



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



Form 990

Return of Organization Exempt From Income Tax

2010

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

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 09-01-2010 and ending 08-31-2011

B Check if applicable

C Name of organization
SOUTH SHORE YMCAD Employer identification number
04-2105881

Address change

E Telephone number
(617) 479-8500

Name change

F Initial return

G Gross receipts \$ 22,213,532

H Terminated

I Amended return

J Application pending

K Tax-exempt status
501(c)(3) 501(c) () (insert no) 4947(a)(1) or 527

J Website: ► WWW.SSYMCA.ORG

K Form of organization Corporation Trust Association Other ►

L Year of formation 1892

M State of legal domicile MA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO PROMOTE A HEALTHY SPIRIT, MIND AND BODY FOR ALL WITH PROGRAMS FOR YOUTH DEVELOPMENT, HEALTHY LIVING, AND SOCIAL RESPONSIBILITY

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

3 Number of voting members of the governing body (Part VI, line 1a)	41
4 Number of independent voting members of the governing body (Part VI, line 1b)	26
5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	1,409
6 Total number of volunteers (estimate if necessary)	1,450
7a Total unrelated business revenue from Part VIII, column (C), line 12	0
b Net unrelated business taxable income from Form 990-T, line 34	0

Revenue		Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)		1,232,617	1,670,688
9 Program service revenue (Part VIII, line 2g)		18,990,625	18,870,840
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		54,362	288,200
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		664,627	707,072
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		20,942,231	21,536,800

Expenses		Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)		0	1,227,628
9 Program service revenue (Part VIII, line 2g)		0	0
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		11,354,826	11,675,281
11 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		0	0
12 Total expenses—Add lines 13-17 (must equal Part IX, column (A), line 25)		8,613,137	7,905,559
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		19,967,963	20,808,468
14 Benefits paid to or for members (Part IX, column (A), line 4)		974,268	728,332
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			
16a Professional fundraising fees (Part IX, column (A), line 11e)			
b Total fundraising expenses (Part IX, column (D), line 25) ► 290,559			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)			
18 Total expenses—Add lines 13-17 (must equal Part IX, column (A), line 25)			
19 Revenue less expenses—Subtract line 18 from line 12			

Net Assets or Fund Balances		Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)		45,357,748	45,930,803
21 Total liabilities (Part X, line 26)		12,952,245	12,600,301
22 Net assets or fund balances—Subtract line 21 from line 20		32,405,503	33,330,502

Part II Signature Block

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

Sign Here	***** Signature of officer PAUL J GORMAN PRESIDENT Type or print name and title	2012-07-12 Date
-----------	------------------------------------------------------------------------------------------	--------------------

Paid Preparer Use Only	Print/Type preparer's name MICHAEL HINCHEY	Preparer's signature MICHAEL HINCHEY	Date 2012-07-12	Check if self-employed ►	PTIN
	Firm's name ► KIRKLAND ALBRECHT & FREDRICKSON LLC				Firm's EIN ►
	Firm's address ► 10 FORBES ROAD WEST BRAINTREE, MA 02184				Phone no ► (781) 356-2000

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

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III **1** Briefly describe the organization's mission

TO PROMOTE A HEALTHY SPIRIT, MIND AND BODY FOR ALL WITH PROGRAMS FOR YOUTH DEVELOPMENT, HEALTHY LIVING, AND SOCIAL RESPONSIBILITY

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported**4a** (Code) (Expenses \$ 5,626,420 including grants of \$ 383,634) (Revenue \$ 7,378,025)

THE SOUTH SHORE YMCA RESPONDS TO THE INDIVIDUAL NEEDS OF THE 11 COMMUNITIES IN ITS SERVICE AREA BY FOCUSING OUR WORK IN THREE KEY AREAS NURTURING THE POTENTIAL OF KIDS, HELPING PEOPLE LIVE HEALTHIER LIVES, AND SUPPORTING OUR NEIGHBORS ARE FUNDAMENTAL TO STRENGTHENING OUR COMMUNITIES MORE THAN 60,000 INDIVIDUALS FROM TOWNS AND CITIES ARE IMPACTED EACH YEAR YOUTH DEVELOPMENT - OF THESE SERVED, OVER 40% ARE CHILDREN AND TEENS THROUGH OUR CHILD CARE, AFTER SCHOOL AND CAMPING PROGRAMS WE PROVIDE SAFE, ENGAGING ENVIRONMENTS WHERE CHILDREN LEARN, GROW AND THRIVE WHILE PARENTS ARE AWAY FROM HOME WORKING IN OUR LEADERSHIP DEVELOPMENT PROGRAMS, SUCH AS YOUTH AND GOVERNMENT AND LEADERS CLUBS, WE ARE ABLE TO INCORPORATE OUR YMCA CORE VALUES OF CARING, HONESTY, RESPECT AND RESPONSIBILITY TO HELP GUIDE THE YOUTH OF TODAY BECOME THE STEWARDS OF TOMORROW THROUGH OUR AQUATICS, SPORTS & RECREATION AND HEALTH AND WELL-BEING CLASSES WE ARE PROVIDING IMPORTANT HEALTHY ACTIVITIES TO HELP ADDRESS THE NATION'S CHILDHOOD OBESITY CRISIS

4b (Code) (Expenses \$ 10,127,557 including grants of \$ 690,541) (Revenue \$ 9,837,367)

