
(11) MARK FERRIS DIRECTOR	1 00	X						0	0	0
(12) LEONARD GOLDBERG 3RD VICE PRE	3 00	X						0	0	0
(13) BARBARA HOFFMAN DIRECTOR	1 00	X						0	0	0
(14) GLENN JETTE DIRECTOR	1 00	X						0	0	0
(15) KATHLEEN LAUNDY DIRECTOR	5 00	X						0	0	0
(16) LEIGHTON LEE IV DIRECTOR	2 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) THOMAS LINDNER DIRECTOR	2.00	X					0	0	0	
(18) LISA LEMONTE DIRECTOR	2.00	X					0	0	0	
(19) LAURA MARTINO DIRECTOR	3.00	X					0	0	0	
(20) MELISSA OZOLS DIRECTOR	1.00	X					0	0	0	
(21) STANLEY PRYMAS DIRECTOR	5.00	X					0	0	0	
(22) IRVING SCHLOSS DIRECTOR	1.00	X					0	0	0	
(23) JAMES FIELD SPALLONE DIRECTOR	1.00	X					0	0	0	
(24) MARGARET STRANGE DIRECTOR	5.00	X					0	0	0	
(25) RICHARD STEBBINS DIRECTOR	1.00	X					0	0	0	
(26) ART LINARES DIRECTOR	1.00	X					0	0	0	
(27) ANNIE WILDER DIRECTOR	1.00	X					0	0	0	
(28) DAVID WINSTEAD DIRECTOR	5.00	X					0	0	0	
(29) ROBERT BRADY DIRECTOR	5.00	X					0	0	0	
(30) THOMAS M NONIEWICZ DIRECTOR	1.00	X					0	0	0	
(31) PAUL MOHABIR CEO	45.00			X			159,632	0	16,530	
(32) JAMES GARLAND CFO	5.00			X			12,694	0	0	
(33) HENRY MCINERNEY DIRECTOR	1.00			X			0	0	0	
(34) DAVID M BROWN 1ST VP/TREAS	5.00			X			0	0	0	
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							172,326		16,530	

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

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

		(A)	(B)	(C)	(D)	
		Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a Federated campaigns 1a					
	b Membership dues 1b					
	c Fundraising events 1c					
	d Related organizations 1d					
	e Government grants (contributions) 1e					
	f All other contributions, gifts, grants, and similar amounts not included above 1f	283,478				
	g Noncash contributions included in lines 1a-1f \$					
	h Total. Add lines 1a-1f		283,478			
	Program Service Revenue	2a PROGRAM FEES	624110	1,706,167	1,706,167	
b MEMBERSHIP FEES		713940	1,504,247	1,504,247		
c RENTAL INCOME		721310	19,565	19,565		
d _____						
e _____						
f All other program service revenue						
g Total. Add lines 2a-2f			3,229,979			
Other Revenue		3 Investment income (including dividends, interest and other similar amounts)		2,181		2,181
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross Rents	(i) Real				
		(ii) Personal				
		b Less rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less cost or other basis and sales expenses				
		c Gain or (loss)				
	d Net gain or (loss)					
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 a		50,535			
b Less direct expenses b		36,964				
c Net income or (loss) from fundraising events			13,571			
9a Gross income from gaming activities See Part IV, line 19 a						
	b Less direct expenses b					
	c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances a						
	b Less cost of goods sold b					
	c Net income or (loss) from sales of inventory					
11a Miscellaneous Revenue	Business Code					
	b _____					
	c _____					
	d All other revenue					
	e Total. Add lines 11a-11d					
	12 Total revenue. See Instructions		3,529,209	3,229,979	2,181	

