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Form **990**  
 Department of the Treasury  
 Internal Revenue Service

**Return of Organization Exempt From Income Tax**  
**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)**  
 The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047  
**2011**  
**Open to Public Inspection**

**A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization VALLEY SHORE YMCA		<b>D</b> Employer identification number 06-0646979
	Doing Business As		<b>E</b> Telephone number (860) 399-9622
	Number and street (or P O box if mail is not delivered to street address) PO BOX 694	Room/suite	<b>G</b> Gross receipts \$ 2,911,704
	City or town, state or country, and ZIP + 4 WESTBROOK, CT 06498		
<b>F</b> Name and address of principal officer PAUL MOHABIR CEO C/O VALLEY SHORE YMCA WESTBROOK, CT 06498		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) <b>H(c)</b> Group exemption number	
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J</b> Website: WWW.VSYMCA.ORG			
<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			<b>L</b> Year of formation 1917
			<b>M</b> State of legal domicile CT

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities PURPOSE AND MISSION THE ARTICLES OF INCORPORATION FOR THE VALLEY-SHORE YMCA INC STATES THAT THE ASSOCIATIONS PURPOSE IS THE ORGANIZATION, DEVELOPMENT AND CONSERVATION OF YMCA ACTIVITIES AND TO PROMOTE THE SPIRITUAL, INTELLECTUAL, SOCIAL AND PHYSICAL WELFARE OF PEOPLE IN THE TOWNS OF WESTBROOK, OLD SAYBROOK, CLINTON, ESSEX, DEEP RIVER, CENTERBROOK, IVORYTON, LYME, OLD LYME, MADISON, CLINTON, KILLINGWORTH, EAST LYME, SALEM AND CHESTER CONNECTICUT THE ASSOCIATIONS MISSION IS TO FUNCTION AS A HUMAN SERVICE ASSOCIATION, NATIONALLY AFFILIATED AND WORLDWIDE IN SCOPE, SERVING INDIVIDUALS AND FAMILIES IN THE SHORELINE AREA OF CONNECTICUT CHRISTIAN IN ITS HERITAGE, THE YMCA IS ECUMENICAL IN ITS DELIVERY OF SERVICES AND IN ITS MEMBERSHIP THE VALLEY-SHORE YMCA ASSISTS PEOPLE IN LEARNING CHARACTER-BUILDING SKILLS, I E RESPONSIBILITY, RESPECT, HONESTY, AND CARING, THAT WILL ENRICH THEIR LIVES, HELP THEM TO GROW AND TO REALIZE THEIR FULL POTENTIAL, AND TO LEAD THEM TO INTER-RACIAL, INTER-FAITH,		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	27
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	25
	<b>5</b>	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	212
	<b>6</b>	Total number of volunteers (estimate if necessary)	154
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	0
<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 34		
<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	Prior Year: 283,478   Current Year: 218,317
	<b>9</b>	Program service revenue (Part VIII, line 2g)	Prior Year: 3,229,979   Current Year: 2,653,395
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	Prior Year: 2,181   Current Year: 1,630
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	Prior Year: 13,571   Current Year: 16,075
	<b>12</b>	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	Prior Year: 3,529,209   Current Year: 2,889,417
	<b>Expenses</b>	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)
<b>14</b>		Benefits paid to or for members (Part IX, column (A), line 4)	0
<b>15</b>		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	Prior Year: 1,918,061   Current Year: 1,609,584
<b>16a</b>		Professional fundraising fees (Part IX, column (A), line 11e)	0
<b>b</b>		Total fundraising expenses (Part IX, column (D), line 25) <u>93,639</u>	
<b>17</b>		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	Prior Year: 1,671,684   Current Year: 1,424,464
<b>18</b>	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	Prior Year: 3,589,745   Current Year: 3,034,048	
<b>19</b>	Revenue less expenses Subtract line 18 from line 12	Prior Year: -60,536   Current Year: -144,631	
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16)	Beginning of Current Year: 4,259,440   End of Year: 3,945,359
	<b>21</b>	Total liabilities (Part X, line 26)	Beginning of Current Year: 2,220,553   End of Year: 2,051,103
	<b>22</b>	Net assets or fund balances Subtract line 21 from line 20	Beginning of Current Year: 2,038,887   End of Year: 1,894,256

**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.

<b>Sign Here</b>	Signature of officer: *****	Date: 2012-05-21		
	Type or print name and title: PAUL MOHABIR CEO			
<b>Paid Preparer's Use Only</b>	Preparer's signature: CHRISTOPHER B CONLEY	Date: 2012-05-21	Check if self-employed: <input type="checkbox"/>	Preparer's taxpayer identification number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4: GUILMARTIN DIPIRO & SOKOLOWSKI LLC, 213 COURT ST SUITE 703, MIDDLETOWN, CT 064573367			EIN:
				Phone no: (860) 347-5689

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

Part III Statement of Program Service Accomplishments

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

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?
If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured 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 \$ 1,842,137 including grants of \$ ) (Revenue \$ 1,434,575 )
BUILDING HEALTHY COMMUNITIES MEMBERSHIP, HEALTH & WELL-BEING, AQUATICS OUR YMCA PROGRAMS, FEE-BASED OR FREE TO OUR MEMBERS, ENHANCE THE WELL BEING ALL WHO PARTICIPATE HEALTH SEEKERS OF ALL AGES CAN ENJOY THE GYMNASIUM, RACQUETBALL COURT HEALTH AND WELLNESS CENTER AND POOLS AND FIND THE SUPPORT THEY NEED TO IMPROVE THEIR QUALITY OF LIFE THE NEGATIVE EFFECTS OF OBESITY, A HEALTH CRISIS IN OUR COUNTRY AND OUR SHORELINE COMMUNITY SERVED BY THE VALLEY-SHORE YMCA, WILL BEGIN TO IMPROVE BY PROVIDING THE COMMUNITY LIFESTYLE CHANGES WITH PROGRAMS THAT PROMOTE EXERCISE AND GOOD NUTRITION A VARIETY OF CARDIOVASCULAR, STRENGTH TRAINING AND NUTRITION PROGRAMS ARE AVAILABLE FOR MEMBERS OF ALL AGES (SEE SCHEDULE O) THE YMCA OFFERS A WELCOME ATMOSPHERE WHERE HEALTH SEEKERS CAN FEEL COMFORTABLE AND RECEIVE THE SUPPORT THEY NEED TO IMPROVE THEIR WELL-BEING BOTH LAND AND WATER CLASSES ARE AVAILABLE ON A DAILY BASIS PROGRAMS INCLUDE SWIMMING, ARTHRITIS EXERCISE CLASSES, PILATES, INDOOR CYCLE AND WALKSPORT A VARIETY OF CARDIOVASCULAR, STRENGTH TRAINING, BALANCE AND STRETCH PROGRAMS ARE DESIGNED FOR MEMBERS FROM AGE 13 TO SENIORS THE Y OFFERS REHABILITATIVE PROGRAMS FOR MEMBERS WHO SUFFER FROM ARTHRITIS, AND OTHER MANAGED PROGRAMS FOR THOSE WITH FITNESS CHALLENGES BLOOD PRESSURE SCREENING, BODY FAT ANALYSIS AND FITNESS ASSESSMENTS ARE ALSO AVAILABLE IN ADDITION, THE VALLEY-SHORE YMCA OFFERS A FREE CANCER SURVIVORS PROGRAM KNOWN AS HEALTH IS POWER, OR H I P SWIMMING AND WATER SAFETY PROGRAMS FOR CHILDREN TO ADULTS PROMOTES GOOD HEALTH THROUGH REGULAR EXERCISE THE VALLEY-SHORE YMCA OFFERS CLASSES FOR PEOPLE WITH MEDICAL RESTRICTIONS THAT IMPROVE JOINT FLEXIBILITY AND RANGE OF MOTION THE Y ALSO PROMOTES GOOD HEALTH AND TEAMWORK WITH YOUTH AND MASTERS SWIM TEAMS OUR PORPOISE CLUB ENHANCES LEARNED SWIMMING SKILLS WHILE PROMOTING LEADERSHIP AND RESPONSIBILITY PARTICIPANTS ARE ALSO INTRODUCED TO OTHER ASPECTS OF AQUATICS, SUCH AS SAFETY AND LIFESAVING SKILLS, A COMMUNITY LEADER IN AREA WE ARE ALSO THE LEADER IN PROVIDING AN ACTIVATE AMERICA FIT KIDS SWIM PROGRAM TO THE 1ST GRADE STUDENTS IN THE TOWN OF WESTBROOK

