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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
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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 THE NEW CANAAN COMMUNITY YOUNG MEN'S CHRISTIAN ASSOCIATION INC Doing Business As	D Employer identification number 06-0763077
	Number and street (or P O box if mail is not delivered to street address) 564 SOUTH AVENUE	Room/suite
	City or town, state or country, and ZIP + 4 NEW CANAAN, CT 06840	
	F Name and address of principal officer CRAIG PANZANO 564 SOUTH AVE NEW CANAAN, CT 06840	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.NEWCANAANYMCA.ORG		
K Form of organization <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input checked="" type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation 1960
		M State of legal domicile CT

Part I	Summary
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Activities & Governance	1 Briefly describe the organization's mission or most significant activities THE NEW CANAAN YMCAS MISSION IS TO ENRICH ALL PEOPLE IN SPIRIT, MIND, AND BODY. WE ARE COMMITTED TO PROVIDING PROGRAMS AND SERVICES THAT PROMOTE THE HEALTH AND WELL-BEING OF OUR MEMBERS AND OUR COMMUNITY. WE ARE FOUNDED ON CHRISTIAN PRINCIPLES AND ARE GUIDED BY OUR CORE VALUES OF CARING, HONESTY, RESPECT, AND RESPONSIBILITY. THE NEW CANAAN YMCA IS A MEMBERSHIP ASSOCIATION OF APPROXIMATELY 6,100 ADULTS AND APPROXIMATELY 4,800 CHILDREN OF ALL AGES, ABILITIES, INCOMES, RACES, AND RELIGIONS. WITH THE ADDITIONAL SERVICES OF ROUGHLY 330 VOLUNTEERS IN POLICY MAKING, FUNDRAISING, SPECIAL EVENTS, AND PROGRAMS, THE YMCA IS DEDICATED TO PROMOTING COMMUNITY WELLNESS AND DEVELOPMENT, STRONG FAMILIES, YOUTH DEVELOPMENT, AND INTERNATIONAL UNDERSTANDING. TO FACILITATE ITS SERVICES, THE NEW CANAAN YMCA MAINTAINS AN APPROXIMATE 100,000 SQUARE FOOT HANDICAPPED-ACCESSIBLE FACILITY LOCATED IN THE TOWN OF NEW CANAAN.																										
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets																										
	<table><tr><td>3 Number of voting members of the governing body (Part VI, line 1a)</td><td>3</td><td>22</td></tr><tr><td>4 Number of independent voting members of the governing body (Part VI, line 1b)</td><td>4</td><td>22</td></tr><tr><td>5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)</td><td>5</td><td>389</td></tr><tr><td>6 Total number of volunteers (estimate if necessary)</td><td>6</td><td>330</td></tr><tr><td>7a Total unrelated business revenue from Part VIII, column (C), line 12</td><td>7a</td><td>0</td></tr><tr><td>7b Net unrelated business taxable income from Form 990-T, line 34</td><td>7b</td><td>-44,241</td></tr></table>	3 Number of voting members of the governing body (Part VI, line 1a)	3	22	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	22	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	389	6 Total number of volunteers (estimate if necessary)	6	330	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0	7b Net unrelated business taxable income from Form 990-T, line 34	7b	-44,241								
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Part II	Signature Block
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Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer		Date		
	CRAIG PANZANO, EXECUTIVE DIRECTOR				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name ▶ BLUM SHAPIRO & COMPANY PC, CPA'S				Firm's EIN ▶
	Firm's address ▶ 29 S MAIN STREET, PO BOX 272000 WEST HARTFORD, CT 061272000				Phone no ▶ (860) 561-4000

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

ENRICHING ALL PEOPLE IN SPIRIT, MIND AND BODY THE NEW CANAAN YMCA IS COMMITTED TO PROVIDING PROGRAMS AND SERVICES THAT PROMOTE THE HEALTH AND WELL-BEING OF OUR MEMBERS AND OUR COMMUNITY WE ARE FOUNDED ON CHRISTIAN PRINCIPLES AND GUIDED BY OUR CORE VALUES OF CARING, HONESTY, RESPECT AND RESPONSIBILITY TO EXCEED OUR MEMBER’S EXPECTATIONS IN THE PROGRAMS AND SERVICES WE PROVIDE, AND BE RECOGNIZED AS A LEADER IN SUPPORTING THE GROWTH AND DEVELOPMENTAL NEEDS OF YOUTH, TEENS AND FAMILIES IN OUR COMMUNITY