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	172,226	153,281	13,779	5,166
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	1,455,437	1,294,632	114,142	46,663
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	169,398	137,365	27,504	4,529
10	Payroll taxes	121,000	101,508	17,358	2,134
a	Fees for services (non-employees)				
	Management				
b	Legal	1,357		1,357	
c	Accounting	16,350		16,350	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other	12,171	10,881	918	372
12	Advertising and promotion	17,167	17,167		
13	Office expenses	27,915	5,572	22,093	250
14	Information technology				
15	Royalties				
16	Occupancy	348,661	335,699	11,633	1,329
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	29,369	4,267	23,638	1,464
20	Interest	116,795	114,810	1,518	467
21	Payments to affiliates	58,639	57,642	762	235
22	Depreciation, depletion, and amortization	237,429	233,392	3,087	950
23	Insurance	39,801	39,125	517	159
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	REPAIRS & MAINTENANCE	286,759	281,884	3,728	1,147
b	PROGRAM CONTRACT	116,001	33,526	82,475	
c	SCHOLARSHIPS FOR PRG MEMB	115,111	115,111		
d	PROGRAM SUPPLIES & EXPENS	74,195	72,078	42	2,075
e	PROCESSING FEES	71,000	60,350	3,550	7,100
f	All other expenses	102,964	74,789	22,366	5,809
25	Total functional expenses. Add lines 1 through 24f	3,589,745	3,143,079	366,817	79,849
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	36,884	1	18,655
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	119,415
	4 Accounts receivable, net	224,126	4	74,724
	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	376	8	395
	9 Prepaid expenses and deferred charges	20,965	9	34,142
	10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	6,910,547		
	10b Less accumulated depreciation	2,970,264	10c	3,940,283
	11 Investments—publicly traded securities	56,050	11	62,888
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	16,650	15	8,938
16 Total assets. Add lines 1 through 15 (must equal line 34)	4,387,114	16	4,259,440	
Liabilities	17 Accounts payable and accrued expenses	212,908	17	202,641
	18 Grants payable		18	
	19 Deferred revenue	256,298	19	200,372
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	1,823,142	23	1,817,540
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	2,292,348	26	2,220,553
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	2,094,766	27	2,038,887
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	2,094,766	33	2,038,887	
34 Total liabilities and net assets/fund balances	4,387,114	34	4,259,440	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,529,209
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,589,745
3	Revenue less expenses Subtract line 2 from line 1	3	-60,536
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,094,766
5	Other changes in net assets or fund balances (explain in Schedule O)	5	4,657
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	2,038,887

Part XII Financial Statements and Reporting

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

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

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2010

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization
VALLEY SHORE YMCA

Employer identification number

06-0646979

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

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

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

- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?
 - (ii) a family member of a person described in (i) above?
 - (iii) a 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
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?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	

13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** **Section C. Computation of Public Support Percentage**

14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2009 Schedule A, Part II, line 14	15	

16a 33 1/3% support test—2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization **b 33 1/3% support test—2009.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization **17a 10%-facts-and-circumstances test—2010.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization **b 10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization **18 Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions

Part 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.")	493,224	366,386	403,821	403,821	283,478	1,950,730
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	2,736,693	3,362,671	3,395,354	3,252,886	3,280,514	16,028,118
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	3,229,917	3,729,057	3,799,175	3,656,707	3,563,992	17,978,848
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	38,336	42,914	52,755	203,100		337,105
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b	38,336	42,914	52,755	203,100		337,105
8 Public Support (Subtract line 7c from line 6)						17,641,743

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	3,229,917	3,729,057	3,799,175	3,656,707	3,563,992	17,978,848
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,917	5,903	2,879	1,911	2,181	16,791
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	3,917	5,903	2,879	1,911	2,181	16,791
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)		4,704	14,034	22,088		40,826
13 Total support (Add lines 9, 10c, 11 and 12)	3,233,834	3,739,664	3,816,088	3,680,706	3,566,173	18,036,465
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	97.810 %
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	97.900 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	0 %
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

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Additional Data

Software ID:
Software Version:
EIN: 06-0646979
Name: VALLEY SHORE 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			
THOMAS FERREIRA PRESIDENT	5 00	X		X				0	0	0
JEANNE BREEN 2ND VICE PRE	5 00	X		X				0	0	0
JOHN DUHIG SECRETARY	3 00	X		X				0	0	0
NOEL BISHOP DIRECTOR	2 00	X						0	0	0
EDWARD M CASSELLA DIRECTOR	2 00	X						0	0	0
PIERRE BOULANGER DIRECTOR	2 00	X						0	0	0
JULIA HUTCHINSON DIRECTOR	1 00	X						0	0	0
KEVIN COWAN DIRECTOR	1 00	X						0	0	0
EILEEN DAILY DIRECTOR	1 00	X						0	0	0
EMERSON EGBERT DIRECTOR	1 00	X						0	0	0
MARK FERRIS DIRECTOR	1 00	X						0	0	0
LEONARD GOLDBERG 3RD VICE PRE	3 00	X						0	0	0
BARBARA HOFFMAN DIRECTOR	1 00	X						0	0	0
GLENN JETTE DIRECTOR	1 00	X						0	0	0
KATHLEEN LAUNDY DIRECTOR	5 00	X						0	0	0
LEIGHTON LEE IV DIRECTOR	2 00	X						0	0	0
THOMAS LINDNER DIRECTOR	2 00	X						0	0	0
LISA LEMONTE DIRECTOR	2 00	X						0	0	0
LAURA MARTINO DIRECTOR	3 00	X						0	0	0
MELISSA OZOLS DIRECTOR	1 00	X						0	0	0
STANLEY PRYMAS DIRECTOR	5 00	X						0	0	0
IRVING SCHLOSS DIRECTOR	1 00	X						0	0	0
JAMES FIELD SPALLONE DIRECTOR	1 00	X						0	0	0
MARGARET STRANGE DIRECTOR	5 00	X						0	0	0
RICHARD STEBBINS DIRECTOR	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			
ART LINARES DIRECTOR	1 00	X						0	0	0
ANNIE WILDER DIRECTOR	1 00	X						0	0	0
DAVID WINSTEAD DIRECTOR	5 00	X						0	0	0
ROBERT BRADY DIRECTOR	5 00	X						0	0	0
THOMAS M NONIEWICZ DIRECTOR	1 00	X						0	0	0
PAUL MOHABIR CEO	45 00			X				159,632	0	16,530
JAMES GARLAND CFO	5 00			X				12,694	0	0
HENRY MCINERNEY DIRECTOR	1 00			X				0	0	0
DAVID M BROWN 1ST VP/TREAS	5 00			X				0	0	0

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2010

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

Name of the organization VALLEY SHORE YMCA

Employer identification number 06-0646979

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), 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?
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?