4b (Code ) (Expenses \$ 808,976 including grants of \$ ) (Revenue \$ 1,221,820 )
B CHILD CARE & YOUTH & FAMILY THE VALLEY-SHORE YMCA OFFERS PRE-SCHOOL AND CHILDCARE PROGRAMS FOR CHILDREN 3 YEARS TO 12 YEARS OLD THE PROGRAMS TOGETHER HAVE OVER 450 CHILDREN ENROLLED, BOTH THE MAIN FACILITY AND AT THE 8 OFF-SITE SCHOOL LOCATIONS FOR BEFORE AND AFTER-SCHOOL PROGRAMS A DAILY AVERAGE OF CLOSE TO 250 CHILDREN ATTENDS CHILD CARE PROGRAMS AT THE VALLEY-SHORE YMCA, MAKING IT A LEADER IN PROVIDING QUALITY DAY CARE IN THE SHORELINE AREA FOR OVER TWENTY-FIVE YEARS OUR MISSION IS TO HELP MAINTAIN STRONG FAMILIES THROUGH QUALITY CARE THAT HELPS CHILDREN DEVELOP POSITIVE BEHAVIOR, SELF-ESTEEM AND LEADERSHIP QUALITIES (SEE SCHEDULE O) IN ADDITION TO OUR CHILD CARE, THE VALLEY-SHORE YMCA HAS OPERATED SUMMER DAY CAMPS IN THE COMMUNITY FOR OVER 90 YEARS THE YMCA BELIEVES THAT CAMPING CONTRIBUTES SIGNIFICANTLY TO THE HEALTHY GROWTH OF CHILDREN IT PROVIDES CREATIVE EXPERIENCES USING THE MEDIUM OF THE OUTDOOR ENVIRONMENT TO PROMOTE SPIRITUAL AWARENESS, MENTAL DEVELOPMENT, PHYSICAL WELL-BEING, SOCIAL GROWTH, AND A RESPECT FOR THE ENVIRONMENT A MAJORITY OF OUR CAMPERS COME FROM SINGLE PARENT OR DUAL WORKING PARENT HOMES DAY CAMP HAS BECOME A PRIMARY SUBSTITUTE FOR CHILDCARE DURING THE SUMMER WE OFFER AN EXTENDED CAMP DAY (7 00 9 00 AM AND 4 00 PM 6 00 PM) FOR WORKING PARENTS THAT NEED IT THE CAMP SERVES CHILDREN AGES 3 THROUGH AGE 15, AND IN ADDITION, INCORPORATES MENTALLY AND PHYSICALLY CHALLENGED CAMPERS ON THE 26- ACRES OF PROPERTY AT THE MAIN FACILITY IN WESTBROOK, CT MORE THAN 30 YOUNG TEENS ARE INVOLVED IN THE CAMPS COUNSELOR IN TRAINING PROGRAM DURING THE SUMMER MONTHS, APPROXIMATELY 800 CAMPERS ARE REGISTERED AND ATTEND THE SUMMER CAMP PROGRAM CAMP SCHOLARSHIPS ARE PROVIDED TO FAMILIES JUST STRUGGLING TO MAKE ENDS MEET THESE CHILDREN HAVE THE OPPORTUNITY TO SPEND THEIR ONLY VACATION FROM SCHOOL SURROUNDED BY WHOLESOME VALUES, NEW FRIENDS, AN ENRICHING ENVIRONMENT AND CARING ADULT LEADERSHIP IN 2011, FINANCIAL ASSISTANCE OF 10,979 WAS PROVIDED TO 63 FAMILIES WITH CHILDREN IN THE CAMPING PROGRAM FINANCIAL ASSISTANCE FOR OUR CHILDCARE AND PRE-SCHOOL PROGRAMS HELPS SINGLE PARENT FAMILIES AND FAMILIES WITH LOW INCOME REMAIN ACTIVELY EMPLOYED IN 2011, THE YMCA PROVIDED 32,635 IN ASSISTANCE FOR 42 CHILDREN WHO QUALIFIED FOR FINANCIAL ASSISTANCE IN ADDITION, OUR YMCA PROVIDES A VARIETY OF PROGRAMS TO ADDRESS THE NEEDS OF VERY YOUNG CHILDREN INCLUDING PARENT/CHILD CLASSES THAT BEGIN THE DEVELOPMENT OF SOCIAL SKILLS THAT ARE NECESSARY FOR THE CHILD TO BE COMFORTABLE IN ATTENDING PROGRAMS ON THEIR OWN AS THEY GROW THE YOUTH & FAMILY AREA ENCOMPASSES FAMILY ACTIVITIES, YOUTH ENRICHMENT & SPORTS, SUMMER CAMPS, TEEN PROGRAMS, AND YOUTH SPECIAL EVENTS IN 2011, WE REACHED OVER 6,500 YOUTH AND FAMILY MEMBERS WITH THE YMCAS PROGRAM OFFERING FAMILY ACTIVITIES ARE DESIGNED TO PROVIDE CHILDREN AND THEIR PARENTS WITH ACTIVITIES THAT FOSTER UNDERSTANDING, COMPANIONSHIP AND HEALTHY LIFESTYLES THE VALLEY-SHORE YMCA ALSO CELEBRATES INTERNATIONAL NATIONAL FAMILY NIGHT AND AN INTERNATIONAL DINNER TO BRING FAMILIES TOGETHER FOR ACTIVITIES THAT SUPPORT DIVERSITY, HEALTHY CHILDREN AND FAMILIES OUR YOUTH SPORTS PROGRAMS INCLUDE INDOOR AND OUTDOOR TENNIS LESSONS, AN INSTRUCTIONAL, YEAR ROUND SOCCER PROGRAM, GYMNASTICS AND DANCE PROGRAMS, AND OUR YOUTH & BIDDY BASKETBALL PROGRAM ARCHERY, KINDERSPORTS, WRESTLING, FLOOR HOCKEY, VOLLEYBALL, FENCING, SKIING TRIPS AND T-BALL ROUND OUT THE BALANCE OUR SPORT OFFERING AT THE Y SPORTSMANSHIP, AND RESPECT FOR TEAMMATES & OTHER PLAYERS ARE INSTILLED IN OVER 1500 CHILDREN WHO PARTICIPATE IN YOUTH SPORTS THROUGHOUT THE YEAR AT THE VALLEY-SHORE YMCA IN 2011, WE CONTINUED TO OFFER A COMPREHENSIVE ARTS & HUMINITIES PROGRAM THIS INCLUDED DANCE AND MUSIC CLASSES SUCH AS HIP-HOP, BALLET, AND JAZZ ALONG WITH PIANO, GUITAR AND DRUM LESSONS WE CONTINUE TO OFFER MORE YOUTH ENRICHMENT PROGRAMS AS WE REACH OUT TO OUR 12-TOWN SERVICES AREA OUR GOALS AT THE VALLEY-SHORE YMCA HAVE US HOSTING OTHER Y ACTIVITIES IN LYME/OLD LYME, EAST LYME/SALEM, DEEP RIVER/ESSEX AND THE CLINTON/KILLINGWORTH AREAS AS WE REACH OUT TO MORE COMMUNITIES IN OUR SERVICE AREA TEENS ARE A HUGE PART OF THE VALLEY-SHORE YMCA AS WELL EVERY FRIDAY EVENING THROUGH OUT THE YEAR THE YMCA OPENS THEIR DOORS FOR KIDS NIGHT OUT FROM 7 00-9 30 PM TEENS CAN SWIM, PLAY BASKETBALL, DANCE, LISTEN TO MUSIC AND PARTICIPATE IN SPECIAL EVENTS IN A SUPERVISED ENVIRONMENT AN AVERAGE OF OVER 100 TEENS PER WEEK ATTENDS EACH FRIDAY YOUTH SPECIAL EVENTS ARE ALSO HELD THROUGH OUT THE YEAR THE YMCAS HEALTHY KIDS DAY 2011 ATTRACTED OVER 1,000 PARTICIPANTS FROM THE COMMUNITY OFFERING A VARIETY OF ACTIVE, HEALTHY EVENTS AND INFORMATIONAL SESSIONS THE SHORELINE KIDS TRIATHLON, WHICH WILL CHALLENGE CLOSE TO 30 YOUTH AGES 7 TO 14 YEARS OLD TO A SWIMMING, BIKING AND RUNNING RACE AGAINST THE CLOCK ALSO A MAJOR LEAGUE BASEBALL PITCH, HIT & RUN CONTEST WAS HELD THIS YEAR IN CONJUNCTION WITH HEALTHY KIDS DAY THE PROGRAM GAVE YOUTH AGES 14 AND UNDER THE CHANCE TO SHOWCASE THEIR BASEBALL ABILITIES OFTEN OUR YOUTH SPECIAL EVENTS ARE HELD FREE OF CHARGE AND OPEN TO ALL SURROUNDING COMMUNITIES OTHER INFORMATION RELATED TO PROGRAM AND COMMUNITY SERVICES THE VALLEY-SHORE YMCA HAS BEEN A VITAL PART OF THE SHORELINE COMMUNITY FOR NEARLY 95 YEARS MORE THAN 16,000 MEMBERS HAVE COME TO THE VALLEY-SHORE YMCA FOR A WIDE VARIETY OF HEALTH, WELLNESS AND RECREATIONAL PROGRAMS, WHICH ARE LED BY OUR CARING, WELL-TRAINED STAFF OVER 175,000 IN FINANCIAL ASSISTANCE AND PROGRAM SUBSIDY WAS AWARDED TO YOUTH AND FAMILIES IN 2011 THE VALLEY-SHORE YMCA STRIVES TO SERVE A BROAD CROSS SECTION OF ITS COMMUNITY, AND FEES, WHEN THEY ARE CHARGED, ARE AFFORDABLE TO THE COMMUNITY AT LARGE FINANCIAL ASSISTANCE IS MADE AVAILABLE TO THOSE WHO CANT AFFORD THE FULL FEE THIS IS MADE POSSIBLE BY THE SUPPORT RECEIVED FROM THE COMMUNITY, BUSINESSES, GRANTS AND YMCA SUSTAINING MEMBERS THROUGH THE ANNUAL STRONG KIDS CAMPAIGN THE YMCA SUBSIDIZES MEMBERSHIP FOR MENTALLY AND PHYSICALLY CHALLENGED ADULTS WHO PARTICIPATE IN YMCA ACTIVITIES THROUGH OF THE VISTA ORGANIZATION MAINSTREAMING THESE YOUNG ADULTS INTO THE COMMUNITY IS AN IMPORTANT STEP TOWARD THEIR INDEPENDENCE AND IMPROVING THEIR OVERALL HEALTH AND WELLNESS THE VALLEY-SHORE YMCA OFFERS PROGRAMS SUCH AS LIFE GUARD TRAINING, CPR, FIRST AID, AQUATIC TESTING, FITNESS TESTING, BABYSITTING CERTIFICATIONS TO THE COMMUNITY THE Y ALSO HOLDS BI-ANNUAL COMMUNITY BLOOD DRIVES THROUGH THE AMERICAN RED CROSS THE YMCA PARTNERS WITH THE FOLLOWING COMMUNITY ORGANIZATIONS IN ITS MISSION TO RESPOND TO THE NEEDS OF PEOPLE LIVING IN THE SHORELINE COMMUNITIES ABRAHAM PIERSON SCHOOL, CLINTON AMERICAN ARTHRITIS ASSOCIATION AMERICAN RED CROSS BOYS SCOUTS OF AMERICA CAMP HAZEN YMCA CENTER SCHOOL, OLD LYME CHESTER ELEMENTARY SCHOOL, CHESTER CLINTON PARKS AND RECREATION DEPARTMENT CLINTON YOUTH AND FAMILY DEPARTMENT DAISY INGRAHAM SCHOOL, WESTBROOK DEEP RIVER ELEMENTARY SCHOOL, DEEP RIVER DIVERS COVE EAST HADDAM ELEMENTARY SCHOOL ESSEX ELEMENTARY SCHOOL FRANKLIN ACADEMY GIRL SCOUTS OF AMERICA HAND HIGH SCHOOL KATHLEEN E GOODWIN SCHOOL, OLD SAYBROOK LEWIN G JOEL SCHOOL MADISON RACQUET AND SWIM CLUB MIDDLESEX HOSPITAL MILE CREEK SCHOOL, OLD LYME OLD SAYBROOK HIGH SCHOOL OLD SAYBROOK MIDDLE SCHOOL OLD SAYBROOK YOUTH & FAMILY SERVICES S A R A H UNITED STATES MASTERS SWIMMING UNITED STATES SWIMMING UNITED WAY VISTA WESTBROOK BOARD OF EDUCATION WESTBROOK HIGH SCHOOL WESTBROOK YOUTH SERVICE BUREAU VALLEY REGIONAL HIGH SCHOOL VISITING NURSES ASSOCIATION CT SPECIAL OLYMPICS SOCCER AND SWIMMING EVENT PRACTICE AMERICA ON THE MOVE PHYSICAL THERAPY LOCAL INFORMATIONAL Q & A SAFE BOATING COURSE - BOAT SCHOOL CONNECTICUT