HEALTHY LIVING - WITH A COMMITMENT TO BEING ACCESSIBLE FOR PEOPLE OF ALL AGES, ABILITIES, BACKGROUNDS AND INCOMES WE SERVE OVER 60,000 MEMBERS AND PROGRAM PARTICIPANTS WITH SERVICES AND PROGRAMS THAT BUILD HEALTH OF SPIRIT, MIND AND BODY FOR ALL AS THE NATION'S HEALTH CRISIS GROWS, ACCESS TO PROGRAMS THAT IMPROVE HEALTH AND WELL-BEING IS ESSENTIAL TO CREATING HEALTHY COMMUNITIES THROUGH PROGRAMS SUCH AS OUR PARTNERSHIP PROGRAM WHERE VOLUNTEERS PARTNER WITH INDIVIDUALS WITH DISABILITIES, FAMILY WORKOUT WHERE CHILDREN AGES 7 AND UP EXERCISE ALONG SIDE THEIR PARENTS, OR THROUGH OUR TRANSITION PROGRAMS SUCH AS ARTHRITIS AQUATICS, CARDIAC CARE OR DIABETES PREVENTION WE CREATE SAFE, SUPPORTIVE, CARING ENVIRONMENTS WHERE HEALTHY LIVING IS ATTAINABLE

4c (Code) (Expenses \$ 2,250,568 including grants of \$ 153,454) (Revenue \$ 2,459,342)

SOCIAL RESPONSIBILITY - AS A CAUSE-DRIVEN ORGANIZATION OUR PURPOSE IS STRENGTHENING OUR COMMUNITIES THROUGH THE DEVELOPMENT OF PARTNERSHIPS AND COLLABORATIONS WITH OTHER COMMUNITY ORGANIZATIONS WE WORK TO IDENTIFY AND RESPOND TO COMMUNITY NEEDS AT THE GERMANTOWN NEIGHBORHOOD CENTER PROGRAMS SUCH AS THE WOMEN'S DOMESTIC ADVOCACY NETWORK, FAMILY EMERGENCY FUND AND FOOD PANTRY, WHICH IS CURRENTLY SERVING OVER 1,400 INDIVIDUALS MONTHLY, PROVIDE ESSENTIAL SERVICES, PROGRAMS AND NECESSITIES TO BREAK THE CYCLE OF GENERATIONAL POVERTY AND ABUSE THROUGH OUR VOLUNTEER PROGRAM, WE ENGAGE OVER 700 VOLUNTEERS TO PROVIDE ASSISTANCE WITH GOVERNANCE ON OUR BOARDS, COMMITTEES, PROGRAMS AND SERVICES ADDITIONALLY, OUR ANNUAL SUPPORT CAMPAIGN HAS OVER 750 FUNDRAISING VOLUNTEERS WHO HELP TO RAISE OVER \$1 2 MILLION DOLLARS FOR SCHOLARSHIPS AND FINANCIAL ASSISTANCE THESE FUNDS HELP TO BREAK DOWN BARRIERS AS WE STRIVE TO ENSURE THAT NO CHILD, TEEN, ADULT OR SENIOR IS EXCLUDED FROM PARTICIPATING IN OUR PROGRAMS OR SERVICES REGARDLESS OF ABILITY TO PAY

4d Other program services (Describe in Schedule O)

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

4e Total program service expenses \$ 18,004,545

Part IV Checklist of Required Schedules

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A.

2 Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?

3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

4 **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III

6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I

7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III

9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV

10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V

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? If "Yes," complete Schedule D, Part VI.

b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.

d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.

e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.

f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.

12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII

b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States?

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV

15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U.S.? If "Yes," complete Schedule F, Parts II and IV

16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U.S.? If "Yes," complete Schedule F, Parts III and IV

17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III

20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H

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)

	Yes	No
1	Yes	
2	Yes	
3		No
4		No
5		
6		No
7		No
8		No
9		No
10	Yes	
11a	Yes	
11b		No
11c		No
11d	Yes	
11e	Yes	
11f	Yes	
12a	Yes	
12b		No
13		No
14a		No
14b		No
15		No
16		No
17		No
18	Yes	
19		No
20a		No
20b		

Part IV Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	<input checked="" type="checkbox"/>	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	<input checked="" type="checkbox"/>	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? If "Yes," complete Schedule J	<input checked="" type="checkbox"/>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25	<input checked="" type="checkbox"/>	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	<input checked="" type="checkbox"/>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	<input checked="" type="checkbox"/>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	<input checked="" type="checkbox"/>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	<input checked="" type="checkbox"/>	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)		28a		No
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	<input checked="" type="checkbox"/>	28b		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	<input checked="" type="checkbox"/>	28c	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	<input checked="" type="checkbox"/>	29	Yes	
30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	<input checked="" type="checkbox"/>	30		No
31	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	<input checked="" type="checkbox"/>	31		No
32	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	<input checked="" type="checkbox"/>	32		No
33	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	<input checked="" type="checkbox"/>	33		No
34	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	<input checked="" type="checkbox"/>	34		No
35	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	<input checked="" type="checkbox"/>	35		No
a	Is any related organization a controlled entity within the meaning of section 512(b)(13)?				
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	<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? If "Yes," complete Schedule R, Part V, line 2	<input checked="" type="checkbox"/>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	<input checked="" type="checkbox"/>	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	<input checked="" type="checkbox"/>	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	47
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, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a	1,409
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes
<p>Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</p>			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	No
b	If "Yes," enter the name of the foreign country ► See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).	7a	Yes
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?	7b	Yes
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7c	No
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7d	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7e	No
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7h	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	8	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	9a	
9	Sponsoring organizations maintaining donor advised funds.	9b	
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter	10a	
a	Initiation fees and capital contributions included on Part VIII, line 12	10b	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter	11a	
a	Gross income from members or shareholders	11b	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a	
a	Is the organization licensed to issue qualified health plans in more than one state?		
<p>Note. See the instructions for additional information the organization must report on Schedule O</p>			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

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

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

Section A. Governing Body and Management

1a Enter the number of voting members of the governing body at the end of the tax year

1a	41
1b	26

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?