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, Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure.

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

Table with 2 columns: Description, Held at the End of the Year. Rows 2a-2d: Total number of conservation easements, Total acreage restricted by conservation easements, Number of conservation easements on a certified historic structure included in (a), Number of conservation easements included in (c) acquired after 8/17/06.

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
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)?
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
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

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

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

- a** Board designated or quasi-endowment
- b** Permanent endowment
- c** Term endowment

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

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

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

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

Description of investment	(a) Cost or other basis (Investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		70,000		70,000
b Buildings		6,164,187	2,554,686	3,609,501
c Leasehold improvements				
d Equipment		628,392	408,116	220,276
e Other		47,968	7,462	40,506
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				3,940,283

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	3,529,209
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	3,589,745
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-60,536
4	Net unrealized gains (losses) on investments	4	4,657
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	4,657
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-55,879

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	3,418,755
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	4,657
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	-115,111
e	Add lines 2a through 2d	2e	-110,454
3	Subtract line 2e from line 1	3	3,529,209
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c . (This should equal Form 990, Part I, line 12)	5	3,529,209

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

1	Total expenses and losses per audited financial statements	1	3,474,634
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	-115,111
e	Add lines 2a through 2d	2e	-115,111
3	Subtract line 2e from line 1	3	3,589,745
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c . (This should equal Form 990, Part I, line 18)	5	3,589,745

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
RECONCILIATION OF CHANGES - OTHER	SCHEDULE D, PAGE 4, PART XI, LINE 8	SCHOLARSHIPS FOR PROGRAMS AND MEMBERSHIP - 115,111 SCHOLARSHIPS FOR PROGRAMS AND MEMBERSHIPS 115,111
REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER	SCHEDULE D, PAGE 4, PART XII, LINE 2D	SCHOLARSHIPS FOR PROGRAMS AND MEMBERSHIP - 115,111
EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER	SCHEDULE D, PAGE 4, PART XIII, LINE 2D	SCHOLARSHIPS FOR PROGRAMS AND MEMBERSHIPS - 115,111

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2010

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

Name of the organization VALLEY SHORE YMCA

Employer identification number 06-0646979

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... 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.

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions? (Yes/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. Includes a Total row at the bottom.

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

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

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		SPECIAL EVENTS (event type)	(event type)	(total number)	(Add col (a) through col (c))
Revenue	1 Gross receipts	50,535			50,535
	2 Less Charitable contributions				
	3 Gross income (line 1 minus line 2)	50,535			50,535
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	36,964			36,964
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				36,964
11 Net income summary Combine lines 3 and 10 in column (d) ▶				13,571	

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	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	
7 Direct expense summary Add lines 2 through 5 in column (d) ▶					
8 Net gaming income summary Combine 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)

Compensation Information

OMB No 1545-0047

2010

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization
VALLEY SHORE YMCA

Employer identification number

06-0646979

Part I Questions Regarding Compensation

Yes No

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

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

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

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

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

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

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

a Receive a severance payment or change-of-control payment from the organization or a related organization?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

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

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

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

a The organization?

b Any related organization?

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

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

a The organization?

b Any related organization?

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

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

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

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

	Yes	No
1b		
2		
4a		No
4b		No
4c		No
5a		No
5b		No
6a		No
6b		No
7		No
8		No
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) PAUL MOHABIR	(i) (ii)	154,016		5,616		16,530	176,162	156,461
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
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Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2010

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

Name of the organization VALLEY SHORE YMCA

Employer identification number 06-0646979

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

Table with 4 columns: (1) Name of disqualified person, (2) Description of transaction, (3) Corrected? Yes/No. Rows include STANLEY PRYMAS, DAVID WINSTEAD, and JIM GARLAND.

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

Table with 7 main columns: (a) Name of interested person and purpose, (b) Loan to or from the organization?, (c) Original principal amount, (d) Balance due, (e) In default?, (f) Approved by board or committee?, (g) Written agreement?.

Part III Grants or Assistance Benefitting Interested Persons.