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

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

4e Total program service expenses \$ 2,651,113

**Part IV Checklist of Required Schedules**

		Yes	No
<b>1</b>	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i>	Yes	
<b>2</b>	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?		No
<b>3</b>	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>		No
<b>4</b>	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>		No
<b>5</b>	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>		No
<b>6</b>	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i>		No
<b>7</b>	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>		No
<b>8</b>	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>		No
<b>9</b>	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i>		No
<b>10</b>	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i>		No
<b>11</b>	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		
<b>a</b>	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>	Yes	
<b>b</b>	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>		No
<b>c</b>	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		No
<b>d</b>	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>		No
<b>e</b>	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		No
<b>f</b>	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i>		No
<b>12a</b>	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>	Yes	
<b>b</b>	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i>		No
<b>13</b>	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		No
<b>14a</b>	Did the organization maintain an office, employees, or agents outside of the United States?		No
<b>b</b>	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Part I.</i>		No
<b>15</b>	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? <i>If "Yes," complete Schedule F, Part II and IV.</i>		No
<b>16</b>	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S? <i>If "Yes," complete Schedule F, Part III and IV.</i>		No
<b>17</b>	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i>		No
<b>18</b>	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>	Yes	
<b>19</b>	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>		No
<b>20a</b>	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>		No
<b>b</b>	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> All Form 990 filers that operated one or more hospitals must attach audited financial statements.		
<b>20b</b>			

**Part IV Checklist of Required Schedules** (continued)

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

Table with columns for question number, question text, and Yes/No columns. Includes sub-questions 1a-1b, 2a-2b, 3a-3b, 4a-4b, 5a-5c, 6a-6b, 7a-7h, 8, 9a-9b, 10a-10b, 11a-11b, 12a-12b, 13a-13c, 14a-14b.

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

Check if Schedule O contains a response to any question in this Part VI . . . . . [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (27), 1b (25), 2 (No), 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.)

Table with 3 columns: Question, Yes, No. Rows include: 10a (No), 10b, 11a (Yes), 11b, 12a (Yes), 12b (Yes), 12c (Yes), 13 (Yes), 14 (Yes), 15a (Yes), 15b (No), 16a (No), 16b.