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?

4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?

5 Did the organization become aware during the year of a significant diversion of the organization's assets?

6 Does the organization have members or stockholders?

7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?

b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following

a The governing body?

b Each committee with authority to act on behalf of the governing body?

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

	Yes	No
2	Yes	
3		No
4		No
5		No
6		No
7a		No
7b		No
8a	Yes	
8b	Yes	
9		No

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

10a Does the organization have local chapters, branches, or affiliates?

b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?

11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?

b Describe in Schedule O the process, if any, used by the organization to review this Form 990

12a Does the organization have a written conflict of interest policy? If "No," go to line 13

b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?

c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done

13 Does the organization have a written whistleblower policy?

14 Does the organization have a written document retention and destruction policy?

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

b Other officers or key employees of the organization

If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?

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?

	Yes	No
10a	Yes	
10b	Yes	
11a	Yes	
12a	Yes	
12b	Yes	
12c	Yes	
13	Yes	
14	Yes	
15a	Yes	
15b	Yes	
16a		No
16b		

Section C. Disclosure

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

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

Own website Another's website Upon request

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

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

JAMES JAROSZ VP FINANCE & SYSTEMS
79 CODDINGTON STREET
QUINCY, MA 02169
(617) 479-8500

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.

(11) (12) (13) (14) (15) (16) (17)

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

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **►5**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
TETRA TECH RIZZO ONE GRANT STREET FRAMINGHAM, MA 01701	ENGINEERING CONSULTANTS	389,014
APPLE CORPS INC PO BOX 501 WEYMOUTH, MA 02190	CONTRACT CLEANING	218,688
SHEKEY ARCHITECTS 14 FRANKLIN STREET QUINCY, MA 02169	ARCHITECTURAL SERVICES	179,725
NPV DEVELOPMENT 1116 GREAT PLAIN AVENUE 207 NEEDHAM, MA 02492	PROJECT MANAGEMENT	123,900

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 **►4**

Part VIII Statement of Revenue

Contributions, gifts, grants and other similar amounts			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
1a Federated campaigns	1a					
b Membership dues	1b					
c Fundraising events	1c					
d Related organizations	1d					
e Government grants (contributions)	1e					
f All other contributions, gifts, grants, and similar amounts not included above	1f	1,670,688				
g Noncash contributions included in lines 1a-1f \$		120,400				
h Total. Add lines 1a-1f			1,670,688			
Program Service Revenue			Business Code			
	2a DUES AND ASSESSMENTS		713940	9,869,897	9,869,897	
	b RESIDENT, DAY CAMP		713940	4,162,872	4,162,872	
	c PROGRAM FEES		713940	2,681,052	2,681,052	
	d CHILD CARE		624410	2,157,019	2,157,019	
	e					
	f All other program service revenue					
g Total. Add lines 2a-2f			18,870,840			
Other Revenue	3 Investment income (including dividends, interest and other similar amounts)					
				118,518		118,518
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
			(I) Real	(II) Personal		
	6a Gross Rents					
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
			(I) Securities	(II) Other		
7a Gross amount from sales of assets other than inventory		624,931	41,711			
	b Less cost or other basis and sales expenses	496,960				
	c Gain or (loss)	127,971	41,711			
	d Net gain or (loss)			169,682	169,682	
8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18						
	a	511,286				
	b Less direct expenses	179,772				
	c Net income or (loss) from fundraising events		331,514		331,514	
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					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code				
11a FACILITY RENT		900002	159,586	159,586		
b MERCHANDISE & VENDING		900099	115,175	115,175		
c OTHER INCOME		900099	100,797	100,797		
d All other revenue						
e Total. Add lines 11a-11d			375,558			
12 Total revenue. See Instructions			21,536,800	19,416,080	0	450,032

