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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 Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Terminated

☐ Amended return

☐ Application pending

C Name of organization

YMCA OF PHILADELPHIA & VICINITY

Doing Business As

Number and street (or P O box if mail is not delivered to street address)

2000 MARKET STREET NO 750

Room/suite

City or town, state or country, and ZIP + 4

PHILADELPHIA, PA 191033214

F Name and address of principal officer

JOHN F FLYNN  
2000 MARKET STREET NO 750  
PHILADELPHIA,PA 191033214

H(a) Is this a group return for affiliates?

☐ Yes ☒ No

H(b) Are all affiliates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) ( ) ☐ (insert no ) ☐ 4947(a)(1) or ☐ 527

J Website:

WWW.PHILAYMCA.ORG

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation

1857

M State of legal domicile

PA

Part I	Summary																											
Activities & Governance	<div><div>1</div><div>Briefly describe the organization's mission or most significant activities</div><div>SEE SCHEDULE O</div></div>																											
	<div><div>2</div><div>Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets</div></div>																											
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Part II Signature Block

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

Sign Here

Signature of officer

JOHN F FLYNN PRESIDENT & CEO

Date

2012-07-20

Paid Preparer's Use Only

Preparer's signature

JULIUS GREEN CPA

Date

Check if self-employed

☐

Preparer's taxpayer identification number (see instructions)

P00350393

Firm's name (or yours if self-employed), address, and ZIP + 4

PARENTEBEARD LLC  
1650 MARKET STREET SUITE 4500  
PHILADELPHIA, PA 19103

EIN

23-2932984

Phone no

(215) 972-0701

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2011)

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III ☐ Yes ☒ No

1

Briefly describe the organization's mission

THE MISSION OF THE YMCA OF PHILADELPHIA AND VICINITY IS "TO TRANSLATE THE PRINCIPLES OF THE YMCA'S CHRISTIAN HERITAGE INTO PROGRAMS THAT NURTURE CHILDREN, STRENGTHEN FAMILIES AND BUILD STRONG COMMUNITIES AND DEVELOP HEALTHY SPIRITS, MINDS AND BODIES FOR ALL "

2

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

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

3

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

If "Yes," describe these changes on Schedule O

4

Describe the 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 \$ 22,267,711 including grants of \$ 3,281,294 ) (Revenue \$ 24,943,216 )

SEE SCHEDULE O

4b

(Code ) (Expenses \$ 11,172,745 including grants of \$ 1,071,988 ) (Revenue \$ 10,927,915 )

SEE SCHEDULE O

4c

(Code ) (Expenses \$ 1,538,072 including grants of \$ 12,604 ) (Revenue \$ 372,698 )

SEE SCHEDULE O

4d

Other program services (Describe in Schedule O )

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






















4e

Total program service expenses \$ 34,978,528

Form 990 (2011)

Part IV

Checklist of Required Schedules

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

Part IV

Checklist of Required Schedules (continued)

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

<b>Part V</b> <b>Statements Regarding Other IRS Filings and Tax Compliance</b>						
Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/>						
		<b>Yes</b>	<b>No</b>			
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. .	<b>1a</b>	37			
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	<b>1b</b>	0			
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1c</b>	Yes			
<b>2a</b>	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return.	<b>2a</b>	2,545			
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	<b>2b</b>	Yes			
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>				No
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	<b>3b</b>				
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)?	<b>4a</b>				No
<b>b</b>	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.					
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>				No
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>				No
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>				
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	<b>6a</b>				No
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>				
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>					
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>	Yes			
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>	Yes			
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>				No
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year.	<b>7d</b>				
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>				No
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>				No
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>				
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>				
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	<b>8</b>				
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>					
<b>a</b>	Did the organization make any taxable distributions under section 4966?	<b>9a</b>				
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>				
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter					
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12.	<b>10a</b>				
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	<b>10b</b>				
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter					
<b>a</b>	Gross income from members or shareholders.	<b>11a</b>				
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	<b>11b</b>				
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>				
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	<b>12b</b>				
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>					
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state.	<b>13a</b>				
<b>b</b>	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	<b>13b</b>				
<b>c</b>	Enter the aggregate amount of reserves on hand.	<b>13c</b>				
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>				No
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	<b>14b</b>				

Part VI

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . . . . .		
1a	57		
b	Enter the number of voting members included in line 1a, above, who are independent . . . . .	1b	56
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . .	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .	5	No
6	Did the organization have members or stockholders? . . . . .	6	No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .	7a	No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .	7b	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following . . . . .		
a	The governing body? . . . . .	8a	Yes
b	Each committee with authority to act on behalf of the governing body? . . . . .	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .	9	No

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates? . . . . .	10a	Yes
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . . .	10b	Yes
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .	11a	Yes
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990 . . . . .		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	12a	Yes
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	12b	Yes
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .	12c	Yes
13	Did the organization have a written whistleblower policy? . . . . .	13	Yes
14	Did the organization have a written document retention and destruction policy? . . . . .	14	Yes
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? . . . . .		
a	The organization's CEO, Executive Director, or top management official . . . . .	15a	Yes
b	Other officers or key employees of the organization . . . . .	15b	Yes
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions) . . . . .		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	16a	No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .	16b	

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed <input checked="" type="checkbox"/> PA
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. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization 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. <input checked="" type="checkbox"/> BETTEANN KRAMER 2000 MARKET STREET SUITE 750 PHILADELPHIA, PA 191033214 (215) 963-3745

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

☐ Check this box if neither the organization nor any related organizations compensated any current or former officer, director, or trustee

Form **990** (2011)



## Part VII

<b>1b</b>	<b>Sub-Total . . . . .</b>			
<b>c</b>	<b>Total from continuation sheets to Part VII, Section A . . . . .</b>			
<b>d</b>	<b>Total (add lines 1b and 1c) . . . . .</b>	1,766,719	0	233,181

**2** Total number of individuals (including but not limited to those listed in Item 1) who received or accrued more than \$100,000 of reportable compensation from the organization. **11**

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

## Section B. Independent Contractors

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. 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
WOHLSEN CONSTRUCTION COMPANY PO BOX 4612 LANCASTER, PA 17604	GENERAL CONSTRUCTION	2,747,700
JJ WHITE INC 5500 BINGHAM STREET PHILADELPHIA, PA 19120	HVAC/BLDG REPAIRS & SERVICE	923,830
KINGKINER BROTHERS PO BOX 5828 PHILADELPHIA, PA 19102	GENERAL CONSTRUCTION	759,380
VINCENT POOLS INC 1823 DEEP RUN ROAD PIPERSVILLE, PA 18947	CONSTRUCTION - POOL	529,414
KRAMERMARKS ARCHITECTS 156 S BETHLEHEM PIKE AMBLER, PA 19002	ARCHITECT	510,451
<b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization <b>14</b>		

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a					
	b	Membership dues . . . . .	1b					
	c	Fundraising events . . . . .	1c	565,278				
	d	Related organizations . . . .	1d					
	e	Government grants (contributions)	1e	1,922,870				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	2,834,973				
	g	Noncash contributions included in lines 1a-1f \$ 449,083						
	h	Total. Add lines 1a-1f . . . . .		5,323,121				
Program Service Revenue			Business Code					
	2a	HEALTH & WELL BEING	624100	24,943,216	24,943,216			
	b	DAY CAMP & CHILD CARE	624410	10,927,915	10,927,915			
	c	EDUCATION & COMMUNITY	611600	363,538	363,538			
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f . . . . .		36,234,669				
Other Revenue	3	Investment income (including dividends, interest and other similar amounts) . . . . .		93,115			93,115	
	4	Income from investment of tax-exempt bond proceeds . .						
	5	Royalties . . . . .						
	6a	(i) Real		(ii) Personal				
		Gross rents	69,336					
		b Less rental expenses	37,662					
		c Rental income or (loss)	31,674					
	d	Net rental income or (loss) . . . . .		31,674			31,674	
	7a	(i) Securities		(ii) Other				
		Gross amount from sales of assets other than inventory	449,083	40,425				
		b Less cost or other basis and sales expenses	449,083	0				
		c Gain or (loss)	0	40,425				
	d	Net gain or (loss) . . . . .		40,425			40,425	
	8a	Gross income from fundraising events (not including \$ 565,278 of contributions reported on line 1c) See Part IV, line 18 . . . . .						
	a		147,394					
	b	Less direct expenses . . . . .	b	184,092				
	c	Net income or (loss) from fundraising events . .		-36,698			-36,698	
	9a	Gross income from gaming activities See Part IV, line 19 . . . . .						
	a							
	b	Less direct expenses . . . . .	b					
	c	Net income or (loss) from gaming activities . .						
	10a	Gross sales of inventory, less returns and allowances . . . . .						
	a							
b	Less cost of goods sold . . . . .	b						
c	Net income or (loss) from sales of inventory . .							
Miscellaneous Revenue		Business Code						
11a	TEMP RESTRICTED INCOME	900099	40,554			40,554		
b	MISCELLANEOUS REVENUE	900099	39,534			39,534		
c	INSURANCE PROCEEDS	900099	32,190			32,190		
d	All other revenue . . . . .		16,614	9,160		7,454		
e	Total. Add lines 11a-11d . . . . .		128,892					
12	Total revenue. See Instructions . . . . .		41,815,198	36,243,829	0	248,248		