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed CT
18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [ ] Another's website [X] Upon request
19 Describe in Schedule O whether (and if so, how), the organization made 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. PAUL MOHABIR, PO BOX 694, WESTBROOK, CT 06498, (860) 399-9622

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

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

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or 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 organizations compensated any current or former officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JAMES GARLAND CFO	5 00	X		X				13,985	0	0
(2) THOMAS FERREIRA PRESIDENT	5 00	X		X				0	0	0
(3) LENNY GOLDBERG 2ND VICE PRE	5 00	X		X				0	0	0
(4) JOHN DUHIG SECRETARY	3 00	X		X				0	0	0
(5) CANDACE FUCHS DIRECTOR	1 00	X						0	0	0
(6) NOEL BISHOP DIRECTOR	2 00	X						0	0	0
(7) EDWARD M CASSELLA DIRECTOR	1 00	X						0	0	0
(8) PIERRE BOULANGER DIRECTOR	2 00	X						0	0	0
(9) JOHN MATHIEU DIRECTOR	1 00	X						0	0	0
(10) EILEEN DAILY DIRECTOR	1 00	X						0	0	0
(11) KERRY E KNOBELSDORFF DIRECTOR	1 00	X						0	0	0
(12) LEE MERGY DIRECTOR	1 00	X						0	0	0
(13) GLENN JETTE DIRECTOR	1 00	X						0	0	0
(14) KATHLEEN LAUNDY DIRECTOR	5 00	X						0	0	0
(15) LEIGHTON LEE IV DIRECTOR	2 00	X						0	0	0
(16) THOMAS LINDNER DIRECTOR	2 00	X						0	0	0
(17) LISA LEMONTE DIRECTOR	2 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(18) LAURA MARTINO DIRECTOR	2 00	X						0	0	0
(19) MELISSA OZOLS DIRECTOR	1 00	X						0	0	0
(20) STANLEY PRYMAS DIRECTOR	5 00	X						0	0	0
(21) MARGARET STRANGE DIRECTOR	5 00	X						0	0	0
(22) RICHARD STEBBINS DIRECTOR	1 00	X						0	0	0
(23) ART LINARES DIRECTOR	1 00	X						0	0	0
(24) ANNIE WILDER DIRECTOR	1 00	X						0	0	0
(25) DAVID WINSTEAD DIRECTOR	1 00	X						0	0	0
(26) ROBERT BRADY DIRECTOR	5 00	X						0	0	0
(27) THOMAS M NONIEWICZ DIRECTOR	1 00	X						0	0	0
(28) PAUL MOHABIR CEO	40 00			X				156,235	0	21,930
(29) DAVID M BROWN 1ST VP/TREAS	5 00			X				0	0	0
<b>1b Sub-Total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>								170,220		21,930

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

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

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

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

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

**Part VIII Statement of Revenue**

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b>	Federated campaigns . . . . . <b>1a</b>					
	<b>b</b>	Membership dues . . . . . <b>1b</b>					
	<b>c</b>	Fundraising events . . . . . <b>1c</b>			1,108		
	<b>d</b>	Related organizations . . . . . <b>1d</b>					
	<b>e</b>	Government grants (contributions) <b>1e</b>					
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above <b>1f</b>			217,209		
	<b>g</b>	Noncash contributions included in lines 1a-1f \$ _____					
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . . ▶		218,317			
<b>Program Service Revenue</b>	<b>2a</b>	MEMBERSHIP FEES	Business Code 624110	1,434,575	1,434,575		
	<b>b</b>	PROGRAM FEES	624110	1,201,461	1,201,461		
	<b>c</b>	RENTAL INCOME	721310	17,359	17,359		
	<b>d</b>						
	<b>e</b>						
	<b>f</b>	All other program service revenue					
	<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . . ▶		2,653,395			
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest and other similar amounts) . . . . . ▶		1,572		1,572	
	<b>4</b>	Income from investment of tax-exempt bond proceeds . . ▶		58	58		
	<b>5</b>	Royalties . . . . . ▶					
	<b>6a</b>	Gross rents	(i) Real	(ii) Personal			
	<b>b</b>	Less rental expenses					
	<b>c</b>	Rental income or (loss)					
	<b>d</b>	Net rental income or (loss) . . . . . ▶					
	<b>7a</b>	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
<b>b</b>	Less cost or other basis and sales expenses						
<b>c</b>	Gain or (loss)						
<b>d</b>	Net gain or (loss) . . . . . ▶						
<b>8a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .						
<b>a</b>		38,362					
<b>b</b>	Less direct expenses . . . . . <b>b</b>	22,287					
<b>c</b>	Net income or (loss) from fundraising events . . ▶		16,075				
<b>9a</b>	Gross income from gaming activities See Part IV, line 19 . . . . .						
<b>a</b>							
<b>b</b>	Less direct expenses . . . . . <b>b</b>						
<b>c</b>	Net income or (loss) from gaming activities . . ▶						
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .						
<b>a</b>							
<b>b</b>	Less cost of goods sold . . . . . <b>b</b>						
<b>c</b>	Net income or (loss) from sales of inventory . . ▶						
	Miscellaneous Revenue	Business Code					
<b>11a</b>							
<b>b</b>							
<b>c</b>							
<b>d</b>	All other revenue . . . . .						
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . . ▶						
<b>12</b>	<b>Total revenue.</b> See Instructions . . . . . ▶		2,889,417	2,653,453		1,572	

**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)

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>		<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b>	Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
<b>2</b>	Grants and other assistance to individuals in the United States See Part IV, line 22				
<b>3</b>	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
<b>4</b>	Benefits paid to or for members				
<b>5</b>	Compensation of current officers, directors, trustees, and key employees . . . . .	156,235	140,612	9,374	6,249
<b>6</b>	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b>	Other salaries and wages	1,218,761	1,090,992	69,196	58,573
<b>8</b>	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	56,173	46,624	7,864	1,685
<b>9</b>	Other employee benefits . . . . .	82,529	68,411	11,473	2,645
<b>10</b>	Payroll taxes . . . . .	95,886	85,887	5,479	4,520
<b>11</b>	Fees for services (non-employees)				
<b>a</b>	Management . . . . .				
<b>b</b>	Legal . . . . .	261		261	
<b>c</b>	Accounting . . . . .	12,556		12,556	
<b>d</b>	Lobbying . . . . .				
<b>e</b>	Professional fundraising See Part IV, line 17 . . . . .				
<b>f</b>	Investment management fees . . . . .				
<b>g</b>	Other . . . . .	12,027	10,765	655	607
<b>12</b>	Advertising and promotion . . . . .	7,211	6,127		1,084
<b>13</b>	Office expenses . . . . .	9,895	3,609	5,811	475
<b>14</b>	Information technology . . . . .				
<b>15</b>	Royalties . . . . .				
<b>16</b>	Occupancy . . . . .				
<b>17</b>	Travel . . . . .				
<b>18</b>	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b>	Conferences, conventions, and meetings . . . . .	20,341	3,324	15,768	1,249
<b>20</b>	Interest . . . . .	100,836	99,122	1,311	403
<b>21</b>	Payments to affiliates . . . . .	36,567	35,946	475	146
<b>22</b>	Depreciation, depletion, and amortization . . . . .	235,486	231,483	3,061	942
<b>23</b>	Insurance . . . . .				
<b>24</b>	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 )				
<b>a</b>	REPAIRS & MAINTENANCE	640,034	629,279	8,224	2,531
<b>b</b>	PROGRAM CONTRACT	161,301	36,341	124,960	
<b>c</b>	PROGRAM SUPPLIES & EXPENS	64,545	61,238	579	2,728
<b>d</b>	PROCESSING FEES	55,347	47,045	2,767	5,535
<b>e</b>					
<b>f</b>	All other expenses	68,057	54,308	9,482	4,267
<b>25</b>	<b>Total functional expenses.</b> Add lines 1 through 24f	3,034,048	2,651,113	289,296	93,639
<b>26</b>	<b>Joint costs.</b> Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X Balance Sheet**