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	1,227,628	1,227,628		
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
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	9,621,169	8,448,164	1,089,905	83,100
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	632,762	478,824	127,266	26,672
9 Other employee benefits	571,169	443,290	99,271	28,608
10 Payroll taxes	850,181	745,498	86,405	18,278
a Fees for services (non-employees) Management				
b Legal	28,512		28,512	
c Accounting	34,992	380	34,612	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other	632,299	447,700	151,475	33,124
12 Advertising and promotion	201,614	137,134	3,078	61,402
13 Office expenses	299,411	242,056	43,227	14,128
14 Information technology				
15 Royalties				
16 Occupancy	988,341	940,131	47,348	862
17 Travel	42,605	21,850	16,194	4,561
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	124,844	42,622	65,902	16,320
20 Interest	427,417	346,678	80,739	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,700,607	1,614,751	85,856	
23 Insurance	224,689	202,789	21,900	
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 UTILITIES	1,216,073	1,205,394	10,679	
b PROGRAM SUPPLIES	609,767	609,767		
c BAD DEBT EXPENSE	449,283		449,283	
d NATIONAL YMCA DUES	181,804	181,804		
e VEHICLE LEASE & OPERATI	159,280	159,280		
f All other expenses	584,021	508,805	71,712	3,504
25 Total functional expenses. Add lines 1 through 24f	20,808,468	18,004,545	2,513,364	290,559
26 Joint costs. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year	(B) End of year
Assets	1 Cash—non-interest-bearing	18,528	1 20,492
	2 Savings and temporary cash investments	2,153,068	2 2,203,216
	3 Pledges and grants receivable, net	2,678,406	3 2,547,345
	4 Accounts receivable, net	446,767	4 411,299
	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	13,348	8 17,160
	9 Prepaid expenses and deferred charges	25,001	9 103,832
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	47,482,711	
	10a		
	10b Less accumulated depreciation	16,299,146	
			10c 31,183,565
	11 Investments—publicly traded securities	5,999,640	11 6,391,299
	12 Investments—other securities See Part IV, line 11		12
	13 Investments—program-related See Part IV, line 11		13
	14 Intangible assets		14
	15 Other assets See Part IV, line 11	3,301,190	15 3,052,595
	16 Total assets. Add lines 1 through 15 (must equal line 34)	45,357,748	16 45,930,803
Liabilities	17 Accounts payable and accrued expenses	1,097,198	17 859,244
	18 Grants payable		18
	19 Deferred revenue	151,335	19 161,737
	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	10,979,665	23 10,667,700
	24 Unsecured notes and loans payable to unrelated third parties		24
	25 Other liabilities Complete Part X of Schedule D	724,047	25 911,620
	26 Total liabilities. Add lines 17 through 25	12,952,245	26 12,600,301
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	26,741,861	27 27,301,767
	28 Temporarily restricted net assets	5,641,201	28 6,006,244
	29 Permanently restricted net assets	22,441	29 22,491
	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	32,405,503	33 33,330,502
	34 Total liabilities and net assets/fund balances	45,357,748	34 45,930,803

Part XI Reconciliation of Net AssetsCheck 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	21,536,800
2	Total expenses (must equal Part IX, column (A), line 25)	2	20,808,468
3	Revenue less expenses Subtract line 2 from line 1	3	728,332
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	32,405,503
5	Other changes in net assets or fund balances (explain in Schedule O)	5	196,667
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	33,330,502

Part XII Financial Statements and ReportingCheck 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?	2a	No
2b Were the organization's financial statements audited by an independent accountant?	2b	No
2c If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	
2d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input 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?	3a	No
3b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	

SCHEDULE A
(Form 990 or 990EZ)**Public Charity Status and Public Support****2010****Open to Public
Inspection**Department of the Treasury
Internal Revenue Service

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.

Name of the organization
SOUTH SHORE YMCA

Employer identification number

04-2105881

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			
Total							

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

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

Section A. Public Support

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

Section B. Total Support

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

Section C. Computation of Public Support Percentage

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	14,955,346	12,096,822	11,146,798	11,480,528	11,872,099	61,551,593
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	8,184,861	8,876,873	8,855,996	9,009,804	9,000,943	43,928,477
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	23,140,207	20,973,695	20,002,794	20,490,332	20,873,042	105,480,070
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)						105,480,070

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	23,140,207	20,973,695	20,002,794	20,490,332	20,873,042	105,480,070
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	469,118	517,420	224,010	98,414	118,518	1,427,480
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	469,118	517,420	224,010	98,414	118,518	1,427,480
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)	208,742	210,875	272,247	299,123	375,558	1,366,545
13 Total support (Add lines 9, 10c, 11 and 12)	23,818,067	21,701,990	20,499,051	20,887,869	21,367,118	108,274,095
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ►						

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	97 420 %
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	97 540 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	1 320 %
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	1 500 %
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).

2010

Open to Public
Inspection**SCHEDULE D**
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**

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

Name of the organization
SOUTH SHORE YMCA**Employer identification number**

04-2105881

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

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

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

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

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

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

Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year
2a	
2b	
2c	
2d	

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

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

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

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

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

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

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

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

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

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

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

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

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

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

b Assets included in Form 990, Part X ► \$ _____

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

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

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

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

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

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

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

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

	Amount
1c	
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	5,798,913	5,701,126	6,577,590		
b Contributions	50	28,130	47,237		
c Investment earnings or losses	640,514	294,693	-538,217		
d Grants or scholarships					
e Other expenditures for facilities and programs	298,350	225,036	385,484		
f Administrative expenses	17,363				
g End of year balance	6,123,764	5,798,913	5,701,126		

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

a Board designated or quasi-endowment ► 99.630 %

b Permanent endowment ► 0.370 %

c Term endowment ► 0 %

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

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

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

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

Part VI 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		4,259,756			4,259,756
b Buildings		36,011,083	11,830,925		24,180,158
c Leasehold improvements		311,549	160,208		151,341
d Equipment		5,681,483	4,308,013		1,373,470
e Other		1,218,840			1,218,840
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)					31,183,565

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

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

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

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

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

(a) Description	(b) Book value
(1) REAL ESTATE - GERMANTOWN	440,000
(2) CASH RESTRICTED TO INVESTMENT IN PROPERTY AND EQUIPMENT	2,612,595
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15.)	3,052,595

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

(a) Description of Liability	(b) Amount
Federal Income Taxes	
OTHER-GERMANTOWN	440,000
CAPITAL LEASE OBLIGATION	471,620
Total. (Column (b) should equal Form 990, Part X, col (B) line 25.)	911,620

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

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	21,536,800
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	20,808,468
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	728,332
4	Net unrealized gains (losses) on investments	4	410,421
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	-213,754
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	196,667
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	924,999