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	2,104	2,104		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	4,353,282	4,353,282		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	10,500	10,500		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,847,387	781,515	944,519	121,353
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	16,408,395	15,100,317	1,067,890	240,188
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	858,038	801,571	36,523	19,944
9	Other employee benefits	1,356,956	1,339,014		17,942
10	Payroll taxes	1,500,170	1,333,841	129,537	36,792
11	Fees for services (non-employees)				
a	Management				
b	Legal	770		770	
c	Accounting	59,600		59,600	
d	Lobbying	40,000		40,000	
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	318,819	149,613	167,281	1,925
12	Advertising and promotion	596,334	532,828	56,366	7,140
13	Office expenses	4,261,920	3,625,525	546,263	90,132
14	Information technology	302,139	302,139		
15	Royalties				
16	Occupancy	2,642,197	2,208,460	376,302	57,435
17	Travel	297,227	273,741	21,920	1,566
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	299,389	247,046	43,690	8,653
20	Interest	711,663	711,663		
21	Payments to affiliates	263,365		263,365	
22	Depreciation, depletion, and amortization	2,299,521	1,989,393	267,612	42,516
23	Insurance	428,415	419,994		8,421
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O )				
a	SERVICE CHARGES	484,715	484,715		
b	ADMISSION FEES	180,999	180,999		
c	BRANCH PUBLIC RELATIONS	79,163		79,163	
d	MEMBERSHIP DUES	63,870	28,039	34,296	1,535
e					
f	All other expenses	184,507	102,229	80,797	1,481
25	Total functional expenses. Add lines 1 through 24f	39,851,445	34,978,528	4,215,894	657,023
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing . . . . .			1,440,188	1	1,477,622
	2	Savings and temporary cash investments . . . . .			13,855	2	0
	3	Pledges and grants receivable, net . . . . .			1,497,664	3	1,243,526
	4	Accounts receivable, net . . . . .			47,094	4	116,075
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L . . . . .				6	
	7	Notes and loans receivable, net . . . . .			1,220,000	7	1,190,977
	8	Inventories for sale or use . . . . .				8	
	9	Prepaid expenses and deferred charges . . . . .			255,256	9	410,386
	10a	Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D . . . . .	10a	82,505,642			
	b	Less: accumulated depreciation . . . . .	10b	24,671,194	50,840,178	10c	57,834,448
	11	Investments—publicly traded securities . . . . .			5,297,701	11	5,272,259
	12	Investments—other securities. See Part IV, line 11 . . . . .				12	
	13	Investments—program-related. See Part IV, line 11 . . . . .				13	
	14	Intangible assets . . . . .				14	
	15	Other assets. See Part IV, line 11 . . . . .			655,586	15	624,200
	16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .			61,267,522	16	68,169,493
Liabilities	17	Accounts payable and accrued expenses . . . . .			3,311,382	17	3,974,855
	18	Grants payable . . . . .				18	
	19	Deferred revenue . . . . .			696,033	19	575,741
	20	Tax-exempt bond liabilities . . . . .				20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .				22	
	23	Secured mortgages and notes payable to unrelated third parties . . . . .			13,022,694	23	17,251,174
	24	Unsecured notes and loans payable to unrelated third parties . . . . .				24	
	25	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 . . . . .				25	
	26	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .			17,030,109	26	21,801,770
Net Assets or Fund Balances	<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>						
	27	Unrestricted net assets . . . . .			41,165,660	27	44,150,944
	28	Temporarily restricted net assets . . . . .			1,838,389	28	1,501,416
	29	Permanently restricted net assets . . . . .			1,233,364	29	715,363
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>						
	30	Capital stock or trust principal, or current funds . . . . .				30	
	31	Paid-in or capital surplus, or land, building or equipment fund . . . . .				31	
	32	Retained earnings, endowment, accumulated income, or other funds . . . . .				32	
	33	<b>Total net assets or fund balances</b> . . . . .			44,237,413	33	46,367,723
	34	<b>Total liabilities and net assets/fund balances</b> . . . . .			61,267,522	34	68,169,493

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	41,815,198
2	Total expenses (must equal Part IX, column (A), line 25)	2	39,851,445
3	Revenue less expenses Subtract line 2 from line 1	3	1,963,753
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	44,237,413
5	Other changes in net assets or fund balances (explain in Schedule O)	5	166,557
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	46,367,723

Part XII Financial Statements and Reporting

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

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

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2011

Open to Public  
Inspection

Name of the organization YMCA OF PHILADELPHIA & VICINITY	Employer identification number 23-1243965
---	--

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
11g(i)		
11g(ii)		
11g(iii)		

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

Part II

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

Section B. Total Support							
Calendar year (or fiscal year beginning in)		(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income (Explain in Part IV ) Do not include gain or loss from the sale of capital assets						
11	Total support (Add lines 7 through 10)						
12	Gross receipts from related activities, etc (See instructions )					12	
13	First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage			
14	Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14	
15	Public Support Percentage for 2010 Schedule A, Part II, line 14	15	
16a	<b>33 1/3% support test—2011.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization		
b	<b>33 1/3% support test—2010.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization		
17a	<b>10%-facts-and-circumstances test—2011.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		
b	<b>10%-facts-and-circumstances test—2010.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		
18	<b>Private Foundation</b> If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions		

Part IIISupport Schedule for Organizations Described in 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
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	9,085,830	5,319,077	6,284,363	5,689,711	5,323,121	31,702,102
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	25,093,970	26,391,145	30,117,922	31,705,559	36,243,829	149,552,425
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	34,179,800	31,710,222	36,402,285	37,395,270	41,566,950	181,254,527
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
c Add lines 7a and 7b						0
8 Public Support (Subtract line 7c from line 6 )						181,254,527

Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6	34,179,800	31,710,222	36,402,285	37,395,270	41,566,950	181,254,527
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	405,734	303,020	347,194	260,181	162,451	1,478,580
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	405,734	303,020	347,194	260,181	162,451	1,478,580
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )	156,546	27,433	68,606	147,820	267,126	667,531
13 Total support (Add lines 9, 10c, 11 and 12 )	34,742,080	32,040,675	36,818,085	37,803,271	41,996,527	183,400,638
14 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	<input type="checkbox"/>					

Section C. Computation of Public Support Percentage		
15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	98.830 %
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17	0.810 %
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	
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	<input type="checkbox"/>	
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	<input type="checkbox"/>	
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions	<input type="checkbox"/>	



**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).

Facts And Circumstances Test

Explanation

Additional Data

Software ID:

Software Version:

EIN: 23-1243965

Name: YMCA OF PHILADELPHIA & VICINITY

Form 990, Special Condition Description:

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
THOMAS BENDER JR ESQ CHAIR	1 00	X		X				0	0	0
THOMAS A DECKER ESQ CHAIR ELECT	1 00	X		X				0	0	0
DARREL A GERMAN VICE CHAIR	1 00	X		X				0	0	0
DIANNE L SEMINGSON VICE CHAIR	1 00	X		X				0	0	0
RAYMOND D LUKAS VICE CHAIR	1 00	X		X				0	0	0
JEFFREY A LUTSKY VICE CHAIR	1 00	X		X				0	0	0
JOHN FLYNN PRESIDENT/CEO	50 00	X		X				486,402	0	35,407
PHILIP R ALBRIGHT DIRECTOR	1 00	X						0	0	0
RUBEN AMARO JR DIRECTOR	1 00	X						0	0	0
CHRISTINE ANGELAKIS DIRECTOR	1 00	X						0	0	0
MARIA ARIAS DIRECTOR	1 00	X						0	0	0
MARC J ARMSTRONG DIRECTOR	1 00	X						0	0	0
PHILIP V BANCROFT DIRECTOR	1 00	X						0	0	0
WILLIAM BARTON JR DIRECTOR	1 00	X						0	0	0
SCOTT BASS DIRECTOR	1 00	X						0	0	0
MARY ANNE T BENNER DIRECTOR	1 00	X						0	0	0
MARISKA BOGLE DIRECTOR	1 00	X						0	0	0
MARC BROWNSTEIN DIRECTOR	1 00	X						0	0	0
JOE BURCH DIRECTOR	1 00	X						0	0	0
ALICIA BURBAGE DIRECTOR	1 00	X						0	0	0
GARY BURGESS DIRECTOR	1 00	X						0	0	0
CHRISTOPHER CASHMAN DIRECTOR	1 00	X						0	0	0
ROBERT M CHAPPELEAR DIRECTOR	1 00	X						0	0	0
LAWRENCE CUSACK DIRECTOR	1 00	X						0	0	0
WALT D'ALESSIO 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			
DAVID DRYDEN DIRECTOR	1 00	X						0	0	0
MARK T DUNGAN DIRECTOR	1 00	X						0	0	0
CARL B EVERETT ESQ DIRECTOR	1 00	X						0	0	0
JEFFREY FIALKO DIRECTOR	1 00	X						0	0	0
BRUCE W FICKEN ESQ DIRECTOR	1 00	X						0	0	0
MARK FOX DVM DIRECTOR	1 00	X						0	0	0
KENNETH R GARRETT DIRECTOR	1 00	X						0	0	0
ELIZABETH GEMMILL ESQ DIRECTOR	1 00	X						0	0	0
STEVE GENYK DIRECTOR	1 00	X						0	0	0
MICHAEL HAGAN DIRECTOR	1 00	X						0	0	0
STANLEY P JASKIEWICZ ESQ DIRECTOR	1 00	X						0	0	0
CHARLES KAHN JR DIRECTOR	1 00	X						0	0	0
DEBBIE KUHN DIRECTOR	1 00	X						0	0	0
ANISHA ROBINSON KEEYS DIRECTOR	1 00	X						0	0	0
SANDRA M LEBLANC CHA DIRECTOR	1 00	X						0	0	0
RAY MAYO DIRECTOR	1 00	X						0	0	0
GEOFFERY T MCKERNAN DIRECTOR	1 00	X						0	0	0
JAMES MOBLEY DIRECTOR	1 00	X						0	0	0
RAY PENNACCHIA DIRECTOR	1 00	X						0	0	0
CHRISTOPHER D ROAK DIRECTOR	1 00	X						0	0	0
EVELYN SAMPLE-OATES DIRECTOR	1 00	X						0	0	0
NANCY SCARLATO DIRECTOR	1 00	X						0	0	0
JEFF SIMPSON DIRECTOR	1 00	X						0	0	0
LAWRENCE S SMITH DIRECTOR	1 00	X						0	0	0
PETER C SOENS 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			
DEBORAH A SUTTON DIRECTOR	1 00	X						0	0	0
DANIEL TROPEANO DIRECTOR	1 00	X						0	0	0
CHARLES WALLACE DIRECTOR	1 00	X						0	0	0
RICHARD G WEBSTER JR DIRECTOR	1 00	X						0	0	0
JENNIFER WIGGINS DIRECTOR	1 00	X						0	0	0
JAMES M WILLIAMSON DIRECTOR	1 00	X						0	0	0
SHERI WOODRUFF DIRECTOR	1 00	X						0	0	0
BETTEANN KRAMER VP OF FINANCE/TREASURER	50 00			X				144,433	0	23,131
SCOTT LEWIS VP OF OPERATIONS	50 00			X				130,679	0	22,698
CAROL ANN MERRITT VP OF HR	50 00			X				120,433	0	20,993
TERRI WELLMAN VP OF OPERATIONS	50 00			X				123,166	0	15,643
MICHAEL TROUPE VP OF FACILITIES	50 00			X				109,703	0	21,640
LISA WELSCH VP OF DEVELOPMENT	50 00			X				119,362	0	5,801
OMOIYE KINNEY VP OF COMMUNICATIONS	50 00			X				105,586	0	18,432
JOHNATHAN DAVIS VP OF OPERATIONS	50 00			X				95,484	0	18,218
JAMIE BRUNNING VP OF MEMBERSHIP	50 00			X				116,812	0	19,622
SEAN ELLIOTT VP OF OPERATIONS	50 00			X				107,846	0	22,679
MARK MORRISON DIRECTOR OF INFORMATION TECHNOLOGY	50 00					X		106,813	0	8,917