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	18,655	<b>1</b>	15,148
	<b>2</b> Savings and temporary cash investments . . . . .		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net . . . . .	119,415	<b>3</b>	60,558
	<b>4</b> Accounts receivable, net . . . . .	74,724	<b>4</b>	38,034
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .	395	<b>8</b>	320
	<b>9</b> Prepaid expenses and deferred charges . . . . .	34,142	<b>9</b>	40,986
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D . . . . .	6,964,496		
	<b>b</b> Less accumulated depreciation . . . . .	3,205,263	<b>10c</b>	3,759,233
	<b>11</b> Investments—publicly traded securities . . . . .	62,888	<b>11</b>	22,632
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets See Part IV, line 11 . . . . .	8,938	<b>15</b>	8,448
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	4,259,440	<b>16</b>	3,945,359	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	202,641	<b>17</b>	176,929
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	200,372	<b>19</b>	165,613
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	1,817,540	<b>23</b>	1,708,561
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D . . . . .		<b>25</b>	
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	2,220,553	<b>26</b>	2,051,103
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	2,038,887	<b>27</b>	1,894,256
	<b>28</b> Temporarily restricted net assets . . . . .		<b>28</b>	
	<b>29</b> Permanently restricted net assets . . . . .		<b>29</b>	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	2,038,887	<b>33</b>	1,894,256	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	4,259,440	<b>34</b>	3,945,359	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	2,889,417
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	3,034,048
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	-144,631
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	2,038,887
<b>5</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>5</b>	
<b>6</b>	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	<b>6</b>	1,894,256

**Part XII Financial Statements and Reporting**

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

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

**SCHEDULE A**  
(Form 990 or 990EZ)

**Public Charity Status and Public Support**

OMB No 1545-0047

**2011**

**Open to Public Inspection**

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

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

Department of the Treasury  
Internal Revenue Service

Name of the organization  
VALLEY SHORE YMCA

Employer identification number

06-0646979

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

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

- 1  A church, convention of churches, or association of churches **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
<b>11g(i)</b>		
<b>11g(ii)</b>		
<b>11g(iii)</b>		

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

**Part II Support Schedule for Organizations Described in IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3						
<b>5</b> 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)						
<b>6 Public Support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income (Explain in Part IV.) Do not include gain or loss from the sale of capital assets						
<b>11 Total support</b> (Add lines 7 through 10)						
<b>12</b> Gross receipts from related activities, etc. (See instructions)					<b>12</b>	

**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**

<b>14</b> Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	<b>14</b>	
<b>15</b> Public Support Percentage for 2010 Schedule A, Part II, line 14	<b>15</b>	

**16a 33 1/3% support test—2011.** 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—2010.** 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—2011.** 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—2010.** 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 IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	366,386	403,821	403,821	283,478	218,317	1,675,823
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	3,362,671	3,395,354	3,252,886	3,280,514	2,691,815	15,983,240
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5	3,729,057	3,799,175	3,656,707	3,563,992	2,910,132	17,659,063
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons	42,914	52,755	203,100		79,920	378,689
<b>b</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						
<b>c</b> Add lines 7a and 7b	42,914	52,755	203,100		79,920	378,689
<b>8 Public Support</b> (Subtract line 7c from line 6)						17,280,374

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>9</b> Amounts from line 6	3,729,057	3,799,175	3,656,707	3,563,992	2,910,132	17,659,063
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	5,903	2,879	1,911	2,181	1,572	14,446
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b	5,903	2,879	1,911	2,181	1,572	14,446
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
<b>13 Total support</b> (Add lines 9, 10c, 11 and 12)	3,734,960	3,802,054	3,658,618	3,566,173	2,911,704	17,673,509
<b>14 First Five Years</b> 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 <b>stop here</b> <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	<b>15</b>	97.780 %
<b>16</b> Public support percentage from 2010 Schedule A, Part III, line 15	<b>16</b>	97.810 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2011</b> (line 10c column (f) divided by line 13 column (f))	<b>17</b>	0 %
<b>18</b> Investment income percentage from <b>2010</b> Schedule A, Part III, line 17	<b>18</b>	

- 19a 33 1/3% support tests—2011.** 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—2010.** 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 explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

<b>Facts And Circumstances Test</b>
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<b>Explanation</b>
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**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 06-0646979  
**Name:** VALLEY SHORE YMCA

**Form 990, Special Condition Description:**

**Special Condition Description**

**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 GARLAND CFO	5 00	X		X			13,985	0	0	
THOMAS FERREIRA PRESIDENT	5 00	X		X			0	0	0	
LENNY GOLDBERG 2ND VICE PRE	5 00	X		X			0	0	0	
JOHN DUHIG SECRETARY	3 00	X		X			0	0	0	
CANDACE FUCHS DIRECTOR	1 00	X					0	0	0	
NOEL BISHOP DIRECTOR	2 00	X					0	0	0	
EDWARD M CASSELLA DIRECTOR	1 00	X					0	0	0	
PIERRE BOULANGER DIRECTOR	2 00	X					0	0	0	
JOHN MATHIEU DIRECTOR	1 00	X					0	0	0	
EILEEN DAILY DIRECTOR	1 00	X					0	0	0	
KERRY E KNOBELSDORFF DIRECTOR	1 00	X					0	0	0	
LEE MERGY DIRECTOR	1 00	X					0	0	0	
GLENN JETTE DIRECTOR	1 00	X					0	0	0	
KATHLEEN LAUNDY DIRECTOR	5 00	X					0	0	0	
LEIGHTON LEE IV DIRECTOR	2 00	X					0	0	0	
THOMAS LINDNER DIRECTOR	2 00	X					0	0	0	
LISA LEMONTE DIRECTOR	2 00	X					0	0	0	
LAURA MARTINO DIRECTOR	2 00	X					0	0	0	
MELISSA OZOLS DIRECTOR	1 00	X					0	0	0	
STANLEY PRYMAS DIRECTOR	5 00	X					0	0	0	
MARGARET STRANGE DIRECTOR	5 00	X					0	0	0	
RICHARD STEBBINS DIRECTOR	1 00	X					0	0	0	
ART LINARES DIRECTOR	1 00	X					0	0	0	
ANNIE WILDER DIRECTOR	1 00	X					0	0	0	
DAVID WINSTEAD DIRECTOR	1 00	X					0	0	0	

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ROBERT BRADY DIRECTOR	5 00	X						0	0	0
THOMAS M NONIEWICZ DIRECTOR	1 00	X						0	0	0
PAUL MOHABIR CEO	40 00			X				156,235	0	21,930
DAVID M BROWN 1ST VP/TREAS	5 00			X				0	0	0

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2011

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization VALLEY SHORE YMCA

Employer identification number 06-0646979

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

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

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply): Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure.

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

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

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?
9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1; (ii) Assets included in Form 990, Part X
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: a Revenues included in Form 990, Part VIII, line 1; b Assets included in Form 990, Part X

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

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

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

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

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

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

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

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

	Amount
<b>1c</b> Beginning balance	
<b>1d</b> Additions during the year	
<b>1e</b> Distributions during the year	
<b>1f</b> Ending balance	

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

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

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
<b>1a</b> Beginning of year balance . . . . .					
<b>b</b> Contributions . . . . .					
<b>c</b> Investment earnings or losses . . . . .					
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .					

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

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

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .		70,000		70,000
<b>b</b> Buildings . . . . .		6,188,907	2,716,585	3,472,322
<b>c</b> Leasehold improvements . . . . .				
<b>d</b> Equipment . . . . .		657,621	478,018	179,603
<b>e</b> Other . . . . .		47,968	10,660	37,308
<b>Total.</b> Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . .				3,759,233



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

<b>1</b>	Total revenue (Form 990, Part VIII, column (A), line 12)	<b>1</b>	2,889,417
<b>2</b>	Total expenses (Form 990, Part IX, column (A), line 25)	<b>2</b>	3,034,048
<b>3</b>	Excess or (deficit) for the year Subtract line 2 from line 1	<b>3</b>	-144,631
<b>4</b>	Net unrealized gains (losses) on investments	<b>4</b>	
<b>5</b>	Donated services and use of facilities	<b>5</b>	
<b>6</b>	Investment expenses	<b>6</b>	
<b>7</b>	Prior period adjustments	<b>7</b>	
<b>8</b>	Other (Describe in Part XIV)	<b>8</b>	
<b>9</b>	Total adjustments (net) Add lines 4 - 8	<b>9</b>	
<b>10</b>	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	<b>10</b>	-144,631

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	3,067,205
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
<b>a</b>	Net unrealized gains on investments . . . . .	<b>2a</b>	
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIV) . . . . .	<b>2d</b>	177,788
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	177,788
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	2,889,417
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIV) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	
<b>5</b>	Total Revenue Add lines <b>3</b> and <b>4c</b> . (This should equal Form 990, Part I, line 12 ) . . . . .	<b>5</b>	2,889,417