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

Table with 3 columns: (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

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)

Supplemental Information to Form 990 or 990-EZ

2010

**Open to Public
Inspection**

**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.**

Department of the Treasury
Internal Revenue Service

Name of the organization
VALLEY SHORE YMCA

Employer identification number

06-0646979

Identifier	Return Reference	Explanation
ORGANIZATION'S MISSION	FORM 990 - ORGANIZATION'S MISSION	<p>PURPOSE AND MISSION - THE ARTICLES OF INCORPORATION FOR THE VALLEY-SHORE YMCA INC STATES THAT THE ASSOCIATION'S PURPOSE IS THE ORGANIZATION, DEVELOPMENT AND CONSERVATION OF YMCA ACTIVITIES AND TO PROMOTE THE SPIRITUAL, INTELLECTUAL, SOCIAL AND PHYSICAL WELFARE OF PEOPLE IN THE TOWNS OF WESTBROOK, OLD SAYBROOK, ESSEX, DEEP RIVER, CENTERBROOK, IVORYTON, LYME, OLD LYME, MADISON, CLINTON, KILLINGWORTH AND CHESTER, CONNECTICUT THE ASSOCIATION'S MISSION IS TO FUNCTION AS A HUMAN SERVICE ASSOCIATION, NATIONALLY AFFILIATED AND WORLDWIDE IN SCOPE, SERVING INDIVIDUALS AND FAMILIES IN THE SHORELINE AREA OF CONNECTICUT CHRISTIAN IN ITS HERITAGE, THE YMCA IS ECUMENICAL IN ITS DELIVERY OF SERVICES AND IN ITS MEMBERSHIP THE VALLEY-SHORE YMCA ASSISTS PEOPLE IN LEARNING CHARACTER-BUILDING SKILLS, I.E RESPONSIBILITY, RESPECT, HONESTY, AND CARING THAT WILL ENRICH THEIR LIVES, HELP THEM TO GROW AND TO REALIZE THEIR FULL POTENTIAL, AND TO LEAD THEM TO INTER-RACIAL, INTER-FAITH, INTERNATIONAL AND INTERGENERATIONAL UNDERSTANDING WITHIN ITS EXPERTISE AND MEANS, THE YMCA WILL ALSO STRIVE TO ADDRESS UNMET SOCIAL NEEDS EMPHASIS SHALL BE ON DEVELOPING THE WHOLE PERSON AS EMBODIED IN THE YMCA SYMBOL, THE TRIANGLE, SIGNIFYING THE UNION OF SPIRIT, MIND AND BODY THE YMCA IS ESSENTIALLY A MEMBERSHIP ASSOCIATION OF MEN, WOMEN AND CHILDREN OF ALL AGES, ABILITIES, INCOMES, RACES, AND RELIGIONS IT IS DEDICATED TO PROMOTING GOOD HEALTH, STRONG FAMILIES, YOUTH LEADERSHIP, COMMUNITY DEVELOPMENT AND INTERNATIONAL UNDERSTANDING GOALS THE GOALS ENDORSED AND SUPPORTED BY THE BOARD OF DIRECTORS OF ALL YMCA PROGRAMS AND PRACTICES ARE TO HELP PARTICIPANTS -DEVELOP CHARACTER-BUILDING TRAITS- TRUSTWORTHINESS, RESPECT, FAIRNESS, CARING AND CITIZENSHIP -GROW AS RESPONSIBLE MEMBERS OF FAMILIES AND COMMUNITIES -RECOGNIZE THAT EVERYONE IS WORTHY OF RESPECT - UNDERSTAND THAT WELL-BEING MEANS A HEALTHY SPIRIT, MIND AND BODY -BUILD SELF ESTEEM AND AN APPRECIATION OF ONE'S OWN WORTH -WORK FOR WORLDWIDE UNDERSTANDING - DEVELOP SKILLS FOR LEADERSHIP -DEVELOP MORAL AND ETHICAL BEHAVIORS MEMBERS IN 2010 OVER 13,421 PEOPLE WERE VALLEY-SHORE YMCA MEMBERS, INCLUDING 4,854 YOUTH AND 1,762 SENIORS APPROXIMATELY 69% OF THE VALLEY-SHORE YMCA'S MEMBERS JOIN AS A FAMILY UNIT OVER 72,000 SUBSIDIZED 1,273 INDIVIDUALS EXTENDING MEMBERSHIP TO THOSE WHO OTHERWISE WOULD NOT BE ABLE TO PARTICIPATE VOLUNTEERS IN 2010 OVER 35 POLICY- MAKING VOLUNTEERS DONATED OVER 1,600 HOURS AND 88 PROGRAM VOLUNTEERS DONATED 2,100 HOURS IN SERVICES TO THE YMCA BASED UPON AN HOURLY RATE INCLUDING FRINGE BENEFITS OF 21.00, THE ESTIMATED VALUE OF THEIR COMBINED SERVICES TOTALED 77,700 IN ADDITION, THE TEEN LEADERS CLUB HAS 27 VOLUNTEERS WHO AVERAGE 2 HOURS PER WEEK OVER THE COURSE OF THE YEAR THESE 2,808 HOURS ARE VALUED AT 10 PER HOUR FOR AN ESTIMATED VALUE OF 28,080 THE TOTAL ESTIMATED VALUE FOR BOTH ADULTS AND TEENS IS 106,500 FACILITIES THE VALLEY SHORE YMCA MAINTAINS A 45,600 SQUARE FOOT HANDICAPPED ACCESSIBLE BUILDING FIVE SEPARATE ROOMS, TOTALING 4,000 SQUARE FEET, ARE DEVOTED TO CHILD CARE SERVICES, 11,000 SQUARE FEET SUPPORT OUR TWO POOLS, 6,110 SQUARE FEET ARE UTILIZED FOR OUR GYMNASIUM, AND 3,600 SQUARE FEET COMPRISE OUR WELLNESS CENTER OUR OUTDOOR FACILITIES INCLUDE A 2,400 SQUARE FOOT PAVILION THAT IS USED FOR OUR SUMMER CAMP PROGRAM, TWO PLAYGROUNDS, A SIXTH OF A MILE CINDER TRACK, AND HIKING TRAILS THAT ARE AVAILABLE TO SUMMER CAMPERS AND MEMBERS AS WELL DURING THE MONTHS OF SEPTEMBER THROUGH MAY, WE RENT A POOL IN MADISON (AQUADOME) THAT IS ENCLOSED BY A HEATED DOME THIS FACILITY ALLOWS OUR MEMBERS FROM THE MADISON AND CLINTON AREAS THE AVAILABILITY TO PARTICIPATE IN SWIMMING PROGRAMS NEARBY ALONG WITH OUR MAIN FACILITY IN WESTBROOK, AND THE AQUADOME IN MADISON, THE VALLEY-SHORE YMCA MAINTAINS 7 OFF-SITE STATE-LICENSED PROGRAMS AT LOCAL SCHOOLS IN 6 TOWNS PROVIDING BEFORE AND AFTER SCHOOL CHILD CARE AS PART OF OUR OVERALL COMMITMENT TO THE WELL-BEING OF CHILDREN AND FAMILIES IN OUR AREA OTHER INFORMATION RELATED TO PROGRAM AND COMMUNITY SERVICES THE VALLEY-SHORE YMCA HAS BEEN A VITAL PART OF THE SHORELINE COMMUNITY FOR 90 YEARS MORE THAN 16,000 MEMBERS HAVE COME TO THE VALLEY-SHORE YMCA FOR A WIDE VARIETY OF HEALTH, WELLNESS AND RECREATIONAL PROGRAMS, WHICH ARE LED BY OUR CARING, WELL-TRAINED STAFF OVER 108,000 IN FINANCIAL ASSISTANCE AND PROGRAM SUBSIDY WAS AWARDED TO YOUTH AND FAMILIES IN 2010 THE VALLEY-SHORE YMCA STRIVES TO SERVE A BROAD CROSS SECTION OF ITS COMMUNITY, AND FEES, WHEN THEY ARE CHARGED, ARE AFFORDABLE TO THE COMMUNITY AT LARGE FINANCIAL ASSISTANCE IS MADE AVAILABLE TO THOSE WHO CAN'T AFFORD THE FULL FEE THIS IS MADE POSSIBLE BY THE SUPPORT RECEIVED FROM THE COMMUNITY, BUSINESSES, GRANTS AND YMCA SUSTAINING MEMBERS THROUGH THE ANNUAL STRONG KIDS CAMPAIGN THE YMCA SUBSIDIZES MEMBERSHIP FOR MENTALLY AND PHYSICALLY CHALLENGED ADULTS WHO PARTICIPATE IN YMCA ACTIVITIES THROUGH THE VISTA ORGANIZATION MAINSTREAMING THESE YOUNG ADULTS INTO THE COMMUN</p>