2

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

☐ Yes ☒ No

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

3

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

☐ Yes ☒ No

If “Yes,” describe these changes on Schedule O

4

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

4a	(Code) (Expenses \$ 4,197,679 including grants of \$) (Revenue \$ 4,056,213)
	YOUTH DEVELOPMENTYOUTH DEVELOPMENT WORK AT THE NEW CANAAN YMCA ENCOMPASSES CHILDCARE, EDUCATION AND LEADERSHIP, SWIM, SPORTS AND RECREATIONAL PROGRAMS IN ADDITION TO DAY CAMPS FOR INDIVIDUALS OF ALL AGES AND ABILITIES THE Y’S UNIQUE APPROACH IS TO EMPHASIZE CHARACTER DEVELOPMENT AND INTEGRATE IT INTO THE SKILL-LEARNING PROCESS THE NEW CANAAN YMCA’S CHILD DEVELOPMENT CENTER, ACCREDITED BY NAEYC, OFFERS NURSERY SCHOOL AND CHILDCARE PROGRAMS FOR CHILDREN 6 WEEKS OLD THROUGH AGE 12 68CHILDREN WERE ENROLLED IN YMCA NURSERY SCHOOL, 50 IN FULL-DAY CHILDCARE AND 50 IN THE Y’S AFTER-SCHOOL PROGRAM FOR CHILDREN OF WORKING PARENTS OUR MISSION IS TO HELP MAINTAIN STRONG FAMILIES THROUGH QUALITY CHILD CARE THAT HELPS CHILDREN DEVELOP POSITIVE BEHAVIOR, SELF-ESTEEM, AND LEADERSHIP QUALITIES THE YMCA CHILD DEVELOPMENT CENTER BECOMES AN EXTENSION OF THE FAMILY WHILE PARENTS ARE AT WORK YMCA AQUATIC PROGRAMS PROVIDE SPECIFIC SWIMMING AND WATER-SAFETY SKILLS WHILE PROMOTING GOOD HEALTH THROUGH REGULAR EXERCISE IN 2010, APPROXIMATELY 400 PRESCHOOL AND SCHOOL-AGE CHILDREN WERE ENROLLED IN THE NEW CANAAN YMCA’S AQUATIC INSTRUCTION CLASSES EACH SESSION WHICH INCLUDES MORE THAN 40 CHILDREN WITH SPECIAL NEEDS THE Y OFFERS SPECIALIZED AQUATIC THERAPEUTIC PROGRAMS TO CHILDREN WITH SPECIAL NEEDS, INCLUDING DOWN SYNDROME, AUTISM, LOW MUSCLE TONE, SENSORY ISSUES, AND OTHER PHYSICAL DISABILITIES THE NEW CANAAN YMCA OFFERS A MONTHLY MIDDLE SCHOOL MADNESS PROGRAM DURING THE SCHOOL YEAR FOR YOUTH IN GRADES FIVE THROUGH EIGHT THE PROGRAM IS OPEN TO ALL IN THE COMMUNITY, REGARDLESS OF MEMBERSHIP STATUS ONE SATURDAY NIGHT A MONTH, THE YMCA IS OPEN EXCLUSIVELY TO THESE YOUTH TO WORK OUT IN THE WELLNESS CENTER, GYM, AND POOL, AND TO PARTAKE IN SPECIAL EVENTS IN A SAFE, SUPERVISED ENVIRONMENT UNDER THE DIRECTION OF Y VOLUNTEERS AND STAFF THE PARTICIPATION RATE INCREASED ON AVERAGE APPROXIMATELY 30% IN 2010 FROM 2009 AN AVERAGE OF 100 CHILDREN (AGES 10-13) ATTENDED EACH NIGHT IN 2010 MORE THAN 1500 CHILDREN LEARNED SPORTSMANSHIP, TEAMWORK, AND HAD FUN IN THE NEW CANAAN YMCA’S RECREATIONAL SPORTS PROGRAMS INCLUDING BASKETBALL, AND T-BALL LEAGUES AND RECREATIONAL GYMNASTICS THE RECREATIONAL PROGRAMS EMPHASIZE COMMUNITY AND SOCIAL SKILLS AS WELL AS THE Y CORE VALUES 405 CHILDREN THROUGH YOUNG ADULT LEARNED LEADERSHIP SKILLS AND DEVELOPED THEIR PHYSICAL ABILITIES THROUGH PARTICIPATION IN THE YMCA’S THREE COMPETITIVE AQUATIC TEAMS SWIM, DIVING, AND SYNCHRONIZED SWIMMING THE NEW CANAAN Y’S WHIRLWIND DIVING TEAM HAS OVER 125 ATHLETES FROM BEGINNER TO ELITE LEVEL THE PROGRAM FOCUSES ON DEVELOPMENT OF PROPER DIVING MECHANICS AS WELL AS ENHANCING AND STRENGTHENING CORE INDIVIDUAL DIVING SKILLS-ALL WITHIN THE REALM OF A SAFE AND MOTIVATING ENVIRONMENT THE COACHING STAFF SEEKS TO EMPOWER OUR ATHLETES WITH THE FOUR CORE VALUES AND PROMOTE THE POSITIVE PROSPECTIVE OF BEING PART OF A TEAM ATHLETES TRAIN BETWEEN TWO TO SIX DAYS A WEEK DEPENDING ON ABILITY AND WANTS WHICH CONTRIBUTES GREATLY TO THEIR PHYSICAL AND MENTAL HEALTH OUR ATHLETES ARE RESPONSIBLE STUDENTS-ATHLETES AND GREAT ROLE MODELS FOR OUR COMMUNITY AS A RESULT OF OUR PROGRAM TEACHING INDIVIDUALS HOW TO MANAGE THEIR TIME IN THEIR RIGOROUS DAILY SCHEDULE IS ESSENTIAL TO LIFETIME SUCCESS THE NEW CANAAN YMCA AQUIANAS SYNCHRONIZED SWIMMING PROGRAM INCLUDES A YMCA RECREATIONAL COMPONENT AND A U S SYNCHRONIZED SWIMMING COMPETITIVE SYNCHRONIZED TEAM THE AQUIANAS WAS FOUNDED ON THE BELIEF THAT SYNCHRONIZED SWIMMING CAN BE AN EXPRESSIVE AND CREATIVE OUTLET FOR GIRLS AND YOUNG WOMEN WITHIN AN ATHLETIC AND COMPETITIVE ENVIRONMENT THE GOAL FOR ALL TEAM MEMBERS IS TO REACH THEIR POTENTIAL WHILE HAVING FUN AS PART OF THE PROGRAMS, PARTICIPANTS GAIN SELF-ESTEEM, TIME MANAGEMENT SKILLS AND EXPERIENCE WORKING TOGETHER TOWARDS A GOAL IN 2010, 20 GIRLS PARTICIPATED IN OUR RECREATIONAL CAMPS AND CLASSES SIXTY-ONE GIRLS AND YOUNG WOMEN COMPETED LOCALLY, NATIONALLY AND INTERNATIONALLY WITH THE AQUIANAS COMPETITIVE TEAM THE COMPETITIVE SWIMMING PROGRAM HAS OVER 215 ATHLETES FROM THE BEGINNER TO THE ELITE LEVEL THE PROGRAM FOCUSES ON PROPER TECHNIQUE DEVELOPMENT TO COMPETITION AT THE HIGHEST NATIONAL LEVEL SWIMMERS ARE ALSO EDUCATED ON THE IMPORTANCE OF WORKING WITH OTHERS AND AN EMPHASIS IS PLACED ON GOAL SETTING, LEADERSHIP DEVELOPMENT AND THE FOUR CORE VALUES OF THE YMCA THE COACHING STAFF SEEKS TO EMPOWER OUR ATHLETES TO STRIVE FOR EXCELLENCE THROUGH THE COMPETITIVE OPPORTUNITIES PROVIDED, AND HAVE FUN IN THE PROCESS IN ADDITION TO ATHLETIC AND PERSONAL CHARACTER DEVELOPMENT, THE COMPETITIVE PROGRAMS PROVIDES MEMBERS OF THE COMMUNITY WITH THE OPPORTUNITY TO DEVELOP FRIENDSHIPS AT THE YOUTH AND ADULT LEVEL BY BRINGING DIFFERENT FAMILIES TOGETHER IN SOCIAL OUTINGS AND VOLUNTEER EXPERIENCES THE YMCA RECOGNIZES THAT IT CAN BE A CHALLENGE FOR PARENTS TO FIND SAFE AND FUN ACTIVITIES FOR THEIR CHILDREN ON SCHOOL HOLIDAYS 96 CHILDREN WERE ENROLLED IN THE Y’S SCHOOL VACATION CAMP PROGRAMSTAFFED BY FULL-TIME Y DIRECTORS AND PART-TIME STAFF ADDRESSING THE NEED IN OUR COMMUNITY AND AT THE SAME TIME ALLOWS KIDS TO HAVE A REALLY FUN TIME WITH THEIR FRIENDS ON A DAY OFF FROM SCHOOL IN THE FALL OF 2010, THE Y INTRODUCED, GIRLS ON THE RUN, AN AFTER-SCHOOL PROGRAM THAT WORKS TO PREPARE GIRLS FOR A LIFETIME OF SELF-RESPECT AND HEALTHY LIVING DURING THE 12-WEEK PROGRAM, 11 GIRLS PARTICIPATED THE GIRLS ARE EMPOWERED WITH A GREATER SELF-AWARENESS, A SENSE OF ACHIEVEMENT, AND A FOUNDATION IN TEAM BUILDING TO HELP THEM BECOME STRONG, RESPECTFUL, AND SELF-CONFIDENT YOUNG WOMENALL WHILE TRAINING TOGETHER TO WALK OR RUN IN A 5K EVENT AS A TEAM THE NEW CANAAN YMCA OPERATES THE FOLLOWING SUMMER DAY CAMPS CAMP MINI, (AGES 3-5), CAMP Y-KI, (GRADES K-6), SPORTS ACADEMY, (GRADES 1-7), AND SPECIALIZED SPORTS CAMPS DAY CAMP IS A PRIMARY SUBSTITUTE FOR CHILDCARE DURING THE SUMMER CAMPERS LEARN CONSIDERATION FOR OTHERS, FAIRNESS, COOPERATION WITH OTHERS, INDEPENDENCE AND LEADERSHIP SUMMER CAMP HELPS TO BUILD SELF-CONFIDENCE, SELF-ESTEEM AND A HEALTHY ATTITUDE MORE THAN 45 TEENS PARTICIPATED IN THE Y’S LEADER-IN TRAINING AND COUNSELOR IN TRAINING PROGRAMS IN 2010, AN AVERAGE OF 258 CHILDREN (INCLUDING AN AVERAGE OF 18 CHILDREN WITH SPECIAL NEEDS) ATTENDED EACH SESSION OF Y SUMMER CAMP THE Y’S SPECIAL CARES CAMP PROGRAM FOR CHILDREN WITH A VARIETY OF SPECIAL NEEDS (E G , DOWN SYNDROME, AUTISM) ALLOWS THE CHILDREN TO BE INCLUDED IN A MAINSTREAM CAMP BY PROVIDING ONE-ON-ONE STAFF TO CHILDREN WITH SPECIAL NEEDS AT NO ADDITIONAL COST TO THEIR FAMILIES CAMPERS ENROLLED IN THE SPECIAL CARES CAMP PARTICIPATED IN ONE OF THE MAINSTREAM SUMMER CAMPS AND WERE GIVEN THE ATTENTION AND ENCOURAGEMENT NEEDED TO GROW AND DEVELOP AT THEIR OWN PACE IN 2009, THE NEW CANAAN YMCA BROADENED ITS SPECIAL NEEDS INITIATIVE INTRODUCING 10 NEW PROGRAMS DESIGNED FOR CHILDREN WITH SPECIAL NEEDS WHILE SIMULTANEOUSLY WELCOMING CHILDREN OF ALL ABILITIES IN 2010, THIS INITIATIVE GREW 3 FOLD, SERVING 257 INDIVIDUALS WITH SPECIAL NEEDS IN KEEPING WITH ITS MISSION OF ENRICHING ALL PEOPLE IN SPIRIT, MIND, AND BODY, THE NEW CANAAN YMCA OFFERS A VARIETY OF ARTS AND HUMANITIES OFFERINGS ARTS AND HUMANITIES PROGRAMMING ENRICHES THE SPIRIT AND HELPS TO DEVELOP A CHILD’S FUNDAMENTAL LEARNING SKILLS THE YMCA’S OFFERINGS INCLUDE MUSIC INSTRUCTION FOR CHILDREN AND ADULTS, AS WELL AS ART AND SCIENCE CLASSES FOR PRESCHOOLERS IN 2010, APPROXIMATELY 121 WERE ENROLLED IN ARTS AND HUMANITIES ENRICHMENT CLASSES






