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

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	3,211,836
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIV) . . . . .	<b>2d</b>	177,788
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	177,788
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	3,034,048
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIV) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	
<b>5</b>	Total expenses Add lines <b>3</b> and <b>4c</b> . (This should equal Form 990, Part I, line 18 ) . . . . .	<b>5</b>	3,034,048

**Part XIV Supplemental Information**

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

Identifier	Return Reference	Explanation
RECONCILIATION OF CHANGES - OTHER	SCHEDULE D, PAGE 4, PART XI, LINE 8	SCHOLARSHIPS FOR PROGRAMS AND MEMBERSHIP 177,788 SCHOLARSHIPS FOR PROGRAMS AND MEMBERSHIPS -177,788
REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER	SCHEDULE D, PAGE 4, PART XII, LINE 2D	SCHOLARSHIPS FOR PROGRAMS AND MEMBERSHIP 177,788
EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER	SCHEDULE D, PAGE 4, PART XIII, LINE 2D	SCHOLARSHIPS FOR PROGRAMS AND MEMBERSHIPS 177,788

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2011

Open to Public Inspection

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

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

Department of the Treasury Internal Revenue Service

Name of the organization VALLEY SHORE YMCA

Employer identification number 06-0646979

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

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

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

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

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

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions? (Yes/No), (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col (i), (vi) Amount paid to (or retained by) organization.

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

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

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		<b>SPECIAL EVENTS</b> (event type)	(event type)	(total number)	(Add col (a) through col (c))
<b>Revenue</b>	<b>1</b> Gross receipts . . . . .	38,362			38,362
	<b>2</b> Less Charitable contributions . . . . .				
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	38,362			38,362
<b>Direct Expenses</b>	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Non-cash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .				
	<b>7</b> Food and beverages . . . . .				
	<b>8</b> Entertainment . . . . .				
	<b>9</b> Other direct expenses . . . . .	22,287			22,287
	<b>10</b> Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶				( 22,287 )
<b>11</b> Net income summary Combine lines 3 and 10 in column (d) . . . . . ▶				16,075	

**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))
<b>Revenue</b>	<b>1</b> Gross revenue . . . . .				
	<b>2</b> Cash prizes . . . . .				
<b>Direct Expenses</b>	<b>3</b> Non-cash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
	<b>6</b> 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	
	<b>7</b> Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶				( )
	<b>8</b> 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

<b>a</b> The organization's facility	<b>13a</b>
<b>b</b> An outside facility	<b>13b</b>

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

Name ▶ .....

Address ▶ .....

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

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

**c** If "Yes," enter name and address

Name ▶ .....

Address ▶ .....

**16** Gaming manager information

Name ▶ .....

Gaming manager compensation ▶ \$ .....

Description of services provided ▶ .....

- Director/officer       Employee       Independent contractor

- 17** Mandatory distributions
- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

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

Identifier	ReturnReference	Explanation
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**Schedule J**  
(Form 990)

**Compensation Information**

OMB No 1545-0047

**2011**

**Open to Public Inspection**

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

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

▶ Attach to Form 990. ▶ See separate instructions.

Department of the Treasury  
Internal Revenue Service

Name of the organization  
VALLEY SHORE YMCA

Employer identification number

06-0646979

**Part I Questions Regarding Compensation**

- 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 idemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account           | <input type="checkbox"/> Personal services (e g , maid, chauffeur, chef) |

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

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

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

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

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

**a** Receive a severance payment or change-of-control payment?

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

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

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

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

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

**a** The organization?

**b** Any related organization?

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

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

**a** The organization?

**b** Any related organization?

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

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

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		No
<b>4b</b>		No
<b>4c</b>		No
<b>5a</b>		No
<b>5b</b>		No
<b>6a</b>		No
<b>6b</b>		No
<b>7</b>		No
<b>8</b>		No
<b>9</b>		



**Part III Supplemental Information**

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

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

Transactions with Interested Persons

OMB No 1545-0047

2011

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Name of the organization VALLEY SHORE YMCA

Employer identification number 06-0646979

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

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

Table with 3 main columns: (a) Name of disqualified person, (b) Description of transaction, (c) Corrected? (Yes/No)

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

Part II Loans to and/or From Interested Persons.

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

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

Part III Grants or Assistance Benefitting Interested Persons.

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

Table with 3 main columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of grant or type of assistance

**Part IV Business Transactions Involving Interested Persons.**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) STANLEY PRYMAS	OWNER	58,731	INSURANCE BROKER		No
(2) DAVID WINSTEAD	OWNER	40,192	PRINTING		No
(3) JIM GARLAND	CONSULTANT	13,985	FINANCIAL CONSULTANT		No

**Part V Supplemental Information**

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

Identifier	Return Reference	Explanation
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**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