Identifier	Return Reference	Explanation
ORGANIZATION'S MISSION	FORM 990 - ORGANIZATION'S MISSION	<p>ITY IS AN IMPORTANT STEP TOWARD THEIR INDEPENDENCE AND IMPROVING THEIR OVERALL HEALTH AND WELLNESS THE VALLEY -SHORE YMCA OFFERS PROGRAMS SUCH AS LIFEGUARD TRAINING, CPR, FIRST AID , AQUATIC TESTING, FITNESS TESTING, AND BABY SITTING CERTIFICATIONS TO THE COMMUNITY THE Y MCA ALSO HOLDS BI-ANNUAL COMMUNITY BLOOD DRIVES THROUGH THE AMERICAN RED CROSS THE YMCA PARTNERS WITH THE FOLLOWING COMMUNITY ORGANIZATIONS IN ITS MISSION TO RESPOND TO THE NEEDS OF PEOPLE LIVING IN THE SHORELINE COMMUNITIES -ABRAHAM PIERSON SCHOOL, CLINTON -AMERICAN ARTHRITIS ASSOCIATION -AMERICAN RED CROSS -BOYS SCOUTS -CAMP HAZEN YMCA -CHESTER ELEMENTARY SCHOOL, CHESTER -COUNTRY SCHOOL-MADISON -DAISY INGRAHAM SCHOOL, WESTBROOK -DEEP RIVER ELEMENTARY SCHOOL, DEEP RIVER -DIVER'S COVE -FRANKLIN ACADEMY -GIRL SCOUTS -HAND HIGH SCHOOL -KATHLEEN E GOODWIN SCHOOL, OLD SAYBROOK -LEWING JOEL SCHOOL -MADISON RACQUET AND SWIM CLUB -MIDDLESEX HOSPITAL -OLD SAYBROOK HIGH SCHOOL -OLD SAYBROOK MIDDLE SCHOOL -OLD SAYBROOK YOUTH & FAMILY SERVICES -SARAH-UNITED STATES MASTERS SWIMMING -UNITED STATES SWIMMING -UNITED WAY -VISTA -WESTBROOK BOARD OF EDUCATION -WESTBROOK HIGH SCHOOL -WESTBROOK YOUTH SERVICE BUREAU -VNA -CT SPECIAL OLYMPICS-SOCCER AND SWIMMING EVENT PRACTICE -AMERICA ON THE MOVE -PHYSICAL THERAPY-LOCAL INFORMATIONAL Q&A -SAFE BOATING COURSE-BOAT SCHOOL CONNECTICUT</p>