4b	(Code) (Expenses \$ 2,171,682 including grants of \$) (Revenue \$ 4,496,415)
	HEALTHY LIVINGWITH A MISSION CENTERED ON BALANCE, THE Y BRINGS FAMILIES CLOSER TOGETHER, ENCOURAGES GOOD HEALTH, AND FOSTERS CONNECTIONS THROUGH FITNESS, SPORTS, FUN, AND SHARED INTERESTS AS A RESULT, THOUSANDS OF YOUTH, ADULTS, AND FAMILIES ARE RECEIVING THE SUPPORT, GUIDANCE, AND RESOURCES NEEDED TO ACHIEVE GREATER HEALTH AND WELL-BEING FOR THEIR SPRIT, MIND, AND BODY THE Y-GUIDE & PRINCESS PROGRAM IS A FATHER-CHILD PROGRAM FOR CHILDREN IN KINDERGARTEN THROUGH THIRD GRADE AND THEIR FATHERS THE PROGRAM INSTILLS CLOSER FAMILY RELATIONSHIPS AND FOSTERS TOGETHERNESS THROUGH JOINT PROJECTS AND OUTINGS IN 2010, AN AVERAGE OF 469 PARTICIPANTS ATTENDED EACH EVENT IN SEPTEMBER 2010, THE NEW CANAAN Y IN CONJUNCTION WITH THE TOWN OF NEW CANAAN HOSTED A "FAMILY NIGHT" PROVIDING 70 FAMILIES THE OPPORTUNITY TO PLAY TOGETHER AND ENJOY EACH OTHERS COMPANY IN OUR OVER-PROGRAMMED AND BUSY LIVES THE NEW CANAAN YMCA IS A COMMUNITY RESOURCE DEDICATED TO PROMOTING WELLNESS AMONG PEOPLE OF ALL AGES THROUGH GOOD HEALTH AND EXERCISE HABITS OUR PROGRAMS ARE DESIGNED TO HELP PEOPLE SET REALISTIC GOALS FOR SELF-IMPROVEMENT AND DISEASE PREVENTION THROUGH AN ACTIVE LIFESTYLE, PROPER NUTRITION AND HEALTH EDUCATION MEMBERS AGE 15 TO SENIOR MAY PARTICIPATE IN A VARIETY OF CARDIOVASCULAR, STRENGTH TRAINING, MIND-BODY AND NUTRITION PROGRAMS THE Y OFFERS 114 DROP IN CLASSES PER WEEK IN LAND GROUP FITNESS, WATER GROUP FITNESS, GROUP CYCLING, AND MIND BODY DISCIPLINES 80 CHILDREN, AGES 12-14YRS PARTICIPATED IN THE Y’S FAMILIES IN TRAINING PROGRAM THE FIT PROGRAM ALLOWS CHILDREN TO WORKOUT WITH THEIR FAMILIES IN THE WELLNESS CENTER THE Y OFFERED FAMILY OPPORTUNITIES TO EXERCISE IN SPIN AND PILATES CLASSES THAT ARE FREE TO MEMBERS IN DECEMBER 2010, THE Y IMPLEMENTED A 12 WEEK CANCER WELLNESS PROGRAM, PROVIDING A PERSONALIZED EXERCISE PRESCRIPTION, SUPERVISED EXERCISE BY A Y PERSONAL TRAINER CERTIFIED CANCER EXERCISE SPECIALISTS THROUGH THE AMERICAN COLLEGE OF SPORTS MEDICINE OR THE CANCER EXERCISE TRAINING INSTITUTE TO CANCER SURVIVORS WHO ARE EITHER RECOVERING OR GOING THROUGH TREATMENT THE 12-WEEK PROGRAM IS FREE TO NEW CANAAN YMCA MEMBERS AND WILL BE AVAILABLE TO THOSE CURRENTLY UNDERGOING TREATMENT OR WHO HAVE COMPLETED TREATMENT NO MORE THAN TWO YEARS AGO THE NEW CANAAN YMCA WILL JOIN SEVERAL OTHER AREA Y’S IN A COLLABORATION WITH NORWALK HOSPITAL AND WILL START ACCEPTING REFERRALS TO THE PROGRAM FROM THE WHITTINGHAM CANCER CENTER THE NEW CANAAN YMCA WILL ALSO BE WORKING CLOSELY WITH STAMFORD HOSPITAL’S BENNETT CANCER CENTER TO ACCEPT REFERRALS AS WELL PATIENTS FROM THESE AREA HOSPITALS OR ANY MEDICAL PRACTICE ARE WELCOME TO JOIN THE PROGRAM WITH A SIGNED MEDICAL CLEARANCE AND A MEMBERSHIP TO THE NEW CANAAN YMCA IN ADDITION TO MAKING EACH MEMBER’S PHYSICIAN AWARE OF THEIR PARTICIPATION AT THE BEGINNING OF THE PROGRAM, THE CANCER EXERCISE SPECIALISTS AT THE Y WILL CONTINUE TO KEEP PHYSICIANS INFORMED OF THE MEMBER’S PROGRESS IN THE PROGRAM THE Y OFFERS PRE- AND POST- NATAL CLASSES, REHABILITATIVE CLASS FOR INDIVIDUALS LIVING WITH PARKINSON’S DISEASE, CLASSES SPECIFICALLY DESIGNED FOR PEOPLE WITH ARTHRITIS IN ADDITION, THE Y OFFERS BLOOD PRESSURE SCREENING AT NO CHARGE IN COLLABORATION WITH STAMFORD HOSPITAL THE Y ALSO OFFERS A PHASE IV CARDIAC REHABILITATION PROGRAM THE PROGRAM BRINGS THE CARDIAC MEDICINE EXPERTISE OF STAMFORD HOSPITAL TO THE FAMILIAR SETTING OF THE Y THE NEW CANAAN YMCA DEDICATES MORE THAN 16 HOURS OF POOL TIME EACH WEEK FOR FAMILY SWIM TIME FOR CHILDREN AND THEIR FAMILIES TO ENJOY INFORMAL RECREATIONAL TIME TOGETHER, AS WELL AS A COMPARABLE AMOUNT OF OPEN GYM TIME FOR FAMILIES