OMB No 1545-0047

**2011**

**Open to Public Inspection**

Name of the organization  
VALLEY SHORE YMCA

**Employer identification number**

06-0646979

Identifier	Return Reference	Explanation
ORGANIZATION'S MISSION	FORM 990 - ORGANIZATION'S MISSION	<p>PURPOSE AND MISSION THE ARTICLES OF INCORPORATION FOR THE VALLEY-SHORE YMCA INC STATES THAT THE ASSOCIATIONS PURPOSE IS THE ORGANIZATION, DEVELOPMENT AND CONSERVATION OF YMCA ACTIVITIES AND TO PROMOTE THE SPIRITUAL, INTELLECTUAL, SOCIAL AND PHYSICAL WELFARE OF PEOPLE IN THE TOWNS OF WESTBROOK, OLD SAYBROOK, CLINTON, ESSEX, DEEP RIVER, CENTERBROOK, IVORYTON, LYME, OLD LYME, MADISON, CLINTON, KILLINGWORTH, EAST LYME, SALEM AND CHESTER CONNECTICUT THE ASSOCIATIONS MISSION IS TO FUNCTION AS A HUMAN SERVICE ASSOCIATION, NATIONALLY AFFILIATED AND WORLDWIDE IN SCOPE, SERVING INDIVIDUALS AND FAMILIES IN THE SHORELINE AREA OF CONNECTICUT CHRISTIAN IN ITS HERITAGE, THE YMCA IS ECUMENICAL IN ITS DELIVERY OF SERVICES AND IN ITS MEMBERSHIP THE VALLEY-SHORE YMCA ASSISTS PEOPLE IN LEARNING CHARACTER-BUILDING SKILLS, I.E RESPONSIBILITY, RESPECT, HONESTY, AND CARING, THAT WILL ENRICH THEIR LIVES, HELP THEM TO GROW AND TO REALIZE THEIR FULL POTENTIAL, AND TO LEAD THEM TO INTER-RACIAL, INTER-FAITH, INTERNATIONAL AND INTERGENERATIONAL UNDERSTANDING WITHIN ITS EXPERTISE AND MEANS, THE YMCA WILL ALSO STRIVE TO ADDRESS UNMET SOCIAL NEEDS EMPHASIS SHALL BE ON DEVELOPING THE WHOLE PERSON AS EMBODIED IN THE YMCA SYMBOL, THE TRIANGLE, SIGNIFYING THE UNION OF SPIRIT, MIND AND BODY THE YMCA IS ESSENTIALLY A MEMBERSHIP ASSOCIATION OF MEN, WOMEN AND CHILDREN OF ALL AGES, ABILITIES, INCOMES, RACES, AND RELIGIONS IT IS DEDICATED TO PROMOTING GOOD HEALTH, STRONG FAMILIES, YOUTH LEADERSHIP, COMMUNITY DEVELOPMENT AND INTERNATIONAL UNDERSTANDING GOALS THE GOALS ENDORSED AND SUPPORTED BY THE BOARD OF DIRECTORS OF ALL YMCA PROGRAMS AND PRACTICES ARE TO HELP PARTICIPANTS DEVELOP CHARACTER-BUILDING TRAITS- TRUSTWORTHINESS, RESPECT, FAIRNESS, CARING AND CITIZENSHIP GROW AS RESPONSIBLE MEMBERS OF FAMILIES AND COMMUNITIES RECOGNIZE THAT EVERY ONE IS WORTHY OF RESPECT UNDERSTAND THAT WELL-BEING MEANS A HEALTHY SPIRIT, MIND AND BODY BUILD SELF ESTEEM AND AN APPRECIATION OF ONES OWN WORTH WORK FOR WORLDWIDE UNDERSTANDING DEVELOP SKILLS FOR LEADERSHIP REVERE NATURE AND THE FULLNESS OF GODS BOUNTY DEVELOP MORAL AND ETHICAL BEHAVIORS BASED ON JUDEO-CHRISTIAN PRINCIPLES MEMBERS IN 2011, OVER 10,763 PEOPLE WERE VALLEY-SHORE YMCA MEMBERS APPROXIMATELY 58% OF THE VALLEY-SHORE YMCAS MEMBERS JOIN AS A FAMILY UNIT OVER 104,956 WAS USED TO SUBSIDIZE 2,214 MEMBERSHIP UNITS (INCLUDES FAMILIES, ADULTS, SENIORS AND TEENS) FOR THOSE WHO OTHERWISE WOULD NOT BE ABLE TO PARTICIPATE DUE TO FINANCIAL CONSTRAINTS VOLUNTEERS IN 2011, OVER 26 POLICY-MAKING VOLUNTEERS DONATED OVER 1,600 HOURS AND OVER 100 PROGRAM VOLUNTEERS DONATED APPROXIMATELY 2,000 HOURS IN SERVICES TO THE YMCA BASED UPON AN HOURLY RATE INCLUDING FRINGE BENEFITS OF 21 00, THE ESTIMATED VALUE OF THEIR COMBINED SERVICES TOTALED 42,000 IN ADDITION, THE TEEN LEADERS CLUB HAS 25 VOLUNTEERS WHO AVERAGED 2 HOURS PER WEEK OVER THE COURSE OF THE YEAR THESE CONTRIBUTIONS ARE VALUED AT 10 PER HOUR FOR AN ESTIMATED TOTAL OF 28,000 IN VALUE ADDED THE TOTAL ESTIMATED VALUE FOR BOTH ADULTS AND TEENS IS 70,000 FACILITIES THE VALLEY SHORE YMCA MAINTAINS A 45,600 SQUARE FOOT HANDICAPPED ACCESSIBLE BUILDING FIVE SEPARATE ROOMS, TOTALING 4,000 SQUARE FEET, ARE DEVOTED TO CHILD CARE SERVICES, 11,000 SQUARE FEET SUPPORT OUR TWO POOLS, 6,110 SQUARE FEET ARE UTILIZED FOR OUR GYMNASIUM, AND 3,600 SQUARE FEET COMPRISE OUR WELLNESS CENTER OUR OUTDOOR FACILITIES INCLUDE A 2,400 SQUARE FOOT PAVILION THAT IS USED FOR OUR SUMMER CAMP PROGRAM, TWO PLAYGROUNDS, A SIXTH OF A MILE CINDER TRACK, AND HIKING TRAILS THAT ARE AVAILABLE TO SUMMER CAMPERS AND MEMBERS AS WELL ALONG WITH OUR MAIN FACILITY IN WESTBROOK, THE VALLEY-SHORE YMCA MAINTAINS 8 OFF-SITE STATE-LICENSED PROGRAMS AT LOCAL SCHOOLS IN 6 TOWNS PROVIDING BEFORE AND AFTER SCHOOL CHILD CARE AS PART OF OUR OVERALL COMMITMENT TO THE WELL BEING OF CHILDREN AND FAMILIES IN OUR AREA</p>

Identifier	Return Reference	Explanation
ADDITIONAL INFORMATION	FORM 990	SCHEDULE L PART IV STANLEY PRYMAS IS AN INSURANCE BROKER THAT THE ORGANIZATION DOES BUSINESS WITH FOR INSURANCE. THE AMOUNTS LISTED ARE PAYMENTS FOR INSURANCE. THERE ARE NO PAYMENTS MADE DIRECTLY TO THE INDIVIDUAL.