Identifier	Return Reference	Explanation
FIRST ACHIEVEMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4A	<p>BOTH LAND AND WATER CLASSES ARE AVAILABLE ON A DAILY BASIS. PROGRAMS INCLUDE SWIMMING, ARTHRITIS EXERCISE CLASSES, PILATES, INDOOR CYCLE AND WALKSPORT. A VARIETY OF CARDIOVASCULAR, STRENGTH TRAINING, BALANCE AND STRETCH PROGRAMS ARE DESIGNED FOR MEMBERS FROM AGE 13 TO SENIORS. THE YMCA OFFERS REHABILITATIVE PROGRAMS FOR MEMBERS WHO SUFFER FROM ARTHRITIS, AND OTHER MANAGED PROGRAMS FOR THOSE WITH FITNESS CHALLENGES. BLOOD PRESSURE SCREENING, BODY FAT ANALYSIS AND FITNESS ASSESSMENTS ARE ALSO AVAILABLE. IN ADDITION, THE VALLEY-SHORE YMCA IS A HOST SITE FOR THE WEIGHT WATCHERS PROGRAM. SWIMMING AND WATER SAFETY PROGRAMS FOR CHILDREN TO ADULTS PROMOTES GOOD HEALTH THROUGH REGULAR EXERCISE. THE VALLEY-SHORE YMCA OFFERS CLASSES FOR PEOPLE WITH MEDICAL RESTRICTIONS THAT IMPROVE JOINT FLEXIBILITY AND RANGE OF MOTION. THE YMCA ALSO PROMOTES GOOD HEALTH AND TEAMWORK WITH YOUTH AND MASTERS SWIM TEAMS. OUR PORPOISE CLUB ENHANCES LEARNED SWIMMING SKILLS WHILE PROMOTING LEADERSHIP AND RESPONSIBILITY. PARTICIPANTS ARE ALSO INTRODUCED TO OTHER ASPECTS OF AQUATICS, SUCH AS SAFETY AND LIFESAVING SKILLS, A COMMUNITY LEADER IN THEIR AREA. WE ARE ALSO THE LEADER IN PROVIDING AN ACTIVATE AMERICA FIT KIDS SWIM PROGRAM TO THE 1ST GRADE STUDENTS IN THE TOWN OF WEST BROOK.</p>