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

1	Total revenue, gains, and other support per audited financial statements	1	20,899,365
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	410,421
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	179,772
e	Add lines 2a through 2d	2e	590,193
3	Subtract line 2e from line 1	3	20,309,172
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	1,227,628
c	Add lines 4a and 4b	4c	1,227,628
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	21,536,800

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

1	Total expenses and losses per audited financial statements	1	19,760,612
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	179,772
e	Add lines 2a through 2d	2e	179,772
3	Subtract line 2e from line 1	3	19,580,840
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	1,227,628
c	Add lines 4a and 4b	4c	1,227,628
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	20,808,468

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 INTENTION IS TO EARN A SAFE RETURN ON THE INVESTMENTS AND TO USE FUNDS TO SUPPORT CURRENT UNRESTRICTED OPERATIONS OF THE ASSOCIATION
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	MANAGEMENT HAS EVALUATED SIGNIFICANT TAX POSITIONS AGAINST THE CRITERIA ESTABLISHED BY PROFESSIONAL STANDARDS AND BELIEVES THERE ARE NO SUCH TAX POSITIONS REQUIRING ACCOUNTINGrecognition in the financial statements. MANAGEMENT DOES NOT BELIEVE ITS EVALUATION OF TAX POSITIONS WILL SIGNIFICANTLY CHANGE WITHIN TWELVE MONTHS OF AUGUST 31, 2011. ANY CHANGES IN TAX POSITIONS WILL BE RECORDED WHEN THE ULTIMATE OUTCOME BECOMES KNOWN. THE ASSOCIATION'S INCOME TAX RETURNS ARE SUBJECT TO EXAMINATION BY TAXING AUTHORITIES GENERALLY FOR THE YEARS ENDED AUGUST 2010, 2009 AND 2008
PART XII, LINE 2D - OTHER ADJUSTMENTS		FUNDRAISING EXPENSES INCLUDED IN INCOME
PART XII, LINE 4B - OTHER ADJUSTMENTS		FINANCIAL AID AND DISCOUNTS
PART XIII, LINE 2D - OTHER ADJUSTMENTS		FUNDRAISING EXPENSES INCLUDED IN INCOME
PART XIII, LINE 4B - OTHER ADJUSTMENTS		FINANCIAL AID AND DISCOUNTS
		PART XII, LINE 4B - OTHER ADJUSTMENTS FINANCIAL ASSISTANCE DEDUCTED FROM REVENUE PART XII, LINE 4B - OTHER ADJUSTMENTS FINANCIAL ASSISTANCE ADDED TO EXPENSES

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2010

Open to Public Inspection

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

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

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

For more information, contact the Office of the Vice President for Research and the Office of the Vice President for Student Affairs.

Employer identification number

04-2105881

Name of the organization
SOUTH SHORE YMCA

Name of the organization SOUTH SHORE YMCA	Employer identification number 04-2105881
----------------------------------------------	-----------------------------------------------------

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 <input type="checkbox"/> Mail solicitations	e <input type="checkbox"/> Solicitation of non-government grants
b <input type="checkbox"/> Internet and e-mail solicitations	f <input type="checkbox"/> Solicitation of government grants
c <input type="checkbox"/> Phone solicitations	g <input type="checkbox"/> Special fundraising events
d <input type="checkbox"/> In-person solicitations	
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? <input type="checkbox"/> Yes <input type="checkbox"/> 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.	

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

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

		(a) Event #1 ENCHANTED EVENING (event type)	(b) Event #2 GOLF (event type)	(c) Other Events 2 (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts . . .	194,997	144,100	172,189	511,286
	2 Less Charitable contributions . . .				
	3 Gross income (line 1 minus line 2) . . .	194,997	144,100	172,189	511,286
Direct Expenses	4 Cash prizes . . .				
	5 Non-cash prizes . . .				
	6 Rent/facility costs . . .				
	7 Food and beverages . . .				
	8 Entertainment . . .				
	9 Other direct expenses . . .	99,317	42,849	37,606	179,772
	10 Direct expense summary Add lines 4 through 9 in column (d)				179,772
	11 Net income summary Combine lines 3 and 10 in column (d)				331,514

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

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

9 Enter the state(s) in which the organization operates gaming activities _____
 a Is the organization licensed to operate gaming activities in each of these states? Yes No
 b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
 b If "Yes," Explain _____

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

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

13 Indicate the percentage of gaming activity operated in

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

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

Name ►

Address ►

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

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

c If "Yes," enter name and address

Name ►

Address ►

16 Gaming manager information

Name ►

Gaming manager compensation ► \$ _____

Description of services provided ►

 Director/officer Employee Independent contractor**17** Mandatory distributions

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

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

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

Identifier

ReturnReference

Explanation

**Schedule I
(Form 990)**

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

2010

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization
SOUTH SHORE YMCA

Employer identification number

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.

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) THE ASSOCIATION PROVIDES NON-CASH FINANCIAL ASSISTANCE TO QUALIFIED APPLICANTS IN MANY OF ITS PROGRAMS BASED UPON ESTABLISHED SCHEDULES OF FAMILY INCOME LEVEL	3550	1,227,628			DISCOUNTS ON MEMBERSHIP, PROGRAM FEES, CHILD-CARE 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

Schedule J
(Form 990)**Compensation Information**

OMB No 1545-0047

2010Department of the Treasury
Internal Revenue Service

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.

Open to Public Inspection**Name of the organization**
SOUTH SHORE YMCA**Employer identification number**

04-2105881

Part I Questions Regarding Compensation

Yes No

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

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

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

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

1b**2** Yes

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

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

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

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

4a

No

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

4b

No

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

4c

No

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

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

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

5a

No

a The organization?