4c	(Code) (Expenses \$ 1,043,358 including grants of \$) (Revenue \$ 63,289)
	SOCIAL RESPONSIBILITYTHE YMCA STRIVES TO PROVIDE A WELCOMING, AFFIRMATIVE ATMOSPHERE WHERE ALL INDIVIDUALS CAN FEEL COMFORTABLE AND RECEIVE THE SUPPORT THEY NEED TO IMPROVE THEIR OVERALL WELLNESS-SPIRIT, MIND, AND BODY, REGARDLESS OF ECONOMIC CIRCUMSTANCES OUR MISSION IS TO ENSURE THAT ALL WHO SEEK OUR SERVICES HAVE ACCESS TO THEM, AND WITH SUPPORT FROM THE Y’S 2010 ANNUAL CAMPAIGN, THE NEW CANAAN YMCA AWARDED \$84,040 IN MEMBERSHIP ASSISTANCE FOR APPROXIMATELY 254 INDIVIDUALS IN FINANCIAL NEED IN ADDITION, THE YMCA AWARDED \$43,509 IN FINANCIAL ASSISTANCE TOWARD PROGRAM FEES FOR 107 INDIVIDUALS THE Y MAINTAINS A CHILDCARE ASSISTANCE PROGRAM TO HELP SINGLE PARENT AND LOW INCOME FAMILIES REMAIN ACTIVELY EMPLOYED IN 2010, THE YMCA PROVIDED \$34,333 IN ASSISTANCE FOR 22 CHILDREN ENROLLED IN THE Y’S CHILDCARE CENTER AND \$84,326 IN FINANCIAL ASSISTANCE TO 83 CAMPERS TO ATTEND SUMMER CAMP APPROXIMATELY \$61,000 IN ASSISTANCE WAS APPROPRIATED FROM THE Y’S ANNUAL GOLF TOURNAMENT TO COVER THE EMPLOYMENT COSTS OF THE AIDES AND A NURSE WITHOUT A NURSE ON SITE THE CHILDREN WITH SPECIAL NEEDS WOULD NOT BE ABLE TO ATTEND CAMP AS PART OF THE Y’S WORLD SERVICE INITIATIVE, THE NEW CANAAN YMCA ESTABLISHED A PARTNERSHIP WITH AN ORGANIZATION LOCATED IN THE KENYAN SLUM OF KIBERA, NAIROBI, AFRICA THE MISSION OF THE ORGANIZATION, FACING THE FUTURE, IS TO FEED, CARE FOR AND EDUCATE CHILDREN CURRENTLY, FAFU IS FEEDING, CARING AND EDUCATING APPROXIMATELY 120 CHILDREN IN 2010, WITH THE HELP OF GENEROUS DONORS, THE NEW CANAAN YMCA APPROPRIATED \$10,000 TO THIS INITIATIVE THE Y ALSO HOSTS SEVERAL ART EXHIBITS THROUGHOUT THE YEAR TO SPOTLIGHT THE WORK OF LOCAL AGENCIES, INCLUDING ARTS FOR HEALING, THE BENNETT CANCER CENTER, AND THE NEW CANAAN PUBLIC SCHOOLS ALL IN THE COMMUNITY ARE WELCOME TO VISIT THESE EXHIBITIONS FREE OF CHARGE THE YMCA ALSO SERVES AS A COMMUNITY RESOURCE FOR ALL, REGARDLESS OF THEIR MEMBERSHIP STATUS WITH THE Y THE YMCA HOSTS THE FOLLOWING FREE COMMUNITY EVENTS VISIT WITH SANTA, A HALLOWEEN PARTY, AND ITS INTERNATIONAL FESTIVAL AN AVERAGE OF 250 PEOPLE ATTENDED EACH EVENT IN 2010 AS PART OF A NATIONWIDE EFFORT TO ENCOURAGE PHYSICAL ACTIVITY AMONG CHILDREN, THE NEW CANAAN YMCA AND NEW CANAAN NATURE CENTER HAVE JOINED FORCES TO PRESENT THE FIRST ANNUAL NEW CANAAN BIKE RODEO APPROXIMATELY 75 CHILDREN AND ADULTS ATTENDED THE FREE COMMUNITY EVENT, A CELEBRATION OF YMCA HEALTHY KIDS DAY, ANOTHER FREE COMMUNITY EVENT YMCA HEALTHY KIDS DAY IS NATIONWIDE CELEBRATION DESIGNED TO FOSTER HEALTHY LIVING AMONG CHILDREN AND THEIR FAMILIES AND IS A PART OF THE YMCA’S LARGER EFFORTS TO HELP THEM BECOME PHYSICALLY ACTIVE IN JUNE 2010, THE YMCA HOSTED TWO EVENTS LIFELINE SCREENING AND A SENIOR HEALTH FAIR, AN AVERAGE OF 72 PEOPLE PARTICIPATED IN HEALTH SCREENING AND/OR OBTAINED INFORMATION ABOUT THE RISK OF COMMON DISEASES INCLUDING STROKE, HEART DISEASE, DIABETES, PERIPHERAL ARTERIAL DISEASE, AND MORE THE YMCA ALSO OFFERS USE OF ITS FACILITIES AT NO CHARGE TO OTHER LOCAL NONPROFITS STAR (SERVING THOSE WITH DEVELOPMENTAL DISABILITIES), SOUTH AVENUE COTTAGE (AN ASSISTED LIVING FACILITY FOR ADULTS WITH SPECIAL NEEDS, ABC HOUSE (A RESIDENCE FOR INNER-CITY YOUTH ATTENDING NEW CANAAN PUBLIC SCHOOLS), A-HOME (PROVIDER OF SAFE AND AFFORDABLE HOUSING FOR LOW INCOME OLDER ADULTS AND DISABLED INDIVIDUALS) BOY SCOUTS AND GIRL SCOUTS WORKING ON MERIT BADGES, AMONG OTHERS