Identifier	Return Reference	Explanation
SECOND ACHIEVEMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4B	<p>HEALTHY GROWTH OF CHILDREN IT PROVIDES CREATIVE EXPERIENCES USING THE MEDIUM OF THE OUTDOOR ENVIRONMENT TO PROMOTE SPIRITUAL AWARENESS, MENTAL DEVELOPMENT, PHYSICAL WELL-BEING, SOCIAL GROWTH, AND A RESPECT FOR THE ENVIRONMENT A MAJORITY OF OUR CAMPERS COME FROM SINGLE PARENT OR DUAL WORKING PARENT HOMES DAY CAMP HAS BECOME A PRIMARY SUBSTITUTE FOR CHILDCARE DURING THE SUMMER WE OFFER AN EXTENDED CAMP DAY (7 00 - 9 00 AM AND 4 00 P M - 5 30 P M) FOR WORKING PARENTS THAT NEED IT THE CAMP SERVES CHILDREN AGES 3 THROUGH AGE 15, AND IN ADDITION, INCORPORATES MENTALLY AND PHYSICALLY CHALLENGED CAMPERS ON THE 26-ACRES OF PROPERTY AT THE MAIN FACILITY IN WESTBROOK, CT AND ON THE CAMPUS OF THE COUNTRY SCHOOL IN MADISON, CT MORE THAN 30 YOUNG TEENS ARE INVOLVED IN THE CAMP'S COUNSELOR IN TRAINING PROGRAM DURING THE SUMMER MONTHS APPROXIMATELY 800 CAMPERS ARE REGISTERED AND ATTEND THE SUMMER CAMP PROGRAM CAMP SCHOLARSHIPS ARE PROVIDED TO FAMILIES JUST STRUGGLING TO MAKE ENDS MEET THESE CHILDREN HAVE THE OPPORTUNITY TO SPEND THEIR ONLY VACATION FROM SCHOOL SURROUNDED BY WHOLESOME VALUES, NEW FRIENDS, AN ENRICHING ENVIRONMENT AND CARING ADULT LEADERSHIP IN 2010, FINANCIAL ASSISTANCE OF 10,384 WAS PROVIDED TO 70 FAMILIES WITH CHILDREN IN THE CAMPING PROGRAM FINANCIAL ASSISTANCE FOR OUR CHILDCARE AND PRE-SCHOOL PROGRAMS HELPS SINGLE PARENT FAMILIES AND FAMILIES WITH LOW INCOME REMAIN ACTIVELY EMPLOYED IN 2010, THE YMCA PROVIDED 19,551 IN ASSISTANCE FOR 47 CHILDREN WHO QUALIFIED FOR FINANCIAL ASSISTANCE STARTING IN SEPT OF 2009 THE VALLEY-SHORE YMCA PROVIDED CARE FOR OVER 20 CHILDREN BETWEEN THE AGES OF 3 AND 12 YEARS OLD DURING THE ADULT EDUCATION PROGRAM HELD AT JOEL SCHOOL IN CLINTON CT THIS PROGRAM WAS OFFERED TO PARENTS FREE OF CHARGE WHILE THEY ATTENDED EDUCATIONAL PROGRAMS TO BETTER THEIR STANDARD OF LIFE IN ADDITION, OUR YMCA PROVIDES A VARIETY OF PROGRAMS TO ADDRESS THE NEEDS OF VERY YOUNG CHILDREN INCLUDING PARENT/CHILD CLASSES THAT BEGIN THE DEVELOPMENT OF SOCIAL SKILLS THAT ARE NECESSARY FOR THE CHILD TO BE COMFORTABLE IN ATTENDING PROGRAMS ON THEIR OWN AS THEY GROW THE YOUTH & FAMILY AREA ENCOMPASSES FAMILY ACTIVITIES, YOUTH ENRICHMENT & SPORTS, SUMMER CAMPS, TEEN PROGRAMS, AND YOUTH SPECIAL EVENTS IN 2010, WE REACHED OVER 6,400 YOUTH AND FAMILY MEMBERS WITH THE YMCA'S PROGRAM OFFERING FAMILY ACTIVITIES ARE DESIGNED TO PROVIDE CHILDREN AND THEIR PARENTS WITH ACTIVITIES THAT FOSTER UNDERSTANDING, COMPANIONSHIP AND HEALTHY LIFESTYLES THE VALLEY-SHORE YMCA ALSO CELEBRATES INTERNATIONAL FAMILY NIGHT WITH EVENTS TO BRING FAMILIES TOGETHER FOR ACTIVITIES THAT SUPPORT DIVERSITY, HEALTHY CHILDREN AND FAMILIES OUR YOUTH SPORTS PROGRAMS INCLUDE INDOOR AND OUTDOOR TENNIS LESSONS, AN INSTRUCTIONAL, YEAR ROUND SOCCER PROGRAM, A GYMNASTICS AND DANCE PROGRAM, AND OUR YOUTH & BUDDY BASKETBALL PROGRAM ARCHERY, KINDERSPORTS, WRESTLING, FLOOR HOCKEY AND T-BALL ROUND OUT THE BALANCE OF OUR SPORT OFFERINGS AT THE YMCA SPORTSMANSHIP, AND RESPECT FOR TEAMMATES & OTHER PLAYERS ARE INSTILLED IN OVER 1500 CHILDREN WHO PARTICIPATE IN YOUTH SPORTS THROUGHOUT THE YEAR AT THE VALLEY-SHORE YMCA IN 2010, THE VALLEY-SHORE YMCA CONTINUED A COMPREHENSIVE ARTS & HUMANITIES PROGRAM OFFERING DANCE AND MUSIC CLASSES SUCH AS HIP-HOP, BALLET, AND JAZZ ALONG WITH PIANO, GUITAR AND DRUM LESSONS OVER 40 ACTS, INCLUDING YOUTH, TEENS, ADULTS AND SENIORS PARTICIPATED IN THE VALLEY-SHORE ARTS SHOWCASE HELD AT VALLEY REGIONAL HIGH SCHOOL IN DEEP RIVER, CT WE CONTINUE TO OFFER MORE YOUTH ENRICHMENT PROGRAMS AS WE REACH OUT TO OUR 12-TOWN SERVICES AREA OUR GOALS AT THE VALLEY-SHORE YMCA HAVE US HOSTING OTHER YMCA ACTIVITIES IN DEEP RIVER/ESSEX AND THE CLINTON/KILLINGWORTH AREAS AS WE REACH OUT TO MORE COMMUNITIES IN OUR SERVICE AREA IN 2009, WE HOSTED SEVERAL AFTER SCHOOL ENRICHMENT PROGRAMS IN THESE SERVICE AREAS INCLUDING THEATER PROGRAM AT THE DEEP RIVER ELEMENTARY SCHOOL AND A SPORTS PROGRAM IN CHESTER ELEMENTARY SCHOOL TEENS ARE A HUGE PART OF THE VALLEY-SHORE YMCA AS WELL EVERY FRIDAY EVENING THROUGHOUT THE YEAR THE YMCA OPENS THEIR DOORS FOR KIDS NIGHT OUT FROM 7 00-9 30 PM TEENS CAN SWIM, PLAY BASKETBALL, SHOOT POOL, LISTEN AND DANCE TO MUSIC AND PARTICIPATE IN SPECIAL EVENTS IN A SUPERVISED ENVIRONMENT AN AVERAGE OF OVER 100 TEENS PER WEEK ATTEND EACH FRIDAY YOUTH SPECIAL EVENTS ARE ALSO HELD THROUGHOUT THE YEAR THE YMCA'S HEALTHY KIDS DAY WILL ATTRACT OVER 1,600 PARTICIPANTS FROM THE COMMUNITY OFFERING A VARIETY OF ACTIVE, HEALTHY EVENTS AND INFORMATIONAL SESSIONS THE SHORELINE KIDS TRIATHLON, WHICH WILL CHALLENGE CLOSE TO 100 YOUTH AGES 7 TO 14 YEARS OLD TO A SWIMMING, BIKING AND RUNNING RACE AGAINST THE CLOCK ALSO A MAJOR LEAGUE BASEBALL PITCH, HIT & RUN CONTEST THAT WILL BE HELD THIS YEAR IN OLD LYME (PART OF OUR SERVICE AREA) THE PROGRAM WILL GIVE YOUTH AGES 14 AND UNDER, THE CHANCE TO SHOWCASE THEIR BASEBALL ABILITIES OFTEN OUR YOUTH SPECIAL EVENTS ARE HELD FREE OF CHARGE AND OPEN TO ALL SURROUNDING COMMUNITY</p>