SCHEDULE C  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Political Campaign and Lobbying Activities

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

OMB No 1545-0047

2011

Open to Public Inspection

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

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

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

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

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

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

Name of the organization YMCA OF PHILADELPHIA & VICINITY	Employer identification number  23-1243965
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

1	Provide a description of the organization's direct and indirect political campaign activities on behalf of or in opposition to candidates for public office in Part IV	
2	Political expenditures	▶ \$ _____
3	Volunteer hours	_____

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

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

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

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

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

Part II-A

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

- A
- Check
- ☐
- if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B
- Check
- ☐
- if the filing organization checked box A and "limited control" provisions apply

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

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

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

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
	a Volunteers?		No	
	b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
	c Media advertisements?		No	
	d Mailings to members, legislators, or the public?		No	
	e Publications, or published or broadcast statements?		No	
	f Grants to other organizations for lobbying purposes?		No	
	g Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		40,000
	h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
	i Other activities? If "Yes," describe in Part IV		No	
	j Total lines 1c through 1i			40,000
	2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				

Part III-A

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

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

Part III-B

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

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

Part IV

Supplemental Information

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

Identifier	Return Reference	Explanation
EXPLANATION OF OTHER LOBBYING ACTIVITIES	PART II-B, LINE 1I	2011 ACTIVITIES WERE LIMITED TO SEEKING STATE FUNDING FOR YMCA PROGRAMS, INCLUDING CHILDREN'S ISSUES, EDUCATION AND HUMAN SERVICES AND CONSTRUCTION OF NEW HAVERFORD YMCA BALLARD SPAHR - ENGAGED IN SEPTEMBER 2010

SCHEDULE D  
(Form 990)

Supplemental Financial Statements

Department of the Treasury  
Internal Revenue Service

OMB No 1545-0047

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.

Name of the organization  
YMCA OF PHILADELPHIA & VICINITY

Employer identification number  
23-1243965

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

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

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

1

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

☐ Preservation of land for public use (e g , recreation or pleasure)

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

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

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

3

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

4

Number of states where property subject to conservation easement is located

5

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

Yes

No

6

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

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year

\$

8

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

Yes

No

9

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

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

1a

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

b

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

(i)

Revenues included in Form 990, Part VIII, line 1

\$

(ii)

Assets included in Form 990, Part X

\$

2

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

a

Revenues included in Form 990, Part VIII, line 1

\$

b

Assets included in Form 990, Part X

\$



Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

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

☐ Yes

☐ No

Part IV

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

1a

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

☒ Yes

☐ No

b

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

	Amount
1c	601,947
1d	107,184
1e	69,598
1f	639,533

2a

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

☐ Yes

☒ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a	Beginning of year balance . . . . .	5,635,375	5,155,957	4,337,752	6,051,243
b	Contributions . . . . .			132,979	
c	Investment earnings or losses . . . . .	-43,441	479,418	818,205	-1,974,207
d	Grants or scholarships . . . . .			98,536	
e	Other expenditures for facilities and programs . . . . .				
f	Administrative expenses . . . . .			35,340	
g	End of year balance . . . . .	5,591,934	5,635,375	5,155,957	4,076,139

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 75 520 %

b

Permanent endowment ▶ 24 480 %

c

Term endowment ▶

3a

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

(i) unrelated organizations . . . . .

(ii) related organizations . . . . .

3a(i)

☐ Yes

☐ No

3a(ii)

☐ Yes

☐ No

b

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

3b

☐ Yes

☐ 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
1a Land . . . . .		4,989,872		4,989,872
b Buildings . . . . .		63,600,651	16,553,947	47,046,704
c Leasehold improvements . . . . .				
d Equipment . . . . .		10,645,883	7,778,010	2,867,873
e Other . . . . .		3,269,236	339,237	2,929,999
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . . ▶				57,834,448

Schedule D (Form 990) 2011



Part XIReconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	141,815,198
2	Total expenses (Form 990, Part IX, column (A), line 25)	239,851,445
3	Excess or (deficit) for the year Subtract line 2 from line 1	31,963,753
4	Net unrealized gains (losses) on investments	4-25,442
5	Donated services and use of facilities	5
6	Investment expenses	6
7	Prior period adjustments	7
8	Other (Describe in Part XIV)	8191,999
9	Total adjustments (net) Add lines 4 - 8	9166,557
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	102,130,310

Part XIIReconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements . . . . .	137,666,135
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a	Net unrealized gains on investments . . . . .2a-25,442	
b	Donated services and use of facilities . . . . .2b	
c	Recoveries of prior year grants . . . . .2c	
d	Other (Describe in Part XIV) . . . . .2d191,999	
e	Add lines 2a through 2d . . . . .	2e166,557
3	Subtract line 2e from line 1 . . . . .	337,499,578
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .4a	
b	Other (Describe in Part XIV) . . . . .4b4,315,620	
c	Add lines 4a and 4b . . . . .	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12 ) . . . . .	541,815,198

Part XIIIReconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements . . . . .	135,535,825
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
a	Donated services and use of facilities . . . . .2a	
b	Prior year adjustments . . . . .2b	
c	Other losses . . . . .2c	
d	Other (Describe in Part XIV) . . . . .2d37,662	
e	Add lines 2a through 2d . . . . .	2e37,662
3	Subtract line 2e from line 1 . . . . .	335,498,163
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .4a	
b	Other (Describe in Part XIV) . . . . .4b4,353,282	
c	Add lines 4a and 4b . . . . .	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18 ) . . . . .	539,851,445

Part XIVSupplemental 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
	PART IV, LINE 1B	THE YMCA OF PHILADELPHIA & VICINITY BECAME A CUSTODIAN FOR THE PA STATE ALLIANCE OF YMCAS IN JULY 2010
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	TO PROVIDE SCHOLARSHIP DOLLARS FOR VARIOUS PROGRAMS, ACTIVITIES AND SERVICES
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE ASSOCIATION ACCOUNTS FOR UNCERTAINTY IN INCOME TAXES USING A RECOGNITION THRESHOLD OF MORE-LIKELY-THAN NOT TO BE SUSTAINED UPON EXAMINATION BY THE APPROPRIATE TAXING AUTHORITY. MEASUREMENT OF THE TAX UNCERTAINTY OCCURS IF THE RECOGNITION THRESHOLD IS MET. MANAGEMENT DETERMINED THERE WERE NO TAX UNCERTAINTIES THAT MET THE RECOGNITION THRESHOLD IN 2011 AND 2010. THE FEDERAL EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURNS FOR THE ASSOCIATION FOR THE YEARS ENDED DECEMBER 31, 2010, 2009, AND 2008 REMAIN SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE.
PART XI, LINE 8 - OTHER ADJUSTMENTS		CHANGE IN VALUE OF BENEFICIAL INTEREST IN PERPETUAL TRUSTS 191,999
PART XII, LINE 2D - OTHER ADJUSTMENTS		CHANGE IN VALUE OF BENEFICIAL INTEREST IN PERPETUAL TRUSTS 191,999
PART XII, LINE 4B - OTHER ADJUSTMENTS		RENTAL EXPENSE -37,662 FINANCIAL ASSISTANCE 4,353,282
PART XIII, LINE 2D - OTHER ADJUSTMENTS		RENTAL EXPENSE 37,662
PART XIII, LINE 4B - OTHER ADJUSTMENTS		FINANCIAL ASSISTANCE 4,353,282
		SCHEDULE D, PART V, LINE 1A THE 2009 BEGINNING BALANCE FOR THE ENDOWMENT FUNDS DOES NOT TIE TO THE 2008 ENDING BALANCE DUE TO AN OVERSIGHT OF NOT INCLUDING CERTAIN ENDOWMENT INFORMATION IN THIS SECTION ON THE 2008 RETURN.