4d	Other program services (Describe in Schedule O)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses
	\$ 7,412,719

Part IV

Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i> 	1	Yes
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 	2	Yes
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i> 	3	No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i> 	4	Yes
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i> 	5	No
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i> 	6	No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II.</i> 	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> 	8	No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i> 	9	No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> 	10	Yes
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> 	11a	Yes
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i> 	11b	No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i> 	11c	No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i> 	11d	No
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> 	11e	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> 	11f	No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> 	12a	Yes
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i> 	12b	No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>	13	No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV.</i> 	14b	No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? <i>If "Yes," complete Schedule F, Parts II and IV.</i> 	15	Yes
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? <i>If "Yes," complete Schedule F, Parts III and IV.</i> 	16	No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions)</i>	17	No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>	18	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>	19	No
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>	20a	No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	

Part IV

Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance					
Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/>					
			Yes	No	
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	43		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return.	2a	389		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	Yes		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes		
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3b	Yes		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7 Organizations that may receive deductible contributions under section 170(c).					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			No
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?					
8		8			No
9 Sponsoring organizations maintaining donor advised funds.					
a	Did the organization make any taxable distributions under section 4966?	9a			No
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			No
10 Section 501(c)(7) organizations. Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b			
11 Section 501(c)(12) organizations. Enter					
a	Gross income from members or shareholders.	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?					
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b			
c	Enter the amount of reserves on hand.	13c			
14a Did the organization receive any payments for indoor tanning services during the tax year?					
14a		14a			No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b			

Part VI

Governance, Management, and Disclosure For each “Yes” response to lines 2 through 7b below, and for a “No” response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.
Check if Schedule O contains a response to any question in this Part VI ☒

Section A. Governing Body and Management			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 22		
b	Enter the number of voting members included in line 1a, above, who are independent	1b 22		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		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?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization’s assets?	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization’s mailing address? If “Yes,” provide the names and addresses in Schedule O	9		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		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?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? <i>If “No,” go to line 13</i>	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If “Yes,” describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization’s CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization If “Yes” to line 15a or 15b, describe the process in Schedule O (See instructions)	15b	Yes	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If “Yes,” has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization’s exempt status with respect to such arrangements?	16b		

Section C. Disclosure	
17	List the States with which a copy of this Form 990 is required to be filed 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 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 ▶ CAROL MATOUSEK 564 SOUTH AVENUE NEW CANAAN, CT 06840 (203) 966-4528

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) LAURA BARKER DIRECTOR	1 00	X						0	0	0
(2) JENNIFER FORESE SECRETARY	2 00	X		X				0	0	0
(3) SCOTT FULLER DIRECTOR	1 00	X						0	0	0
(4) DICK GESSINGER TREASURER	3 00	X		X				0	0	0
(5) BOYD HARDEN DIRECTOR	3 00	X						0	0	0
(6) THOMAS HARGROVE DIRECTOR	1 00	X						0	0	0
(7) CHRIS HUGHES DIRECTOR	1 00	X						0	0	0
(8) ARNOLD KARP DIRECTOR	2 00	X						0	0	0
(9) DAVID KIRBY DIRECTOR	1 00	X						0	0	0
(10) SUSAN LOVEJOY DIRECTOR	1 00	X						0	0	0
(11) MARTIN MCLAUGHLIN DIRECTOR	2 00	X						0	0	0
(12) KEVIN COWSER DIRECTOR	1 00	X						0	0	0
(13) TOM OSTENDORF DIRECTOR	1 00	X						0	0	0
(14) CHRIS POHLE DIRECTOR	1 00	X						0	0	0
(15) JEFF ROLD DIRECTOR	1 00	X						0	0	0
(16) GEORGE RUSSELL VICE PRESIDENT	3 00	X		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) KRISTEN SELVALA VICE PRESIDENT	3 00	X		X				0	0	0
(18) PETER SKAPERDAS PRESIDENT	4 00	X		X				0	0	0
(19) HUNTER SMITH DIRECTOR	1 00	X						0	0	0
(20) STAN SOKOLOWSKI DIRECTOR	1 00	X						0	0	0
(21) DAVID SQUIER DIRECTOR	1 00	X						0	0	0
(22) CHRISTINE WAGNER DIRECTOR	2 00	X						0	0	0
(23) JUDY BENTLEY TRUSTEE	1 00	X						0	0	0
(24) SHERRI KIELLAND TRUSTEE	1 00	X						0	0	0
(25) CHUCK KONTULIS TRUSTEE	1 00	X						0	0	0
(26) JOSEPH MERRILL TRUSTEE	1 00	X						0	0	0
(27) PETER ZEISING TRUSTEE	1 00	X						0	0	0
(28) CAROL MATOUSEK CFO	40 00			X				80,299	0	34,782
(29) CRAIG PANZANO EXECUTIVE DIRECTOR	40 00			X				202,074	0	58,641
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								282,373	0	93,423
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization1									