Identifier	Return Reference	Explanation
SECOND ACHIEVEMENT DESCRIPTION	FORM 990, PAGE 2, PART II, LINE 4B	NITIES

Identifier	Return Reference	Explanation
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 11B	EACH MEMBER OF THE BOARD RECEIVES A COPY OF THE 990 BEFORE FILING AFTER REVIEW, THE BOARD VOTES ON APPROVAL OF THE FORM ONCE APPROVED, IT IS THEN FILED

Identifier	Return Reference	Explanation
ENFORCEMENT OF CONFLICTS POLICY	FORM 990, PAGE 6, PART VI, LINE 12C	UNDER THE LEADERSHIP OF THE BOARD CHAIRPERSON, THE EXECUTIVE COMMITTEE REVIEWS THE ANNUAL CONFLICT OF INTEREST FORMS SUBMITTED PRIOR TO THE ANNUAL MEETING EACH YEAR

Identifier	Return Reference	Explanation
COMPENSATION PROCESS FOR TOP OFFICIAL	FORM 990, PAGE 6, PART VI, LINE 15A	FOR DETERMINING COMPENSATION OF THE CEO, EXECUTIVE DIRECTOR OR TOP MANAGEMENT, BOARD MEMBERS ARE NOTIFIED THAT THE APPRAISAL PROCESS HAS BEEN INITIATED. BOARD MEMBERS ARE ASKED TO ANONYMOUSLY COMPLETE AN ONLINE FORM THAT COVERS KEY AREAS AND ALLOWS FOR COMMENTS. MEMBERS OF THE EXECUTIVE COMMITTEE REVIEW THE FORMS AND COMMENTS. THE EXECUTIVE COMMITTEE DEVELOPS AN APPRAISAL WHICH GIVES A NUMERICAL RATING FOR EACH KEY AREA. IT ALSO GIVES A WEIGHTED AVERAGE BASED ON THE IMPORTANCE OF EACH AREA. AN APPRAISAL DOCUMENT IS GIVEN TO THE CEO FOR REVIEW AND RESPONSE.

Identifier	Return Reference	Explanation
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION	FORM 990, PAGE 6, PART VI, LINE 19	ALL GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST WITHIN A REASONABLE AMOUNT OF TIME