Part II

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

Use Part V if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			RUSSIA & THE NEWLY INDEPENDENT STATES	SUPPORT INTERNATIONAL YMCA DEVELOPMENT	10,500	\$5,000 CHECK AND \$5,500 CASH PAYMENT			

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

3 Enter total number of other organizations or entities . . . . .

## Part III

[illegible]

**Part IV Foreign Forms**

- 1

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

☒ Yes ☐ No
- 2

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

☐ Yes ☒ No
- 3

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

☐ Yes ☒ No
- 4

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

☐ Yes ☒ No
- 5

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

☐ Yes ☒ No
- 6

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

☐ Yes ☒ No

## Supplemental Information

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

[illegible]



SCHEDULE G  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information Regarding  
Fundraising or Gaming Activities

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

OMB No 1545-0047

2011

Open to Public  
Inspection

Name of the organization  
YMCA OF PHILADELPHIA & VICINITY

Employer identification number  
23-1243965

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

1

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

a

☐ Mail solicitations

b

☐ Internet and e-mail solicitations

c

☐ Phone solicitations

d

☐ In-person solicitations

e

☐ Solicitation of non-government grants

f

☐ Solicitation of government grants

g

☐ Special fundraising events

2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes ☐ No

b

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

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

3

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

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50083H Schedule G (Form 990 or 990-EZ) 2011

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
		JWA DINNER (event type)	GOLF TOURNAMENT (event type)	8 (total number)	(Add col (a) through col (c))
Revenue	1 Gross receipts . . . .	251,985	203,100	257,587	712,672
	2 Less Charitable contributions . . . .	193,235	167,161	204,882	565,278
	3 Gross income (line 1 minus line 2) . . . .	58,750	35,939	52,705	147,394
Direct Expenses	4 Cash prizes . . . .				
	5 Non-cash prizes . . . .	784			784
	6 Rent/facility costs . . . .	32,000	24,230	19,673	75,903
	7 Food and beverages . . . .		13,383	32,146	45,529
	8 Entertainment . . . .				
	9 Other direct expenses . . . .	4,309	2,601	54,966	61,876
	10 Direct expense summary Add lines 4 through 9 in column (d) . . . . .				( 184,092 )
	11 Net income summary Combine lines 3 and 10 in column (d). . . . .				-36,698

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

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

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

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

b If "No," Explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

b If "Yes," Explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 11

Does the organization operate gaming activities with nonmembers?

☐ Yes ☐ No
- 12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

☐ Yes ☐ No


13

Indicate the percentage of gaming activity operated in

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



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

Name  \_\_\_\_\_

Address  \_\_\_\_\_

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐ Yes ☐ No


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


c If "Yes," enter name and address

Name  \_\_\_\_\_

Address  \_\_\_\_\_

16 Gaming manager information

Name  \_\_\_\_\_

Gaming manager compensation  \$ \_\_\_\_\_

Description of services provided  \_\_\_\_\_

☐ Director/officer


☐ Employee

☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐ Yes ☐ No

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

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

Identifier	ReturnReference	Explanation
------------	-----------------	-------------

Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
YMCA OF PHILADELPHIA & VICINITY

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

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

OMB No 1545-0047

2011

Open to Public  
Inspection

Employer identification number  
23-1243965

Part I

General Information on Grants and Assistance

- 1

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

☒ Yes ☐ No
- 2

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

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . . ▶ ☒

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

2

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶

3

Enter total number of other organizations listed in the line 1 table . . . . . ▶

Part III

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

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) SCHOLARSHIPS FOR MEMBERSHIPS & PROGRAMS	8399	4,353,282			

Part IV

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

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 THE ORGANIZATION PROVIDES THE FOLLOWING TYPES OF GRANTS AND ASSISTANCE 1) SMALL CONTRIBUTIONS ARE PROVIDED TO OTHER CHARITABLE ORGANIZATIONS IN THE UNITED STATES SINCE THESE OTHER ORGANIZATIONS ARE CHARITIES, THE USE OF THE CONTRIBUTIONS PROVIDED IS NOT MONITORED 2) SCHOLARSHIPS IN THE FORM OF DISCOUNTED MEMBERSHIP FEES AND OTHER FEE REDUCTIONS ARE PROVIDED TO INDIVIDUALS WHO QUALIFY FOR FINANCIAL ASSISTANCE INDIVIDUALS ARE REQUIRED TO COMPLETE A FINANCIAL ASSISTANCE APPLICATION QUALIFYING INDIVIDUALS MAY RECEIVE A PERCENTAGE DISCOUNT BASED ON GROSS FAMILY INCOME AND NUMBER OF FAMILY MEMBERS

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.

Name of the organization YMCA OF PHILADELPHIA & VICINITY	Employer identification number  23-1243965
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Part I

Questions Regarding Compensation

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

**Part II** **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space needed.

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

**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JOHN FLYNN	(i)	411,402	75,000	0	29,400	6,007	521,809	0
	(ii)	0	0	0	0	0	0	0
(2) BETTEANN KRAMER	(i)	144,433	0	0	17,332	5,799	167,564	0
	(ii)	0	0	0	0	0	0	0
(3) SCOTT LEWIS	(i)	130,679	0	0	15,681	7,017	153,377	0
	(ii)	0	0	0	0	0	0	0
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III**   **Supplemental Information**

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

Identifier	Return Reference	Explanation
	PART I, LINE 1A	YMCA OF PHILADELPHIA & VICINITY PAID FOR CLUB DUES TO THE PHILADELPHIA COUNTRY CLUB FOR JOHN FLYNN, PRESIDENT/CEO. PAYMENTS ARE MADE UNDER THE TERMS OF JOHN FLYNN'S EMPLOYMENT CONTRACT AND ARE NOT INCLUDED IN TAXABLE COMPENSATION BECAUSE ALL ACTIVITIES ARE BUSINESS RELATED.



Schedule L  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Transactions with Interested Persons

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization  
YMCA OF PHILADELPHIA & VICINITY

Employer identification number  
  
23-1243965

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

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

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

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

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ \$ \_\_\_\_\_

Part II Loans to and/or From Interested Persons.

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

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c)Original principal amount	(d)Balance due	(e) In default?		(f) Approved by board or committee?		(g)Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
Total . . . . . ▶ \$ _____										

Part III Grants or Assistance Benefitting Interested Persons.

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

(a) Name of interested person	(b)Relationship between interested person and the organization	(c)Amount of grant or type of assistance

Part IV

Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1)					No
(2) CHRIS CASHMAN	OFFICER AT INDEPENDENCE BLUE CROSS	1,459,949	KEYSTONE HEALTH PLAN EAST/ INDEPENDENCE BLUE CROSS HEALTH CARE PROVIDER, PREMIUMS PAID TO INDEPENDENCE BLUE CROSS THROUGH THIRD PARTY ADMINISTRATOR - BROWN & BROWN		No
(3)					No
(4)					No
(5)					No
(6)					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 M  
(Form 990)

NonCash Contributions

OMB No 1545-0047

2011

Open to Public Inspection

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

Name of the organization  
YMCA OF PHILADELPHIA & VICINITY

Employer identification number  
23-1243965

Part I

Types of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining contribution amounts
1 Art—Works of art . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .	X	7	449,083	FMV
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ► ( )				
26 Other ►( )				
27 Other ►( )				
28 Other ► ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . .

29

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

Part III

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

Identifier	Return Reference	Explanation
METHOD FOR DETERMINING NUMBER OF CONTRIBUTORS	PART I, COLUMN (B)	PART I, COLUMN (B) THE NUMBER OF CONTRIBUTIONS REPORTED IN THIS COLUMN REPRESENTS THE NUMBER OF CONTRIBUTORS WHO PROVIDED DONATIONS OF STOCK
THIRD PARTY USE	PART I, LINE 32B	THE ORGANIZATION HAS AN INVESTMENT ACCOUNT WITH MORGAN STANLEY SMITH BARNEY ALL TRANSACTIONS REGARDING THE SECURITIES THAT ARE DONATED TO THE ORGANIZATION ARE HANDLED THROUGH THIS ACCOUNT

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 YMCA OF PHILADELPHIA & VICINITY	Employer identification number  23-1243965
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Identifier	Return Reference	Explanation
ORGANIZATION MISSION STATEMENT	FORM 990, PART I, LINE 1	TO TRANSLATE THE PRINCIPLES OF THE YMCA'S CHRISTIAN HERITAGE INTO PROGRAMS THAT NURTURE CHILDREN, STRENGTHEN FAMILIES, BUILD COMMUNITIES AND DEVELOP HEALTHY MINDS, SPIRITS AND BODIES FOR ALL AT THE YMCA, DEVELOPING CHARACTER IS THE DRIVING FORCE BEHIND ALL OF OUR INITIATIVES BY TEACHING THE VALUES OF CARING, HONESTY, RESPECT AND RESPONSIBILITY, WE ENCOURAGE INDIVIDUALS TO DO GOOD WORK, AND PROVIDE THEM WITH THE SKILLS TO BECOME RESPONSIBLE CITIZENS