		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 0		

Part VIII

Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	45,120			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	338,461			
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f		383,581			
	Program Service Revenue	2a	PROGRAM TUITION FEES	900099	4,612,155	4,612,155	
b		MEMBERSHIP DUES & ASSE	900099	4,003,762	4,003,762		
c							
d							
e							
f		All other program service revenue					
g		Total. Add lines 2a-2f		8,615,917			
Other Revenue		3	Investment income (including dividends, interest and other similar amounts)		14,413		14,413
		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 \$ 45,120 of contributions reported on line 1c) See Part IV, line 18	a	141,156			
		b	Less direct expenses	b	81,294		
		c	Net income or (loss) from fundraising events . . .		59,862		59,862
	9a	Gross income from gaming activities See Part IV, line 19 . . .	a				
		b	Less direct expenses	b			
		c	Net income or (loss) from gaming activities . . .				
	10a	Gross sales of inventory, less returns and allowances	a				
		b	Less cost of goods sold	b			
		c	Net income or (loss) from sales of inventory . . .				
Miscellaneous Revenue	Business Code						
	11a	MISCELLANEOUS REVENUE	900099	38,009		38,009	
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d		38,009			
12	Total revenue. See Instructions		9,111,782	8,615,917	0	112,284	

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	252,925	252,925		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	10,114	10,114		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	375,796	209,372	84,219	82,205
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	3,538,623	3,161,868	315,998	60,757
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	245,122	205,020	34,660	5,442
9	Other employee benefits	367,922	325,539	34,802	7,581
10	Payroll taxes	255,407	232,126	19,975	3,306
a	Fees for services (non-employees)				
	Management				
b	Legal	17,160	14,907	1,703	550
c	Accounting	20,500	17,808	2,035	657
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other	127,259	114,668	9,293	3,298
12	Advertising and promotion	58,526	35,052	3,408	20,066
13	Office expenses	39,858	32,874	2,678	4,306
14	Information technology	89,697	70,337	8,037	11,323
15	Royalties				
16	Occupancy	856,043	742,176	86,495	27,372
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	49,685	45,035	3,281	1,369
20	Interest	269,351	182,333	80,287	6,731
21	Payments to affiliates	95,630	83,071	9,492	3,067
22	Depreciation, depletion, and amortization	585,033	508,201	58,072	18,760
23	Insurance	84,961	72,698	9,647	2,616
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	PROGRAM EXPENDITURES	669,462	666,037		3,425
b	MAINTENANCE	262,350	225,815	28,213	8,322
c	OTHER EXPENDITURES	237,703	204,743	24,671	8,289
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	8,509,127	7,412,719	816,966	279,442
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			46,170	1	43,176
	2	Savings and temporary cash investments			1,452,240	2	1,793,625
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			18,453	4	48,967
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			64,171	9	61,738
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a	16,289,283			
	b	Less: accumulated depreciation	10b	4,416,079	12,010,176	10c	11,873,204
	11	Investments—publicly traded securities				11	
	12	Investments—other securities. See Part IV, line 11			595,000	12	595,000
	13	Investments—program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
16	Total assets. Add lines 1 through 15 (must equal line 34)			14,186,210	16	14,415,710	
Liabilities	17	Accounts payable and accrued expenses			265,055	17	320,278
	18	Grants payable				18	
	19	Deferred revenue			767,636	19	681,462
	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			2,817,498	23	2,475,294
	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			3,850,189	26	3,477,034
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			10,004,798	27	10,505,174
	28	Temporarily restricted net assets			331,223	28	433,502
	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			10,336,021	33	10,938,676
	34	Total liabilities and net assets/fund balances			14,186,210	34	14,415,710

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	9,111,782
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,509,127
3	Revenue less expenses Subtract line 2 from line 1	3	602,655
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	10,336,021
5	Other changes in net assets or fund balances (explain in Schedule O)	5	
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	10,938,676

Part XII Financial Statements and Reporting

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

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

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
THE NEW CANAAN COMMUNITY YOUNG MEN'S
CHRISTIAN ASSOCIATION INC

Employer identification number
06-0763077

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

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

1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9

☒

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10

☐

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

11

☐

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

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

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

f

☐

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

g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?
(ii) a family member of a person described in (i) above?
(iii) a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

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

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

Part II

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

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

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

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

Section C. Computation of Public Support Percentage		
14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2009 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
b 33 1/3% support test—2009. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
17a 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶		
b 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶		
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶		

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	3,730,335	4,075,587	4,322,280	4,224,833	4,387,343	20,740,378
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	3,808,812	4,033,510	4,603,824	4,661,867	4,612,155	21,720,168
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	7,539,147	8,109,097	8,926,104	8,886,700	8,999,498	42,460,546
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
c Add lines 7a and 7b						0
8 Public Support (Subtract line 7c from line 6)						42,460,546

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	7,539,147	8,109,097	8,926,104	8,886,700	8,999,498	42,460,546
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	47,425	45,825	30,151	26,941	14,413	164,755
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	47,425	45,825	30,151	26,941	14,413	164,755
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.)				3,592	38,009	41,601
13 Total support (Add lines 9, 10c, 11 and 12.)	7,586,572	8,154,922	8,956,255	8,917,233	9,051,920	42,666,902
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	99.520 %
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	99.590 %

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	0.390 %
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	0.410 %
19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
b 33 1/3% support tests—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ▶		

Part IV

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

Facts And Circumstances Test

Additional Data

Software ID:

Software Version:

EIN: 06-0763077

Name: THE NEW CANAAN COMMUNITY YOUNG MEN'S CHRISTIAN ASSOCIATION INC

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
LAURA BARKER DIRECTOR	1 00	X						0	0	0
JENNIFER FORESE SECRETARY	2 00	X		X				0	0	0
SCOTT FULLER DIRECTOR	1 00	X						0	0	0
DICK GESSINGER TREASURER	3 00	X		X				0	0	0
BOYD HARDEN DIRECTOR	3 00	X						0	0	0
THOMAS HARGROVE DIRECTOR	1 00	X						0	0	0
CHRIS HUGHES DIRECTOR	1 00	X						0	0	0
ARNOLD KARP DIRECTOR	2 00	X						0	0	0
DAVID KIRBY DIRECTOR	1 00	X						0	0	0
SUSAN LOVEJOY DIRECTOR	1 00	X						0	0	0
MARTIN MCCLAUGHLIN DIRECTOR	2 00	X						0	0	0
KEVIN COWSER DIRECTOR	1 00	X						0	0	0
TOM OSTENDORF DIRECTOR	1 00	X						0	0	0
CHRIS POHLE DIRECTOR	1 00	X						0	0	0
JEFF ROLD DIRECTOR	1 00	X						0	0	0
GEORGE RUSSELL VICE PRESIDENT	3 00	X		X				0	0	0
KRISTEN SELVALA VICE PRESIDENT	3 00	X		X				0	0	0
PETER SKAPERDAS PRESIDENT	4 00	X		X				0	0	0
HUNTER SMITH DIRECTOR	1 00	X						0	0	0
STAN SOKOLOWSKI DIRECTOR	1 00	X						0	0	0
DAVID SQUIER DIRECTOR	1 00	X						0	0	0
CHRISTINE WAGNER DIRECTOR	2 00	X						0	0	0
JUDY BENTLEY TRUSTEE	1 00	X						0	0	0
SHERRI KIELLAND TRUSTEE	1 00	X						0	0	0
CHUCK KONTULIS TRUSTEE	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			
JOSEPH MERRILL TRUSTEE	1 00	X						0	0	0
PETER ZEISING TRUSTEE	1 00	X						0	0	0
CAROL MATOUSEK CFO	40 00			X				80,299	0	34,782
CRAIG PANZANO EXECUTIVE DIRECTOR	40 00			X				202,074	0	58,641

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

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2010

Open to Public Inspection

If the organization answered “Yes,” to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered “Yes,” to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered “Yes,” to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization THE NEW CANAAN COMMUNITY YOUNG MEN'S CHRISTIAN ASSOCIATION INC	Employer identification number 06-0763077
---	--

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1	Provide a description of the organization’s direct and indirect political campaign activities in Part IV	
2	Political expenditures	▶ \$ _____
3	Volunteer hours	_____

Part I-B Complete if the organization is exempt under section 501(c)(3).

1	Enter the amount of any excise tax incurred by the organization under section 4955	▶ \$ _____
2	Enter the amount of any excise tax incurred by organization managers under section 4955	▶ \$ _____
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," describe in Part IV	

Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	▶ \$ _____
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities	▶ \$ _____
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	▶ \$ _____
4	Did the filing organization file Form 1120-POL for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization’s funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV	

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A

Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A

Check

☐

if the filing organization belongs to an affiliated group

B

Check

☐

if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount Enter the amount from the following table in both columns															
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a If zero or less, enter -0-															
i Subtract line 1f from line 1c If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes	<input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(a)		(b)	
		Yes	No	Amount	
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				
	a Volunteers?				No
	b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				No
	c Media advertisements?				No
	d Mailings to members, legislators, or the public?				No
	e Publications, or published or broadcast statements?				No
	f Grants to other organizations for lobbying purposes?				No
	g Direct contact with legislators, their staffs, government officials, or a legislative body?				No
	h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				No
	i Other activities? If "Yes," describe in Part IV	Yes		750	
	j Total lines 1c through 1i			750	
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No		
b	If "Yes," enter the amount of any tax incurred under section 4912				
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				

Part III-A

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

Part III-B

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV

Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation
EXPLANATION OF OTHER LOBBYING ACTIVITIES	PART II-B, LINE 1I	THE ASSOCIATION CONTRIBUTES TO THE UNINCORPORATED CONNECTICUT STATE ALLIANCE OF YMCA'S TO ENGAGE A LOBBYIST TO MAINTAIN CONTACT WITH STATE LEGISLATION ISSUES AFFECTING THE YMCA

SCHEDULE D
(Form 990)

Supplemental Financial Statements

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

OMB No 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization THE NEW CANAAN COMMUNITY YOUNG MEN'S CHRISTIAN ASSOCIATION INC	Employer identification number 06-0763077
---	---

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

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

1

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

☐ Preservation of land for public use (e g , recreation or pleasure)☐ Preservation of an historically importantly land area
☐ Protection of natural habitat☐ Preservation of a certified historic structure
☐ Preservation of open space

2

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

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

3

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

4

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

5

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

☐ Yes ☐ No

6

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

7

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

8

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

☐ Yes ☐ No

9

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

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

1a

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

b

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

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

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

2

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

a

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

b

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

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

Cat No 52283D

Schedule D (Form 990) 2010

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

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

☐ Yes

☐ No

Part IV

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

1a

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

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

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

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a Beginning of year balance	107,905	107,487	79,757		
b Contributions	17,200	150	25,650		
c Investment earnings or losses	13	268	2,080		
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	125,118	107,905	107,487		

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 100 000 %

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

(i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

3a(ii)

Yes

No

b

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

3b

4

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

Part VI

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

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,038,300		1,038,300
b Buildings		14,168,203	3,543,099	10,625,104
c Leasehold improvements				
d Equipment				
e Other		1,082,780	872,980	209,800
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				11,873,204

Schedule D (Form 990) 2010

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	19,111,782
2	Total expenses (Form 990, Part IX, column (A), line 25)	8,509,127
3	Excess or (deficit) for the year Subtract line 2 from line 1	602,655
4	Net unrealized gains (losses) on investments	
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV)	
9	Total adjustments (net) Add lines 4 - 8	0
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	602,655

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements	19,193,076
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a	Net unrealized gains on investments2a	
b	Donated services and use of facilities2b	
c	Recoveries of prior year grants2c	
d	Other (Describe in Part XIV)2d81,294	
e	Add lines 2a through 2d2e	81,294
3	Subtract line 2e from line 13	9,111,782
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b4a	
b	Other (Describe in Part XIV)4b	
c	Add lines 4a and 4b4c	0
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)5	9,111,782

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements	8,590,421
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
a	Donated services and use of facilities2a	
b	Prior year adjustments2b	
c	Other losses2c	
d	Other (Describe in Part XIV)2d81,294	
e	Add lines 2a through 2d2e	81,294
3	Subtract line 2e from line 13	8,509,127
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b4a	
b	Other (Describe in Part XIV)4b	
c	Add lines 4a and 4b4c	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)5	8,509,127

Part XIV Supplemental Information

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

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	THE ENDOWMENT WOULD PROVIDE A FINANCIAL SUBSIDY FOR PROGRAMS (AND FACILITIES WHICH SUPPORT THESE PROGRAMS) THAT DO NOT COVER DIRECT AND INDIRECT OPERATING COSTS. PROGRAMS CONSIDERED FOR SUBSIDY BY THE ENDOWMENT ARE LIMITED TO THOSE THAT ARE CONSIDERED ESSENTIAL TO FULFILLING THE MISSION OF THE NEW CANAAN COMMUNITY YMCA. THE ENDOWMENT MAY ALSO PROVIDE A RESERVE AGAINST A SERIOUS FINANCIAL HARDSHIP OR AN EXTREME UNFORESEEN CIRCUMSTANCE.
PART XII, LINE 2D - OTHER ADJUSTMENTS		SPECIAL EVENTS EXPENSE
PART XIII, LINE 2D - OTHER ADJUSTMENTS		SPECIAL EVENTS EXPENSE

OMB No 1545-0047

Open to Public Inspection

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.**
▶ **Attach to Form 990. ▶ See separate instructions.**


06-0763077

3 Activites per Region (Use Part V if additional space is needed)

Schedule F (Form 990) 2010

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 ☐ ☐
Use Part V if additional space is needed.