5b

No

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

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

6a

No

a The organization?

6b

No

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

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

7

No

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

8

No

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

9

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

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

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

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) PAUL GORMAN	(i) 192,968 0	0 0	1,670 0	0 0	18,172 0	212,810 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
	PART I, LINE 7	PRESIDENT/CEO'S COMPENSATION IS REVIEWED ANNUALLY BY THE BOARD OF DIRECTORS

**Schedule K
(Form 990)****2010****Open to Public
Inspection**Department of the Treasury
Internal Revenue Service**Supplemental Information on Tax Exempt Bonds**

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

Name of the organization
SOUTH SHORE YMCAEmployer identification number
04-2105881**Part I Bond Issues**

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	MASS DEV FINANCE AGENCY			04-17-2003	3,400,000	NEW CONSTRUCTION		X	X			X
B	MASS DEV FINANCE AGENCY			04-17-2003	2,100,000	NEW CONSTRUCTION		X	X			X

Part II Proceeds

1	Amount of bonds retired	A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
2	Amount of bonds legally defeased								
3	Total proceeds of issue								
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrow								
7	Issuance costs from proceeds								
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds								
11	Other spent proceeds								
12	Other unspent proceeds								
13	Year of substantial completion	2003		2003					
14	Were the bonds issued as part of a current refunding issue?	Yes	No	Yes	No	Yes	No	Yes	No
15	Were the bonds issued as part of an advance refunding issue?		X		X				
16	Has the final allocation of proceeds been made?		X		X				
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?		X		X				

Part III Private Business Use

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

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
		X		X				
3a Are there any management or service contracts that may result in private business use?		X		X				
b Are there any research agreements that may result in private business use of bond-financed property?		X		X				
c Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ►								
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ►								
6 Total of lines 4 and 5								
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?		X		X				

Part IV Arbitrage

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

Part V Supplemental Information

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

Identifier	Return Reference	Explanation

Schedule L

Transactions with Interested Persons

OMB No 1545-0047

2010

Department of the Treasury
Internal Revenue Service

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.
► Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

Name of the organization

SOUTH SHORE YMCA

Employer identification number

04-210588

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

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

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

Part II Loans to and/or From Interested Persons.

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

Part III Grants or Assistance Benefitting Interested Persons.

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) EASTERN BANK	THE PRESIDENT/TRUSTEE OF EASTERN BANK IS A DIRECTOR AT THE SOUTH SHORE YMCA	810,980	THE ASSOCIATION HAS LONG-TERM DEBT WITH EASTERN BANK, CONSISTING OF (1) A LIBOR + 2.5% (2.76% AT AUGUST 31, 2011) CONSTRUCTION LOAN OF \$3.2 MILLION, (2) 3.42% REVENUE BONDS, SERIES 1998, IN THE AMOUNT OF \$2.0 MILLION, (3) 3.24% REVENUE BONDS, SERIES 2003, IN THE AMOUNT OF \$2.3 MILLION, AND (4) 3.24% REVENUE BONDS, SERIES 2003B, IN THE AMOUNT OF \$1.4 MILLION PRINCIPAL PAYMENTS DURING 2011 TOTLED \$508,000, AND INTEREST PAYMENTS TOTLED \$286,000 IN ADDITION, THE ASSOCIATION PAID TREASURY MANAGEMENT SERVICE FEES OF \$17,000		No
(2) BURGIN PLATNER HURLEY INSURANCE AGENCY LLC	QUINCY MUTUAL OFFICERS (PARENT CORP) ARE DIRECTORS AT THE SOUTH SHORE YMCA	205,898	BURGIN PLATNER HURLEY PROVIDES INSURANCE BROKERAGE AND RISK MANAGEMENT SERVICES TO THE SOUTH SHORE YMCA. BURGIN PLATNER PLACES THE YMCA'S COVERAGE WITH A VARIETY OF CARRIERS, INCLUDING COMMERCE, HANOVER, CHUBB, ACADIA, ONE BEACON, HARTFORD STEAM BOILER, NATIONAL UNION FIRE AND NEW HAMPSHIRE INSURANCE COMPANY (AIG). NONE OF THE YMCA'S POLICIES WERE PLACED WITH QUINCY MUTUAL. THE \$205,898 IN PAYMENTS LISTED REPRESENT INSURANCE POLICY PREMIUMS OVER THE PAST FIVE YEARS, \$1,174,000 IN PREMIUMS WERE PAID TO BURGIN PLATNER, AND THE COMMISSIONS AND FEES EARNED BY BURGIN PLATNER WERE \$117,000, OR 9.98%, A RATE THAT IS OBJECTIVELY LOW RELATIVE TO THE MASSACHUSETTS MARKETPLACE		No
(3) SHESKEY ARCHITECTS	PART OWNER OF SHESKEY ARCHITECTS IS A DIRECTOR AT THE SOUTH SHORE YMCA	179,725	SHESKEY ARCHITECTS PROVIDES ARCHITECTURAL SERVICES TO THE SOUTH SHORE YMCA ON A FEE BASIS. FEES CHARGED BY THIS FIRM TO THE SOUTH SHORE YMCA HAVE BEEN INDEPENDENTLY VERIFIED WITH ARCHITECTURAL CONSULTANTS FROM THE YMCA OF THE USA AS ON AVERAGE BEING MATERIALLY LOWER THAN GOING RATES FOR YMCA PROJECTS		No

Part V Supplemental Information

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

Identifier	Return Reference	Explanation
------------	------------------	-------------

NonCash Contributions

OMB No 1545-0047

2010

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

►Complete if the organization answered "Yes" on Form
990, Part IV, lines 29 or 30.
► Attach to Form 990.