Identifier	Return Reference	Explanation
PROGRAM SERVICE STATEMENT	FORM 990, PART III, LINE 4A	<p>THE YMCA OF PHILADELPHIA &amp; VICINITY, ONE OF THE NATION'S LEADING NONPROFITS FOR OVER 157 YEARS, CONTINUES TO STRENGTHEN COMMUNITIES THROUGH YOUTH DEVELOPMENT, HEALTHY LIVING AND SOCIAL RESPONSIBILITY THROUGHOUT THE DELAWARE VALLEY. THE YMCA OF PHILADELPHIA &amp; VICINITY SERVES NEARLY 90,000 MEMBERS AND MORE THAN 140,000 INDIVIDUALS A YEAR. ANCHORED IN 11 LOCATIONS IN DELAWARE, MONTGOMERY AND PHILADELPHIA COUNTIES, THE Y PROVIDES PROGRAMS AND SERVICES THAT INCLUDE HEALTH AND WELLNESS, AQUATICS, CHILD CARE AND AFTER SCHOOL PROGRAMS, YOUTH SPORTS LEAGUES, SUMMER DAY CAMP PROGRAMS, TEEN LEADERSHIP CLUBS, Y ACHIEVERS, ADULT EDUCATION AND GED PREPARATION AND ESL CLASSES. THE YMCA OF PHILADELPHIA &amp; VICINITY FULFILLS ITS NON-PROFIT OBLIGATIONS IN COUNTLESS WAYS, THROUGH FINANCIAL ASSISTANCE SUBSIDIES FOR PARTICIPATION IN MEMBERSHIP AND PROGRAMS, AND THROUGH TARGETED GRANT PROGRAMS ADDRESSING SPECIFIC NEEDS OF INDIVIDUALS AND FAMILIES. IN ADDITION TO MEMBERSHIP DUES AND PROGRAM SERVICE FEES, THE YMCA OF PHILADELPHIA &amp; VICINITY RAISED \$4,209,993 IN GRANTS AND CONTRIBUTIONS IN 2011. IN THE SAME YEAR, THE FINANCIAL ASSISTANCE PROGRAM PROVIDED \$3,629,375 IN SUBSIDIES TO OVER 6,000 INDIVIDUALS WHO OTHERWISE WOULD NOT BE ABLE TO AFFORD THE FULL COST OF OUR SERVICES. THE THREE LARGEST PROGRAM SERVICE AREAS OF THE YMCA OF PHILADELPHIA &amp; VICINITY FOR 2011 WERE: 1. HEALTHY LIVING (HEALTH AND WELL-BEING FOR ALL), 2. YOUTH DEVELOPMENT (CHILD CARE, SCHOOL AGE CARE &amp; SUMMER DAY CAMP), 3. SOCIAL RESPONSIBILITY (EDUCATION &amp; COMMUNITY OUTREACH). TOGETHER, THESE CORE PROGRAMS CONSTITUTE 86% OF THE INSTITUTION'S OPERATING EXPENSES, WITH THE REMAINING 14% COVERING MANAGEMENT/GENERAL EXPENSES AND FUND-RAISING EXPENSE. HEALTHY LIVING: THE Y IS A LEADING VOICE ON HEALTH AND WELL-BEING. WE BRING FAMILIES CLOSER TOGETHER, ENCOURAGE GOOD HEALTH, AND FOSTER CONNECTIONS THROUGH FITNESS, SPORTS, FUN AND SHARED INTERESTS. AS A RESULT, 90,000 PEOPLE IN OUR COMMUNITY ARE RECEIVING THE SUPPORT, GUIDANCE, AND RESOURCES THEY NEED TO ACHIEVE GREATER HEALTH IN SPIRIT, MIND AND BODY. THAT IS PARTICULARLY IMPORTANT AS OUR NATION STRUGGLES WITH AN OBESITY CRISIS, FAMILIES STRUGGLE WITH WORK/LIFE BALANCE, AND INDIVIDUALS SEARCH FOR PERSONAL FULFILLMENT. OUR PROGRAMS ARE ACCESSIBLE, AFFORDABLE, AND OPEN TO ALL FAITHS, BACKGROUNDS, ABILITIES AND INCOME LEVELS. IN 2011, WE PROVIDED \$3,629,375 IN FINANCIAL ASSISTANCE TO PEOPLE WHO OTHERWISE COULD NOT AFFORD THE MEMBERSHIP. FOR ADDITIONAL DETAILS REGARDING THESE CRITICAL PROGRAMS AND IMPACT, SEE BELOW.</p> <p>INTRODUCTION: TODAY, A RECORD NUMBER OF YOUTH, ADULTS, FAMILIES AND ACTIVE OLDER ADULTS ARE AT RISK OF SERIOUS HEALTH ISSUES DUE TO THEIR WEIGHT. IN THE CITY OF PHILADELPHIA ALONE, IN AN AREA REFERRED TO AS THE "LEAD J," THERE IS A GREATER CONCENTRATION OF OVERWEIGHT AND OBESE INDIVIDUALS REACHING MORE THAN 50% OF THE POPULATION, WHICH IS MORE THAN 3 TIMES THE NATIONAL AVERAGE. A GROWING NUMBER OF THESE INDIVIDUALS WITH DISEASES RELATED TO OBESITY ARE VISITING PEDIATRIC HEALTH CLINICS, HOSPITALS AND PRIVATE PRACTICES A CROSS PHILADELPHIA SEEKING TREATMENT. THE YMCA'S APPROACH TO HEALTHY LIVING: HEALTHY LIVING INITIATIVES AND PROGRAMS ARE THE Y'S RESPONSE TO OUR NATION'S GROWING HEALTH CRISIS. THE Y IS REDEFINING ITSELF AND ENGAGING COMMUNITIES ACROSS THE COUNTRY TO BETTER SUPPORT AMERICANS OF ALL AGES WHO ARE STRUGGLING TO ACHIEVE AND MAINTAIN HEALTHY SPIRITS, MINDS AND BODIES FOR ALL. TODAY, WE ARE SHIFTING HOW WE FOCUS ALL ASPECTS OF OUR WORK WITH OUR 90,000 INDIVIDUAL MEMBERS TO BETTER ENGAGE HEALTH SEEKERS. WE DEFINE "HEALTH SEEKERS" AS CHILDREN, YOUTH, TEENS, ADULTS AND FAMILIES WHOSE SUCCESSFUL PURSUIT OF HEALTH AND WELL-BEING REQUIRES CONTINUOUSLY SUPPORTIVE RELATIONSHIPS AND ENVIRONMENTS. INSIDE THE Y, WE ARE INFLUENCING AND MOTIVATING HEALTH SEEKERS TO MAKE POSITIVE CHANGES IN THEIR PURSUIT OF WELL-BEING. OUTSIDE THE Y, WE ARE HELPING TO CREATE AND SUSTAIN HEALTHIER COMMUNITIES WITH AN EMPHASIS ON COLLABORATIVE PARTNERSHIPS WITH OTHER COMMUNITY-BASED HEALTH AND SOCIAL SERVICE ORGANIZATIONS.</p> <p>MEMBERSHIP &amp; HEALTH AND WELLNESS: AT THE Y, WE PROVIDE RESOURCES AND GUIDANCE TO ASSIST MEMBERS IN MAINTAINING OR IMPROVING THEIR HEALTH AND WELLNESS AT ANY STAGE OF LIFE, SO THEY CAN LEAD THE FULLEST LIFE POSSIBLY AT ANY AGE. THE Y PROVIDES A VARIETY OF HEALTH AND WELLNESS PROGRAMS INCLUDING EXERCISE AND WATER FITNESS CLASSES, HEALTH AND WELLNESS SEMINARS, EDUCATIONAL CLASSES, PERSONALIZED TRAINING PROGRAMS, NON-COMPETITIVE YOUTH AND ADULT SPORTS LEAGUES AND SOCIAL OPPORTUNITIES FOR ACTIVE OLDER ADULTS AND FAMILIES. THE YMCA OF PHILADELPHIA &amp; VICINITY ENSURES THAT EVERYONE, REGARDLESS OF INCOME, HAS THE OPPORTUNITY TO PARTICIPATE IN ALL PROGRAMS AND SERVICES. THROUGH THE STRONG KIDS CAMPAIGN IN 2011, THE YMCA AWARDED \$3.6 MILLION IN FINANCIAL ASSISTANCE. WITH THE FUNDS RAISED, THE Y IS ABLE TO PROVIDE FINANCIAL ASSISTANCE TO 1 IN 4 OF OUR ACTIVE CHILDREN AND FAMILY MEMBERS. 7TH GRADE MEMBERSHIP INITIATIVE: THE YMCA OF PHILADELPHIA</p>

Identifier	Return Reference	Explanation
PROGRAM SERVICE STATEMENT	FORM 990, PART III, LINE 4A	<p>A &amp; VICINITY, IN PARTNERSHIP WITH THE PA STATE ALLIANCE OF YMCAS EXECUTIVE COMMITTEE, IS A PARTICIPANT IN THE 7TH GRADE MEMBERSHIP INITIATIVE. THE 7TH GRADE MEMBERSHIP INITIATIVE GUARANTEES EVERY 7TH GRADE STUDENT IN PENNSYLVANIA A FREE ONE-YEAR MEMBERSHIP TO THE Y. BY PROVIDING THESE YOUTH A FREE MEMBERSHIP TO ANY OF OUR LOCATIONS, THE Y HAS THE OPPORTUNITY TO ENGAGE, CULTIVATE AND CONNECT WITH YOUTH AT A TIME THAT IS MOST CRUCIAL TO THEIR DEVELOPMENT. IN 2011, THE Y PROVIDED 1,921 NEW 7TH GRADE MEMBERSHIPS.</p> <p>HEALTH SCREENINGS: THE YMCA OF PHILADELPHIA &amp; VICINITY PROVIDES HEALTH EDUCATION AND SCREENINGS FOR OUR COMMUNITY THROUGHOUT THE YEAR AT ALL OF OUR LOCATIONS AS WELL AS COMMUNITY EVENTS. HEALTH EDUCATION AND SCREENINGS CAN INCLUDE SUCH TOPICS AS WEIGHT MANAGEMENT, STRESS REDUCTION, SMOKING CESSATION CLASSES, NUTRITION, BLOOD SUGAR AND BLOOD PRESSURE CHECKS AND SKELETAL MUSCULAR SCANS. IN ADDITION, WE PROVIDE HEALTH AND WELLNESS PREVENTION INSTRUCTION AND MATERIALS TO EDUCATE OUR MEMBERS ON THE IMPORTANCE OF MAINTAINING GOOD HEALTH. AS SERVICE TO OUR MEMBERS AND THE OVERALL COMMUNITY, HEALTH EDUCATION AND SCREENINGS ARE EITHER PROVIDED AT LOW OR NO COST TO THE PARTICIPANT.</p> <p>HEALTHY KIDS DAY: EVERY YEAR THE YMCA OF PHILADELPHIA &amp; VICINITY PARTICIPATES IN THE NATIONAL YMCA OF THE USA HEALTHY KIDS DAY. AS A LEADING NONPROFIT STRENGTHENING COMMUNITY THROUGH HEALTHY LIVING, THE Y HOLDS HEALTHY KIDS DAY TO TEACH HEALTHY HABITS TO KIDS AND FAMILIES TO INSPIRE A LIFETIME LOVE OF PHYSICAL ACTIVITY. FAMILIES ARE ENCOURAGED TO PARTICIPATE IN THIS EVENT TOGETHER AND TAKE PART IN THE ACTIVITIES, SCREENINGS AND OTHER LEARNING OPPORTUNITIES. WITH HELP FROM LOCAL ORGANIZATIONS, THE Y IS ABLE TO PROVIDE THIS FREE EVENT TO THE COMMUNITY. IN 2011, THE Y HAD APPROXIMATELY 3,338 YOUTH AND ADULTS ATTEND OUR HEALTHY KIDS DAY EVENT THROUGHOUT OUR ASSOCIATION.</p> <p>SPLASH WEEK: ONCE A YEAR, AS A SERVICE FOR THE COMMUNITY, THE YMCA OF PHILADELPHIA &amp; VICINITY PROVIDES SPLASH WEEK. SPLASH WEEK IS A FREE PROGRAM DESIGNED TO HELP CHILDREN AND FAMILIES LEARN IMPORTANT SWIMMING AND WATER SAFETY SKILLS, WHICH CAN LEAD TO DEVELOPING SELF-CONFIDENCE, PRIDE AND INNER STRENGTH. THIS IS ESPECIALLY IMPORTANT TO THE GREATER PHILADELPHIA COMMUNITY-AT-LARGE DUE TO THE EASY ACCESS OF UNSUPERVISED BODIES OF WATER. DROWNING IS THE LEADING CAUSE OF DEATH FOR CHILDREN AGES 12 AND UNDER. IN 2011, APPROXIMATELY 920 CHILDREN AND FAMILIES THROUGHOUT OUR ASSOCIATION PARTICIPATED IN THE FREE PROGRAM.</p>