[illegible]

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter  _____

3 Enter total number of other organizations or entities ►

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
Use Part V if additional space is needed.

[illegible]

Part IV Foreign Forms

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)*

☐

Yes

☒

No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)*

☐

Yes

☒

No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)*

☐

Yes

☒

No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)*

☐

Yes

☒

No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)*

☐

Yes

☒

No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).*

☐

Yes

☒

No

Supplemental Information

Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

[illegible]

Supplemental Information Regarding Fundraising or Gaming Activities

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

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
THE NEW CANAAN COMMUNITY YOUNG MEN'S
CHRISTIAN ASSOCIATION INC

Employer identification number

06-0763077

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

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

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

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

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

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

3 List all states in which the organization is registered or licensed to solicit 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.

Revenue		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		GOLF TOURNAMENT	CIRCUS		(Add col (a) through col (c))
		(event type)	(event type)	(total number)	
1	Gross receipts	145,889	40,387		186,276
2	Less Charitable contributions	45,120			45,120
3	Gross income (line 1 minus line 2)	100,769	40,387		141,156
Direct Expenses	4	Cash prizes			
	5	Non-cash prizes			
	6	Rent/facility costs	42,480	10,200	52,680
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	17,883	10,731	28,614
	10	Direct expense summary Add lines 4 through 9 in column (d) ►			81,294
	11	Net income summary Combine lines 3 and 10 in column (d). ►			59,862

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.

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<div><div><input type="checkbox"/> Yes %</div><div><input type="checkbox"/> No</div></div>	<div><div><input type="checkbox"/> Yes %</div><div><input type="checkbox"/> No</div></div>	<div><div><input type="checkbox"/> Yes %</div><div><input type="checkbox"/> No</div></div>	
	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 I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2010

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Inspection

Name of the organization
THE NEW CANAAN COMMUNITY YOUNG MEN'S
CHRISTIAN ASSOCIATION INC

Employer identification number
06-0763077

Part I

General Information on Grants and Assistance

- 1

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

☒ Yes ☐ No
- 2

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

Part II

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

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

2

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

3

Enter total number of other organizations ▶

Part III

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

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) MEMBERSHIP SCHOLARSHIPS	254	84,040		YMCA FEE	YMCA SERVICES
(2) CHILDCARE SCHOLARSHIPS	22	34,332		YMCA FEE	YMCA SERVICES
(3) CAMP SCHOLARSHIPS	83	84,326		YMCA FEE	YMCA SERVICES
(4) OTHER PROGRAM SCHOLARSHIPS	109	50,227		YMCA FEE	YMCA SERVICES

Part IV

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

Identifier	Return Reference	Explanation
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Schedule I (Form 990) 2010

Schedule J (Form 990)	Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23. ▶ Attach to Form 990. ▶ See separate instructions.	OMB No 1545-0047
		2010
		Open to Public Inspection

Name of the organization THE NEW CANAAN COMMUNITY YOUNG MEN'S CHRISTIAN ASSOCIATION INC	Employer identification number 06-0763077
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Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items <div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
1b	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 <div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Form 990 of other organizations</div><div><input type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization a Receive a severance payment or change-of-control payment from the organization or a related organization? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III 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		No
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of a The organization? b Any related organization? If "Yes," to line 6a or 6b, describe in Part III		No
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III		No
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?		

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) CRAIG PANZANO	(i)	202,074	0	0	24,249	34,392	260,715	0
	(ii)	0	0	0	0	0	0	0
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

Part III **Supplemental Information**

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

Identifier	Return Reference	Explanation
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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization THE NEW CANAAN COMMUNITY YOUNG MEN'S CHRISTIAN ASSOCIATION INC	Employer identification number 06-0763077
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Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		A PRELIMINARY FORM 990 IS DISTRIBUTED AND REVIEWED BY EACH MEMBER OF THE FINANCE COMMITTEE ANY QUESTIONS, COMMENTS OR REVISIONS ARE REVIEWED AND RESOLVED WITH THE CHIEF FINANCIAL OFFICER AND INDEPENDENT AUDITOR AS REQUIRED ONCE FINALIZED AND PRIOR TO ELECTRONICALLY FILING, THE FORM 990 IS PROVIDED TO THE BOARD OF DIRECTORS FOR REVIEW AND APPROVAL

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	IN SECTION X OF THE CONFLICT OF INTEREST POLICY IT IS PROVIDED THAT ANNUAL REVIEWS SHALL BE CONDUCTED BY THE FINANCE COMMITTEE OF THE BOARD, WHICH SHALL INCLUDE AT A MINIMUM A REVIEW OF WHETHER COMPENSATION ARRANGEMENTS AND BENEFITS ARE REASONABLE, ARE BASED ON COMPETENT SURVEY INFORMATION, AND ARE THE RESULT OF ARM'S LENGTH BARGAINING, AND WHETHER PARTNERSHIPS, JOINT VENTURES, AND ARRANGEMENTS WITH MANAGEMENT ORGANIZATIONS CONFORM TO THE "Y'S" WRITTEN POLICIES AND ARE PROPERLY RECORDED, REFLECT REASONABLE INVESTMENT OR PAYMENTS FOR GOODS AND SERVICES, FURTHER CHARITABLE PURPOSES AND DO NOT RESULT IN IMPERMISSIBLE OR EXCESS PRIVATE BENEFIT CURRENTLY THE CHIEF FINANCIAL OFFICER IS CHARGED WITH MONITORING DISCLOSED AND REPORTED CONFLICTS OF INTEREST AND REPORTING THEM TO THE BOARD FOR ENFORCEMENT ACTION

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	THE HR COMMITTEE ANNUALLY REVIEWS THE SALARY ADMINISTRATION BASED ON YUSA SALARY POLICY RECOMMENDATIONS AND THE HAY PLAN EXEMPT WAGES ARE DETERMINED ON BASE LINE AND POINTS THE CEO IS EVALUATED BY A COMPENSATION COMMITTEE WAGES NEED TO REMAIN WITHIN THE POSITION RANGES AND MAY BE RE-POINTED AS JOB RESPONSIBILITIES AND SCOPE OF POSITION CHANGES

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THESE ITEMS WILL BE PROVIDED UPON REQUEST