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

Identifier	Return Reference	Explanation
SECOND ACCOMPLISHMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4B	<p>IN ADDITION TO OUR CHILD CARE, THE VALLEY-SHORE YMCA HAS OPERATED SUMMER DAY CAMPS IN THE COMMUNITY FOR OVER 90 YEARS. THE YMCA BELIEVES THAT CAMPING CONTRIBUTES SIGNIFICANTLY TO THE HEALTHY GROWTH OF CHILDREN. IT PROVIDES CREATIVE EXPERIENCES USING THE MEDIUM OF THE OUTDOOR ENVIRONMENT TO PROMOTE SPIRITUAL AWARENESS, MENTAL DEVELOPMENT, PHYSICAL WELL-BEING, SOCIAL GROWTH, AND A RESPECT FOR THE ENVIRONMENT. A MAJORITY OF OUR CAMPERS COME FROM SINGLE PARENT OR DUAL WORKING PARENT HOMES. DAY CAMP HAS BECOME A PRIMARY SUBSTITUTE FOR CHILD CARE DURING THE SUMMER. WE OFFER AN EXTENDED CAMP DAY (7:00 AM AND 4:00 PM - 6:00 PM) FOR WORKING PARENTS THAT NEED IT. THE CAMP SERVES CHILDREN AGES 3 THROUGH AGE 15, AND IN ADDITION, INCORPORATES MENTALLY AND PHYSICALLY CHALLENGED CAMPERS ON THE 26-ACRES OF PROPERTY AT THE MAIN FACILITY IN WESTBROOK, CT. MORE THAN 30 YOUNG TEENS ARE INVOLVED IN THE CAMPS COUNSELOR IN TRAINING PROGRAM. DURING THE SUMMER MONTHS, APPROXIMATELY 800 CAMPERS ARE REGISTERED AND ATTEND THE SUMMER CAMP PROGRAM. CAMP SCHOLARSHIPS ARE PROVIDED TO FAMILIES JUST STRUGGLING TO MAKE ENDS MEET. THESE CHILDREN HAVE THE OPPORTUNITY TO SPEND THEIR ONLY VACATION FROM SCHOOL SURROUNDED BY WHOLESOME VALUES, NEW FRIENDS, AN ENRICHING ENVIRONMENT AND CARING ADULT LEADERSHIP. IN 2011, FINANCIAL ASSISTANCE OF 10,979 WAS PROVIDED TO 63 FAMILIES WITH CHILDREN IN THE CAMPING PROGRAM. FINANCIAL ASSISTANCE FOR OUR CHILD CARE AND PRE-SCHOOL PROGRAMS HELPS SINGLE PARENT FAMILIES AND FAMILIES WITH LOW INCOME REMAIN ACTIVELY EMPLOYED. IN 2011, THE YMCA PROVIDED 32,635 IN ASSISTANCE FOR 42 CHILDREN WHO QUALIFIED FOR FINANCIAL ASSISTANCE. IN ADDITION, OUR YMCA PROVIDES A VARIETY OF PROGRAMS TO ADDRESS THE NEEDS OF VERY YOUNG CHILDREN INCLUDING PARENT/CHILD CLASSES THAT BEGIN THE DEVELOPMENT OF SOCIAL SKILLS THAT ARE NECESSARY FOR THE CHILD TO BE COMFORTABLE IN ATTENDING PROGRAMS ON THEIR OWN AS THEY GROW. THE YOUTH &amp; FAMILY AREA ENCOMPASSES FAMILY ACTIVITIES, YOUTH ENRICHMENT &amp; SPORTS, SUMMER CAMPS, TEEN PROGRAMS, AND YOUTH SPECIAL EVENTS. IN 2011, WE REACHED OVER 6,500 YOUTH AND FAMILY MEMBERS WITH THE YMCAS PROGRAM. OFFERING FAMILY ACTIVITIES ARE DESIGNED TO PROVIDE CHILDREN AND THEIR PARENTS WITH ACTIVITIES THAT FOSTER UNDERSTANDING, COMPANIONSHIP AND HEALTHY LIFESTYLES. THE VALLEY-SHORE YMCA ALSO CELEBRATES INTERNATIONAL NATIONAL FAMILY NIGHT AND AN INTERNATIONAL DINNER TO BRING FAMILIES TOGETHER FOR ACTIVITIES THAT SUPPORT DIVERSITY, HEALTHY CHILDREN AND FAMILIES. OUR YOUTH SPORTS PROGRAMS INCLUDE INDOOR AND OUTDOOR TENNIS LESSONS, AN INSTRUCTIONAL, YEAR ROUND SOCCER PROGRAM, GYMNASTICS AND DANCE PROGRAMS, AND OUR YOUTH &amp; BIDDY BASKETBALL PROGRAM. ARCHERY, KINDERSPORTS, WRESTLING, FLOOR HOCKEY, VOLLEYBALL, FENCING, SKIING TRIPS AND T-BALL ROUND OUT THE BALANCE OF OUR SPORT OFFERING AT THE Y SPORTSMANSHIP, AND RESPECT FOR TEAMMATES &amp; OTHER PLAYERS ARE INSTILLED IN OVER 1500 CHILDREN WHO PARTICIPATE IN YOUTH SPORTS THROUGHOUT THE YEAR. AT THE VALLEY-SHORE YMCA IN 2011, WE CONTINUED TO OFFER A COMPREHENSIVE ARTS &amp; HUMANITIES PROGRAM. THIS INCLUDED DANCE AND MUSIC CLASSES SUCH AS HIP-HOP, BALLET, AND JAZZ ALONG WITH PIANO, GUITAR AND DRUM LESSONS. WE CONTINUE TO OFFER MORE YOUTH ENRICHMENT PROGRAMS AS WE REACH OUT TO OUR 12-TOWN SERVICES AREA. OUR GOALS AT THE VALLEY-SHORE YMCA HAVE US HOSTING OTHER Y ACTIVITIES IN LYME/OLD LYME, EAST LYME/SALEM, DEEP RIVER/ESSEX AND THE CLINTON/KILLINGWORTH AREAS AS WE REACH OUT TO MORE COMMUNITIES IN OUR SERVICE AREA. TEENS ARE A HUGE PART OF THE VALLEY-SHORE YMCA AS WELL. EVERY FRIDAY EVENING THROUGHOUT THE YEAR THE YMCA OPENS THEIR DOORS FOR KIDS NIGHT OUT. FROM 7:00-9:30 PM TEENS CAN SWIM, PLAY BASKETBALL, DANCE, LISTEN TO MUSIC AND PARTICIPATE IN SPECIAL EVENTS IN A SUPERVISED ENVIRONMENT. AN AVERAGE OF OVER 100 TEENS PER WEEK ATTENDS EACH FRIDAY. YOUTH SPECIAL EVENTS ARE ALSO HELD THROUGHOUT THE YEAR. THE YMCAS HEALTHY KIDS DAY 2011 ATTRACTED OVER 1,000 PARTICIPANTS FROM THE COMMUNITY OFFERING A VARIETY OF ACTIVE, HEALTHY EVENTS AND INFORMATIONAL SESSIONS. THE SHORELINE KIDS TRIATHLON, WHICH WILL CHALLENGE CLOSE TO 30 YOUTH AGES 7 TO 14 YEARS OLD TO A SWIMMING, BIKING AND RUNNING RACE AGAINST THE CLOCK. ALSO A MAJOR LEAGUE BASEBALL PITCH, HIT &amp; RUN CONTEST WAS HELD THIS YEAR IN CONJUNCTION WITH HEALTHY KIDS DAY. THE PROGRAM GAVE YOUTH AGES 14 AND UNDER THE CHANCE TO SHOWCASE THEIR BASEBALL ABILITIES. OFTEN OUR YOUTH SPECIAL EVENTS ARE HELD FREE OF CHARGE AND OPEN TO ALL SURROUNDING COMMUNITIES. OTHER INFORMATION RELATED TO PROGRAM AND COMMUNITY SERVICES. THE VALLEY-SHORE YMCA HAS BEEN A VITAL PART OF THE SHORELINE COMMUNITY FOR NEARLY 95 YEARS. MORE THAN 16,000 MEMBERS HAVE COME TO THE VALLEY-SHORE YMCA FOR A WIDE VARIETY OF HEALTH, WELLNESS AND RECREATIONAL PROGRAMS, WHICH ARE LED BY OUR CARING, WELL-TRAINED STAFF. OVER 175,000 IN FINANCIAL ASSISTANCE AND PROGRAM SUBSIDY WAS AWARDED TO YOUTH AND FAMILIES IN 2011. THE VALLEY-SHORE YMCA STRIVES TO SERVE A BROAD CROSS SECTION OF ITS COM</p>

Identifier	Return Reference	Explanation
SECOND ACCOMPLISHMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4B	<p>MUNITY , AND FEES, WHEN THEY ARE CHARGED, ARE AFFORDABLE TO THE COMMUNITY AT LARGE FINANCIAL ASSISTANCE IS MADE AVAILABLE TO THOSE WHO CANT AFFORD THE FULL FEE THIS IS MADE POSSIBLE BY THE SUPPORT RECEIVED FROM THE COMMUNITY , BUSINESSES, GRANTS AND YMCA SUSTAINING MEMBERS THROUGH THE ANNUAL STRONG KIDS CAMPAIGN THE YMCA SUBSIDIZES MEMBERSHIP FOR MENTALLY AND PHYSICALLY CHALLENGED ADULTS WHO PARTICIPATE IN YMCA ACTIVITIES THROUGH OF THE VISTA ORGANIZATION MAINSTREAMING THESE YOUNG ADULTS INTO THE COMMUNITY IS AN IMPORTANT STEP TOWARD THEIR INDEPENDENCE AND IMPROVING THEIR OVERALL HEALTH AND WELLNESS THE VALLEY-SHORE YMCA OFFERS PROGRAMS SUCH AS LIFEGUARD TRAINING, CPR, FIRST AID, AQUATIC TESTING, FITNESS TESTING, BABYSITTING CERTIFICATIONS TO THE COMMUNITY THE Y ALSO HOLDS BI-ANNUAL COMMUNITY BLOOD DRIVES THROUGH THE AMERICAN RED CROSS THE Y MCA PARTNERS WITH THE FOLLOWING COMMUNITY ORGANIZATIONS IN ITS MISSION TO RESPOND TO THE NEEDS OF PEOPLE LIVING IN THE SHORELINE COMMUNITIES ABRAHAM PIERSON SCHOOL, CLINTON AMERICAN ARTHRITIS ASSOCIATION AMERICAN RED CROSS BOYS SCOUTS OF AMERICA CAMP HAZEN YMCA CENTER SCHOOL, OLD LYME CHESTER ELEMENTARY SCHOOL , CHESTER CLINTON PARKS AND RECREATION DEPARTMENT CLINTON YOUTH AND FAMILY DEPARTMENT DAISY INGRAHAM SCHOOL, WESTBROOK DEEP RIVER ELEMENTARY SCHOOL, DEEP RIVER DIVERS COVE EAST HAD DAM ELEMENTARY SCHOOL ESSEX ELEMENTARY SCHOOL FRANKLIN ACADEMY GIRL SCOUTS OF AMERICA HAND HIGH SCHOOL KATHLEEN E. GOODWIN SCHOOL, OLD SAYBROOK LEWING JOEL SCHOOL MADISON RACQUET AND SWIM CLUB MIDDLESEX HOSPITAL MILE CREEK SCHOOL, OLD LYME OLD SAYBROOK HIGH SCHOOL OLD SAYBROOK MIDDLE SCHOOL OLD SAYBROOK YOUTH &amp; FAMILY SERVICES SARAH UNITED STATES MASTERS SWIMMING UNITED STATES SWIMMING UNITED WAY VISTA WESTBROOK BOARD OF EDUCATION WESTBROOK HIGH SCHOOL WESTBROOK YOUTH SERVICE BUREAU VALLEY REGIONAL HIGH SCHOOL VISITING NURSES ASSOCIATION CT SPECIAL OLYMPICS SOCCER AND SWIMMING EVENT PRACTICE AMERICA ON THE MOVE PHYSICAL THERAPY LOCAL INFORMATIONAL Q &amp; A SAFE BOATING COURSE - BOAT SCHOOL CONNECTICUT</p>

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

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

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

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