Identifier	Return Reference	Explanation
PROGRAM SERVICE STATEMENT	FORM 990, PART III, LINE 4B	<p>YOUTH DEVELOPMENT OUR YMCA IS COMMITTED TO NURTURING THE POTENTIAL OF EVERY CHILD AND TEE N WE BELIEVE THAT ALL KIDS DESERVE THE OPPORTUNITY TO DISCOVER WHO THEY ARE AND WHAT THEY CAN ACHIEVE THAT IS WHY WE HELP YOUNG PEOPLE CULTIVATE THE VALUES, SKILLS AND RELATIONSH IPS THAT LEAD TO POSITIVE BEHAVIOR, BETTER HEALTH, AND EDUCATIONAL ACHIEVEMENT OUR YMCA P ROGRAMS, SUCH AS CHILD CARE, SCHOOL AGE CARE AND SUMMER DAY CAMP PROGRAMS, OFFER A RANGE O F EXPERIENCES THAT ENRICH COGNITIVE, SOCIAL, PHYSICAL AND EMOTIONAL GROWTH EXPENSES INCLU DE SUBSIDIES AND DIRECT FINANCIAL ASSISTANCE THAT MAKE PARTICIPATION POSSIBLE FOR 3,000 KIDS DAILY TO RECEIVE OUR SERVICES FOR ADDITIONAL DETAILS REGARDING THESE CRITICAL PROGRAMS AND THEIR IMPACT, SEE BELOW</p> <p>EARLY CHILDHOOD EDUCATION THE YMCA OF PHILADELPHIA &amp; VICINIT Y IS THE LARGEST PROVIDER OF CHILD CARE SERVICES, CARING FOR OVER 3,000 CHILDREN EACH DAY OF OUR 11 LOCATIONS, 29 PROGRAM SITES OFFER STATE-LICENSED AND KEY STONE STAR RANKED CHILD CARE PROGRAMS THE ABINGTON YMCA, THE AMBLER AREA YMCA, THE CHRISTIAN STREET YMCA, THE CO LUMBIA NORTH YMCA, THE NORTHEAST FAMILY YMCA, THE ROCKY RUN YMCA, THE ROXBOROUGH YMCA AND THE WEST PHILADELPHIA YMCA MANY OF THE FAMILIES THE Y SERVES ARE ECONOMICALLY AND SOCIALL Y CHALLENGED WITH MINIMAL RESOURCES TO PROVIDE OPPORTUNITIES FOR THEIR CHILD(REN) AT THE Y'S CHILD CARE PROGRAMS, THE Y PROVIDES A SAFE, NURTURING ENVIRONMENT FOR CHILDREN TO LEAR N, GROW AND DEVELOP SOCIAL SKILLS, SO THAT WHEN CHILDREN ARE NOT IN THE CARE OF THEIR PARE NTS OR GUARDIANS, THEY ARE STILL WITH PEOPLE COMMITTED TO THEIR DEVELOPMENT AND WELL-BEING Y PROGRAMS PROVIDE THE OPPORTUNITY AND EXPERIENCE TO BRIDGE THE GAP IN EACH OF OUR CHILD CARE CLASSROOMS AND PROGRAMS THE VISION IS TO ENRICH AND TO FACILITATE AN EXPERIENCE THA T WILL DEVELOP A CHILD'S COGNITIVE, SOCIAL, PHYSICAL AND EMOTIONAL GROWTH</p> <p>EARLY CHILDHOOD EDUCATION AT THE YMCA OF PHILADELPHIA &amp; VICINITY ACCOMPLISHES THIS GOAL BY EMPLOYING A CR EATIVE CURRICULUM THAT ASSISTS CHILDREN'S LEARNING THROUGH THEIR EVERYDAY PLAY THE CLASSR OOMS ARE SET UP BY AGE AND STRUCTURE USING THE "CENTER METHOD" THE CENTER METHOD IS THEMED - BASED WITH SPECIFIC GOALS FOR INDIVIDUAL DEVELOPMENT THAT PREPARES EACH STUDENT FOR HIGHE R LEVELS OF LEARNING STORY TIME, ARTS AND MUSIC, AND COOKING EXPERIENCES ARE JUST THREE E XAMPLES OF THE MANY ACTIVITIES THAT HELP CHILDREN TO DEVELOP INTO READY LEARNERS STUDENTS ALSO BENEFIT FROM OTHER MEANINGFUL ACTIVITIES EACH WEEK, SUCH AS SWIM LESSONS AND GYM ACT IVITIES FINALLY, A KEY FEATURE OF OUR EARLY CHILDHOOD EDUCATION PROGRAM IS PARENTAL INVOL VEMENT BECAUSE THE PARENTS ARE OUR PARTNERS, WE WORK WITH THEM TO BUILD AND UNDERSTH E IMPORTANCE OF EARLY CHILDHOOD EDUCATION EQUIPPED WITH THIS KNOWLEDGE, PARENTS WORK DILI GENTLY WITH THEIR CHIL(DREN)SO THAT THE LESSONS AND SKILLS LEARNED AT THE YMCA ARE REINFOR CED AT HOME</p> <p>STAFF AND PROGRAM HIGH QUALITY CREDENTIALS AND STRUCTURE THE YMCA OF PHILADEL PHIA &amp; VICINITY BELIEVES THAT QUALITY CARE DEPENDS ON QUALITY TEACHERS, AND TO THAT END EV ERY EARLY CHILDHOOD EDUCATION CLASSROOM TEACHER AT THE YMCA OF PHILADELPHIA &amp; VICINITY HAS A MINIMUM OF AN ASSOCIATE'S DEGREE IN EARLY CHILDHOOD EDUCATION TEACHING ASSISTANTS MUST HAVE ATTAINED THEIR CHILD DEVELOPMENT ASSOCIATE (CDA) CREDENTIAL THE Y IS COMMITTED TO P ROFESSIONAL DEVELOPMENT AND ENCOURAGES STAFF TO FURTHER THEIR EDUCATION IN ORDER TO PROVID E THE MOST KNOWLEDGEABLE AND EXPERIENCED CARE POSSIBLE EXCELLENT CHILD CARE ALSO HINGES U PON DELIVERING INDIVIDUALIZED CONSIDERATION OF THE SPECIAL NEEDS OF EACH STUDENT SMALL CL ASSROOMS THAT ENABLE AMPLE PERSONAL ATTENTION BETWEEN TEACHERS AND STUDENTS ARE A HALLMARK ATTRIBUTE OF EARLY CHILDHOOD EDUCATION AT THE Y FOR CHILDREN AGES 12-24 MONTHS, THE TEAC HER TO STUDENT RATIO IS 1 5 FOR STUDENTS 2-1/2 TO 3 YEARS OLD, THE TEACHER TO STUDENT RAT IO IS 1 6 FOR STUDENTS 3 TO 5 YEARS OLD, THE TEACHER TO STUDENT RATIO NEVER EXCEEDS 1 10</p> <p>CHILD DEVELOPMENT ASSOCIATE TRAINING PROGRAM (CDA) THE CHILD DEVELOPMENT ASSOCIATE TRAINI NG PROGRAM PROVIDES AN ESSENTIAL CREDENTIAL TO AN EMERGING CHILDCARE PROFESSIONAL THIS NA TIONALLY RECOGNIZED CREDENTIAL ASSISTS PRACTITIONERS IN MEETING THE SPECIFIC NEEDS OF CHIL DREN, KNOWLEDGE TO WORK WITH PARENTS AND OTHER ADULTS TO SUPPORT AND NURTURE A CHILD'S PHY SICAL, SOCIAL, EMOTIONAL AND INTELLECTUAL GROWTH IN A CHILD DEVELOPMENT FRAMEWORK IN 2011 , THE YMCA OF PHILADELPHIA &amp; VICINITY GRADUATED 375 INDIVIDUALS WITH A CDA THIS TRAINING PROGRAM IS FUNDED WITH THE ASSISTANCE OF THE PENNSYLVANIA OFFICE OF CHILD DEVELOPMENT AND EARLY LEARNING</p> <p>FAMILY CHILDCARE NETWORK THE ACCREDITATION INITIATIVE IS THE FAMILY CHILDC ARE NETWORK'S WAY TO INCREASE THE QUALITY AND QUANTITY OF INFANT/TODDLER CARE CENTERS IN T HE CITY OF PHILADELPHIA AND SURROUNDING COUNTIES WHILE PROVIDING TRAINING AND TECHNICAL AS SISTANCE TO MEET THE PREREQUISITES FOR ACCREDITATION UNDER NATIONAL ASSOCIATION OF FAMILY CHILD CARE CENTERS (NAFCC) ANY RESIDENT OF PHILAD</p>