Name of the organization
SOUTH SHORE YMCA

Employer identification number

04-2105881

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining oncash contribution amounts
1 Art—Works of art . . .				
2 Art—Historical treasures .				
3 Art—Fractional interests .				
4 Books and publications .				
5 Clothing and household goods				
6 Cars and other vehicles .				
7 Boats and planes . . .				
8 Intellectual property . .				
9 Securities—Publicly traded .				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests .				
12 Securities—Miscellaneous .				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other . .				
15 Real estate—Residential .				
16 Real estate—Commercial .				
17 Real estate—Other . .	X	1	120,400	FMV (APPRAISAL)
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies .				
21 Taxidermy				
22 Historical artifacts . .				
23 Scientific specimens . .				
24 Archeological artifacts .				
25 Other ►(_____)				
26 Other ►(_____)				
27 Other ►(_____)				
28 Other ►(_____)				
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . .			29	

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a	No
b If "Yes," describe the arrangement in Part II		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	No
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?	32a	No
b If "Yes," describe in Part II		
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II		

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
------------	------------------	-------------

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.

2010**Open to Public
Inspection****Name of the organization**
SOUTH SHORE YMCA**Employer identification number**

04-2105881

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2		ROBERT F. RIVERS, A DIRECTOR ON THE BOARD OF DIRECTORS OF THE SOUTH SHORE YMCA IS THE PRESIDENT AND A TRUSTEE OF EASTERN BANK. RALPH YOHE, RETIRED PRESIDENT AND CEO, IS ALSO A TRUSTEE OF EASTERN BANK. DEL BERRADA AND ANN BERRADA ARE HUSBAND AND WIFE, AND ARE BOTH DIRECTORS ON THE BOARD OF DIRECTORS AT THE SOUTH SHORE YMCA. DEL BERRADA IS ALSO A TRUSTEE OF EASTERN BANK. K. DOUGLAS BRIGGS AND STEVEN BRIGGS ARE BROTHERS AND ARE DIRECTORS ON THE BOARD OF DIRECTORS OF THE SOUTH SHORE YMCA. BOTH ARE OFFICERS AT QUINCY MUTUAL GROUP, THE PARENT COMPANY OF BURGIN PLATNER HURLEY INSURANCE AGENCY, LLC. K. DOUGLAS BRIGGS IS ALSO A TRUSTEE OF EASTERN BANK. JAMES D. ASHER AND JAMES W. MACALLEN ARE BOTH DIRECTORS ON THE BOARD OF DIRECTORS OF THE SOUTH SHORE YMCA AS WELL AS DIRECTORS AT QUINCY MUTUAL GROUP, THE PARENT COMPANY OF BURGIN PLATNER HURLEY INSURANCE AGENCY, LLC. THOMAS A. HARRIS IS A COMMITTEE MEMBER OF THE SOUTH SHORE YMCA AND IS AN OFFICER OF QUINCY MUTUAL GROUP, THE PARENT COMPANY OF BURGIN PLATNER HURLEY INSURANCE AGENCY, LLC. ALEXANDER G. CLARK, DIRECTOR ON THE BOARD OF DIRECTORS OF THE SOUTH SHORE YMCA, A DIRECTOR AT QUINCY MUTUAL GROUP, THE PARENT COMPANY OF BURGIN PLATNER HURLEY INSURANCE AGENCY, AND A TRUSTEE AT EASTERN BANK. JOHN M. SHESKEY IS A RETIRED DIRECTOR OF THE BOARD OF DIRECTORS OF THE SOUTH SHORE YMCA AND IS CURRENTLY A DIRECTOR AT QUINCY MUTUAL GROUP, THE PARENT COMPANY OF BURGIN PLATNER HURLEY INSURANCE AGENCY, AND A TRUSTEE AT EASTERN BANK. JIMMY LIANG IS A RETIRED DIRECTOR OF THE BOARD OF DIRECTORS OF THE SOUTH SHORE YMCA AND IS A CORPORATOR OF EASTERN BANK. BRUCE HAAS IS A DIRECTOR ON THE BOARD OF DIRECTORS OF THE SOUTH SHORE YMCA AND IS A FORMER EMPLOYEE OF EASTERN BANK.

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		THE FORM 990 IS PROVIDED TO THE GOVERNING BODY PRIOR TO FILING. THE BOARD HAS DESIGNATED THE TREASURER (CHAIR OF FINANCE COMMITTEE) AND THE CHAIR OF THE AUDIT COMMITTEE TO REVIEW THE FORM 990 PRIOR TO FILING

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	THE CONFLICT OF INTEREST POLICY IS CIRCULATED ANNUALLY TO BOARD MEMBERS, OFFICERS, AND KEY EMPLOYEES, AND REQUIRES REPORTING OF ANY CONFLICTS OF INTEREST TO THE CEO WHO FOLLOWS UP ON ANY REPORTED MATTERS

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	THE COMPENSATION OF THE TOP 10 PAID EXECUTIVES AT THE SOUTH SHORE YMCA IS COMPARED TO NATIONAL YMCA COMPENSATION STATISTICS AS WELL AS LOCAL (NON-YMCA) INFORMATION. THESE SALARIES AND COMPARATIVE DATA ARE REVIEWED AND APPROVED BY THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS EACH YEAR