Identifier	Return Reference	Explanation
PROGRAM SERVICE STATEMENT	FORM 990, PART III, LINE 4B	<p>ELPHIA, MONTGOMERY OR DELAWARE COUNTY WITH A DESIRE TO COMMIT TO THE EDUCATION OF YOUNG CHILDREN CAN BECOME A LICENSED FAMILY CHILDCARE PROVIDER THROUGH OUR PROGRAM WE ASSIST A MINIMUM OF 75 PARTICIPANTS, CARING FOR 450 CHILDREN ANNUALLY, TO ATTAIN ALL REQUIRED LICENSES AND PERMITS FROM THE CITY AND STATE IN ORDER TO LEGALLY OPERATE A CHILD CARE BUSINESS SCHOOL-AGE CHILDCARE BEFORE AND AFTER SCHOOL PROGRAMS AFTER CHILDREN ENTER KINDERGARTEN, THE YMCA OF PHILADELPHIA &amp; VICINITY CONTINUES TO ENCOURAGE CHILDREN'S SOCIAL AND PSYCHOLOGICAL DEVELOPMENT THROUGH STATE-LICENSED BEFORE AND AFTER SCHOOL PROGRAMS ACROSS THE ENTIRE ASSOCIATION IN 2011, OUR SCHOOL-AGE CHILD CARE PROGRAMS SERVED OVER 1,500 STUDENTS IN GRADES K-8 WITH BOTH BEFORE AND AFTER-SCHOOL PROGRAMS MONDAY THROUGH FRIDAY, BEFORE SCHOOL CARE BEGINS AT 6 30AM OR 7 00AM, DEPENDING ON THE BRANCH SITE, AND INCLUDES TRANSPORTATION TO SELECT SCHOOLS IN THE BRANCH'S LOCAL COMMUNITY AFTER SCHOOL CARE RUNS FROM SCHOOL DISMISSAL TO 6 00PM AND ALSO INCLUDES TRANSPORTATION FROM SELECT SCHOOLS IN EACH NEIGHBORHOOD BRANCH TO THE YMCA THE YMCA OF PHILADELPHIA &amp; VICINITY RECOGNIZES THAT PARENTS AND CHILDREN ALIKE STILL REQUIRE CARE ON EARLY-DISMISSAL DAYS AND SCHOOL HOLIDAYS TO THAT END, THE Y OFFERS HALF AND FULL DAY CHILD CARE SERVICE ON DAYS WHEN SCHOOL IS LET OUT EARLY OR IS NOT IN SESSION SO THAT PARENTS CAN ENSURE THEIR CHILDREN SPEND THAT FREE TIME IN A SAFE, NURTURING, AND STRUCTURED ENVIRONMENT PROGRAMMATICALLY, SCHOOL-AGE CHILD CARE AT THE Y PROVIDES A LOW-PRESSURE SETTING IN WHICH CHILDREN CAN RECEIVE ACADEMIC ASSISTANCE THAT ACCOMMODATES THEIR PERSONAL LEARNING STYLE AND NEEDS HOMEWORK HELP AND TUTORING IS A PRIMARY COMPONENT OF SCHOOL-AGE CHILD CARE AND SERVES TO REINFORCE THE LEARNING ACCOMPLISHED DURING SCHOOL HOURS OUR SCHOOL-AGE CHILD CARE PROGRAMS ALSO STRIVE TO ENGAGE CHILDREN IN PRODUCTIVE EXTRACURRICULAR ACTIVITIES THAT ARE VOLUNTARY AND CONFIDENCE-BUILDING PARTICIPATING STUDENTS MAY CHOOSE FROM A VARIETY OF RECREATIONAL ACTIVITIES, INCLUDING BUT NOT LIMITED TO SWIMMING LESSONS, ARTS &amp; CRAFTS, BASKETBALL AND OTHER SPORTS, AND CHESS INSTRUCTION HEALTHY SNACKS AND/OR DINNER ARE ALSO AVAILABLE TO STUDENTS ADDITIONALLY, CERTAIN BRANCHES, SUCH AS THE COLUMBIA NORTH YMCA, OFFER MIDDLE SCHOOL CLUBS FOR YOUTH IN GRADES 6-8 DESIGNED TO MEET THE NEEDS OF TEENS, MIDDLE SCHOOL CLUBS ARE THEMED AROUND SWIMMING, COMPUTERS, SPORTS AND HOMEWORK/TEST PREP SIMILAR TO OUR OTHER SCHOOL-AGE CHILD CARE PROGRAMS, MIDDLE SCHOOL CLUBS SEEK TO EMPHASIZE CHARACTER DEVELOPMENT OF THE Y'S FOUR CORE VALUES HONESTY, CARING, RESPECT AND RESPONSIBILITY SUMMER DAY CAMPS AT THE YMCA OF PHILADELPHIA &amp; VICINITY THE YMCA OF PHILADELPHIA &amp; VICINITY BELIEVES THAT CHILDREN NEED QUALITY SUMMER PROGRAMS TO BOTH REINFORCE AND ADVANCE THEIR PHYSICAL, PSYCHOLOGICAL AND SOCIAL GROWTH THEY EXPERIENCE THROUGHOUT THE SCHOOL YEAR IN 2011, MORE THAN 3,800 YOUTH PARTICIPATED IN OUR SUMMER DAY CAMP PROGRAMS WE PROVIDED 1 IN 3 CAMPERS FINANCIAL ASSISTANCE FOR THE 2011 SUMMER DAY CAMP SEASON THE Y VIEWS SUMMER DAY CAMP AS VITAL TO CHARACTER DEVELOPMENT WHILE ALSO BEING A FUN AND ENRICHING ENVIRONMENT FOR CHILDREN TO DEVELOP THEIR EXTRACURRICULAR INTERESTS - THINGS THEY MAY NOT HAVE FULL OPPORTUNITY TO DO THROUGHOUT THE SCHOOL YEAR GIVEN BUDGET CUTS TO ARTS, MUSIC, AND PHYSICAL EDUCATION PROGRAMS CAMP AT THE Y ACCOMMODATES CHILDREN AGES 3-16 IN A VARIETY OF DIFFERENT THEMES THAT ALLOW CHILDREN TO EXPLORE THEIR INTERESTS IN AREAS INCLUDING BUT NOT LIMITED TO SPORTS, GYMNASTICS, SWIMMING, THEATER, DANCE, ART, AND COMMUNITY INVOLVEMENT AND VOLUNTEERISM</p>

Identifier	Return Reference	Explanation
	FORM 990, PART III, LINE 4B	<p>THE Y ENCOURAGES YOUTH TO EXPERIMENT WITH DIFFERENT ACTIVITIES IN ORDER TO GROW THEIR PERSONAL INTERESTS AND STRENGTHS WHILE ALSO BUILDING THEIR SOCIAL SKILLS, PHYSICAL HEALTH AND WELLNESS, AND SELF-CONFIDENCE. EXTRACURRICULAR INTERESTS BUTTRESS CHARACTER BUILDING, AND THE Y HOPES TO INSTILL AN APPRECIATION FOR ITS FOUR CORE VALUES " HONESTY, CARING, RESPECT, AND RESPONSIBILITY " IN ALL ITS CAMPERS. EVERY BRANCH OF THE YMCA OF PHILADELPHIA &amp; VICINITY OFFERS A VARIETY OF AGE-APPROPRIATE SUMMER EXPERIENCES FOR CHILDREN. THERE IS PRE-SCHOOL CAMP (CAMP SMALL FEET) THAT INTRODUCES CHILDREN AGES 3-5 TO NATURE AND SCIENCE IN THE WORLD AROUND THEM THROUGH GAMES AND OUTDOOR PLAY, ARTS &amp; CRAFTS, SONGS AND SWIMMING. THERE ARE TRADITIONAL SUMMER DAY CAMPS THAT EMPLOY A DIFFERENT THEME EACH WEEK TO ENGAGE CAMPERS IN ACTIVITIES RANGING FROM FITNESS AND SPORTS, ARTS &amp; CRAFTS AS WELL AS WEEKLY FIELD TRIPS. THERE ARE SPECIALTY SPORTS, GYMNASTICS, THEATER, DANCE, AND VOLUNTEERISM/CIVIC ENGAGEMENT CAMPS. THE ABINGTON, AMBLER AREA, AND ROXBOROUGH Y'S OFFER CAMP MAGIC OR CAMP OUTLOOK. THESE CAMPS ARE SPECIFICALLY DESIGNED FOR CHILDREN WITH AUTISM, HIGH-FUNCTIONING ASD, OR OTHER SPECIAL NEEDS SO THAT THEY TOO CAN ENJOY ALL THE ACTIVITIES AND FUN OF SUMMER CAMP. CAMP MAGIC AND CAMP OUTLOOK CATER TO THE UNIQUE NEEDS OF THESE CHILDREN WHILE ALSO PROMOTING POSITIVE INTEGRATION WITH MAINSTREAM CAMPERS, WHEN POSSIBLE, TO ENABLE ALL CHILDREN TO LEARN AND APPRECIATE OTHER INDIVIDUALS. THE YMCA OF PHILADELPHIA &amp; VICINITY BELIEVES IN THE IMPORTANCE OF PERSONAL RELATIONSHIPS TO A CHILD'S HAPPY AND HEALTHY GROWTH. THE Y MAINTAINS A RATIO OF 6:1 CAMPERS TO STAFF AT PRE-SCHOOL CAMPS AND 10:1 FOR YOUTH AGES 6-8 AND 12:1 AT ALL OTHER CAMPS. THE GOAL OF CAMP AT THE Y IS TO PROVIDE CHILDREN WITH THE MOST FUN, SAFE AND EDUCATIONALLY ENRICHING SUMMER EXPERIENCE POSSIBLE, THEREFORE OUR STAFF MUST MEET OUR STANDARDS OF EXCELLENCE. WE SELECT STAFF FOR THEIR EXPERIENCE, PROBLEM-SOLVING SKILLS, CREATIVE THINKING SKILLS, ENTHUSIASM, MATURITY, AND MOST IMPORTANTLY THEIR LOVE OF CHILDREN. ALL STAFF MUST BE AT LEAST 18 YEARS OLD TO WORK FOR THE Y. THE CAMP DIRECTOR MUST BE AT LEAST 21 YEARS OLD, POSSESS A VALID DRIVER'S LICENSE, AND HAVE AT LEAST THREE YEARS OF SUPERVISORY EXPERIENCE. SAFETY AND PREPAREDNESS ARE TOP PRIORITIES FOR THE Y, THEREFORE EVERY CAMP STAFF MEMBER RECEIVES A MINIMUM OF 40 HOURS OF PRE-CAMP TRAINING INCLUDING FIRST AID AND CPR AS WELL AS CHILD ABUSE PREVENTION. ADDITIONALLY, ALL CAMP STAFF MUST ATTEND A DAY-LONG SEMINAR TAUGHT BY YMCA OF PHILADELPHIA &amp; VICINITY STAFF, CONSULTANTS FROM THE REDWOOD GROUP, BROWN AND BROWN CONSULTING, AND TEACHERS FROM LOCAL DELAWARE VALLEY PUBLIC SCHOOLS. TOPICS AT THE SEMINAR INCLUDE BUT ARE NOT LIMITED TO AQUATIC SAFETY, BEHAVIOR MANAGEMENT, ACTIVE ENGAGEMENT/GAMES &amp; ACTIVITIES, WORKING WITH 5-12 YEAR OLDS AND LEADING A GREAT CAMP EXPERIENCE.</p>