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 18	THE FORM 990 MAY BE OBTAINED UPON WRITTEN REQUEST TO THE ASSOCIATION AT THE ASSOCIATION'S ADDRESS, TO THE ATTENTION OF THE VP OF FINANCE. THE FORM 990 MAY ALSO BE OBTAINED FROM THE GUIDESTAR.ORG WEBSITE, OR FROM THE WEBSITE OF THE ATTORNEY GENERAL OF THE COMMONWEALTH OF MASSACHUSETTS, DIVISION OF PUBLIC CHARITIES, THE SEARCH FOR FILINGS FEATURE. ENTERING THE ASSOCIATION'S EMPLOYER IDENTIFICATION NUMBER, 04-2105881 WILL DISPLAY THE DOCUMENTS WHICH MAY BE VIEWED OR DOWNLOADED

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THE ASSOCIATION'S CONFLICT OF INTEREST POLICY IS NOT AVAILABLE TO THE PUBLIC. THE GOVERNING DOCUMENTS, INCLUDING THE ARTICLES OF ORGANIZATION AND BY-LAWS, ARE AVAILABLE FOR DOWNLOAD OR VIEWING AT THE WEBSITE OF THE MASSACHUSETTS SECRETARY OF STATE BY SEARCHING THE CORPORATION DATABASE AND INSERTING THE ASSOCIATION'S FEDERAL IDENTIFICATION NUMBER, 04-2105881 IN THE APPROPRIATE SEARCH FIELD

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 410,421 PRIOR PERIOD ADJUSTMENTS -213,754 TOTAL TO FORM 990, PART XI, LINE 5 196,667

Additional Data

Software ID:
Software Version:
EIN: 04-2105881
Name: SOUTH SHORE YMCA

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee			
DANIEL DEMARCO CHAIRMAN	150	X		X			0	0	0
DAVID KEEFE VICE CHAIR	150	X		X			0	0	0
PHIL LUSSIER VICE CHAIR	150	X		X			0	0	0
PAUL FMOLICA TREASURER	150	X		X			0	0	0
K DOUGLAS BRIGGS ASST TREASURER	150	X		X			0	0	0
JAMES D ASHER CLERK	150	X		X			0	0	0
JOAN ANKNER DIRECTOR	150	X					0	0	0
GEORGE ATKINSON DIRECTOR	150	X					0	0	0
ANN BERRADA DIRECTOR	150	X					0	0	0
DEL BERRADA DIRECTOR	150	X					0	0	0
RICHARD BOWEN DIRECTOR	150	X					0	0	0
STEVEN BRIGGS DIRECTOR	150	X					0	0	0
MELANIE CATALDO DIRECTOR	150	X					0	0	0
DAVID CHEW DIRECTOR	150	X					0	0	0
ALEXANDER G CLARK DIRECTOR	150	X					0	0	0
MARK DICKINSON DIRECTOR	150	X					0	0	0
LAWRENCE DINARDO DIRECTOR	150	X					0	0	0
DANIEL FLYNN DIRECTOR	150	X					0	0	0
PHYLLIS GODWIN DIRECTOR	150	X					0	0	0
BRUCE HAAS DIRECTOR	150	X					0	0	0
ROBERT HALE DIRECTOR	150	X					0	0	0
JOSEPH HAROLD III DIRECTOR	150	X					0	0	0
ROBERT KING DIRECTOR	150	X					0	0	0
JULIE LACY DIRECTOR	150	X					0	0	0
JULIE LORIGAN DIRECTOR	150	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			
JAMES MACALLEN DIRECTOR	1 50	X					0	0	0
DONALD J MACKINNON DIRECTOR	1 50	X					0	0	0
SUSIE MACPHERSON DIRECTOR	1 50	X					0	0	0
JOHN MCDONOUGH DIRECTOR	1 50	X					0	0	0
RICHARD MONAGHAN DIRECTOR	1 50	X					0	0	0
JON NORTON DIRECTOR	1 50	X					0	0	0
JOHN PEREIRA DIRECTOR	1 50	X					0	0	0
PETER RACICOT DIRECTOR	1 50	X					0	0	0
ROBERT RIVERS DIRECTOR	1 50	X					0	0	0
BRIAN TEDESCHI DIRECTOR	1 50	X					0	0	0
LISA VIRELLO DIRECTOR	1 50	X					0	0	0
HUGH DEVINE DIRECTOR	1 50	X					0	0	0
BRUCE HUMPHREY DIRECTOR	1 50	X					0	0	0
JIMMY LIANG DIRECTOR	1 50	X					0	0	0
JOHN SHESKEY DIRECTOR	1 50	X					0	0	0
BECKY DOWD DIRECTOR	1 50	X					0	0	0
PAUL GORMAN PRESIDENT	40 00		X				194,638	0	18,172
STEPHEN MOSS VP - FINANCE & SYSTEMS	40 00		X				134,846	0	6,254
PETER WAISGERBER VP - DEVELOPMENT	40 00		X				107,502	0	2,360
JAMES BUNNELL EXECUTIVE DIRECTOR	40 00		X				102,510	0	18,173
JEANETTE PAUL VP - HUMAN RESOURCES	40 00		X				100,115	0	11,829
BRUCE NETHERWOOD EXECUTIVE DIRECTOR	40 00		X				90,376	0	18,141
JOHN IRELAND VP - OPERATIONS	40 00		X				83,380	0	11,629
JAMES JAROSZ VP - FINANCE & SYSTEMS	40 00		X				10,039	0	1,205