Identifier	Return Reference	Explanation
PROGRAM SERVICE STATEMENT	FORM 990, PART III, LINE 4C	<p>SOCIAL RESPONSIBILITY OUR YMCA BELIEVES IN GIVING BACK AND SUPPORTING OUR NEIGHBORS WE HAVE BEEN LISTENING AND RESPONDING TO OUR COMMUNITY'S MOST CRITICAL SOCIAL NEEDS FOR MORE THAN 157 YEARS OUR Y PROGRAMS, SUCH AS ADULT LITERACY AND FAMILY LITERACY, Y ACHIEVERS AND ADULT LITERACY PROGRAMS, ARE EXAMPLES OF HOW WE DELIVER TRAINING, RESOURCES, AND SUPPORT THAT EMPOWER OUR NEIGHBORS TO EFFECT CHANGE, BRIDGE GAPS, AND OVERCOME OBSTACLES IN 2011, WE ENGAGED MORE MEMBERS, PARTICIPANTS, AND VOLUNTEERS IN ACTIVITIES THAT STRENGTHEN OUR COMMUNITY AND PAVE THE WAY FOR FUTURE GENERATIONS TO THRIVE FOR ADDITIONAL DETAILS REGARDING THESE CRITICAL PROGRAMS AND THEIR IMPACT, SEE BELOW ADULT LITERACY AND FAMILY LITERACY THE YMCA OF PHILADELPHIA &amp; VICINITY PROVIDES LITERACY, COMPUTER EDUCATION AND FAMILY LITERACY PROGRAMS AT ITS ADULT EDUCATION &amp; TECHNOLOGY CENTER AND ADDITIONAL COMMUNITIES THROUGHOUT GREATER PHILADELPHIA, AS WELL AS, OUR YMCA BRANCH SITES IN MONTGOMERY AND DELAWARE COUNTIES THE CENTER HELPS INDIVIDUALS, BOTH U S CITIZENS AND IMMIGRANTS, WITH AN ARRAY OF LITERACY AND JOB READINESS PROGRAMS FOR 2011 THESE INCLUDED THE FOLLOWING COURSE AREAS AND NUMBER OF ADULT LEARNERS ADULT BASIC EDUCATION 174 (THREE LEVELS) ADULT SECONDARY EDUCATION 67 (TWO LEVELS) ENGLISH AS SECOND LANGUAGE (ESL) 527 (FIVE LEVELS) IN ADDITION TO THE OBJECTIVES OF THE COURSES, THE ADULT EDUCATION &amp; TECHNOLOGY CENTERS SEEKS TO ASSIST ENTIRE FAMILIES, MANY OF WHICH ARE HEADED BY SINGLE MOTHERS, THROUGH COLLABORATION WITH OTHER YMCA FAMILY CARE PROGRAMS Y ACHIEVERS PROGRAM THE Y ACHIEVERS PROGRAM IS AN ACADEMIC ACHIEVEMENT/CAREER DEVELOPMENT INITIATIVE PURPOSED TO HELP TEENS AND PRE-TEENS SET AND PURSUE HIGHER EDUCATIONAL AND CAREER GOALS, RESULTING IN GRADUATION AND ACCEPTANCE TO AN INSTITUTION OF HIGHER LEARNING AT THE YMCA OF PHILADELPHIA &amp; VICINITY, Y ACHIEVERS EXPAND ON THIS GOAL BY PROVIDING DEVELOPMENTALLY BASED, MENTORSHIP AND WORKSHOP ACTIVITIES, DESIGNED TO GIVE 5TH-12TH GRADE YOUTH THE TOOLS THEY NEED TO SUCCEED IN COLLEGE AND BEYOND THE Y ACHIEVERS PROGRAM IS FOUNDED ON FIVE PROGRAMMATIC THRUSTS CAREER EXPLORATION COLLEGE READINESS LEADERSHIP DEVELOPMENT PERSONAL (CHARACTER) DEVELOPMENT COMMUNITY INVESTMENT THE Y ACHIEVERS PROGRAM WAS CREATED WITH THE FOLLOWING 3 GOALS TO ENCOURAGE YOUTH TO SET AND ACHIEVE HIGH EDUCATIONAL, PERSONAL AND PROFESSIONAL GOALS, TO HELP YOUTH CREATE POSITIVE MENTORING RELATIONSHIPS WITH ADULTS WHO HAVE ACHIEVED PERSONAL AND PROFESSIONAL SUCCESS, AND TO ACKNOWLEDGE BOTH FOR THEIR SUCCESS, TO CREATE CHANNELS FOR CONTINUING COMMUNITY INVESTMENT AND INVOLVEMENT OF BUSINESS AND INDUSTRY IN 2011, WE SERVED A RECORD 433 STUDENTS IN THE Y ACHIEVERS PROGRAM, AT LOCATIONS THROUGHOUT THE GREATER PHILADELPHIA AREA OF THOSE, 46% ARE FEMALE AND 54% ARE MALE 89% OF OUR Y ACHIEVERS WERE AFRICAN AMERICAN, 5% WERE MULTI-RACIAL, 4% WERE LATINO AND 1% WERE ASIAN OR CAUCASIAN OF THE ACHIEVERS WHO RESPONDED TO SURVEY QUESTIONS ON FAMILY INCOME, 43% CAME FROM HOUSEHOLDS MAKING LESS THAN \$30,000 PER YEAR 73% OF Y ACHIEVERS PARTICIPANTS ATTEND PUBLIC SCHOOL IN THE PHILADELPHIA SCHOOL DISTRICT 54% OF ALL Y ACHIEVERS PARTICIPANTS LIVE IN THE SERVICE AREA OF THE INNER CITY BRANCHES, COLUMBIA NORTH, WEST AND CHRISTIAN STREET ALSO, 100% OF GRADUATING SENIORS COMPLETED 12TH GRADE AND RECEIVED THEIR HIGH SCHOOL DIPLOMAS INTERNATIONAL &amp; CULTURAL PROGRAMS THE YMCA OF PHILADELPHIA &amp; VICINITY'S INTERNATIONAL PROGRAM IS ENGAGED IN ONGOING ACTIVITIES THAT HELP TO DEVELOP A SENSE OF WORLD-MINDEDNESS, TO PROMOTE WORLDWIDE UNDERSTANDING OF VARIOUS CULTURES, AND TO CELEBRATE CULTURAL DIVERSITY WE DO THIS THROUGH VOLUNTEER OPPORTUNITIES, PROGRAM INITIATIVES LIKE YOUTH AND ADULT EXCHANGE PROGRAMS, INTERNATIONAL STAFF EXCHANGES, PROGRAM COURSES INCLUDING ESL AND CITIZENSHIP CLASSES, TOEFL PREPARATION AND PROGRAM EVENTS THE YMCA OF PHILADELPHIA &amp; VICINITY WAS SELECTED TO PARTICIPATE AS PART OF A PILOT GROUP OF LEADING YMCAS TO DRIVE AND SHOWCASE THE U S EFFORTS TO LEAD THE EXPANSION OF OPPORTUNITIES FOR INCLUSION AND THE BUILDING OF A GLOBAL COMMUNITY</p>

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	THE FINANCE/AUDIT COMMITTEE MET WITH THE AUDITORS TO REVIEW THE DRAFT OF THE AUDIT AND THE FORM 990 THE CHAIRMAN OF THE FINANCE/AUDIT COMMITTEE PRESENTED THE FORM 990 TO THE EXECUTIVE COMMITTEE PRIOR TO FILING

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	THE CONFLICT OF INTEREST PROCESS BEGINS IN SEPTEMBER FOR THE NEXT CALENDAR YEAR. THE STEPS THAT ARE TAKEN ARE AS FOLLOWS: 1) EMAIL IS SENT TO ASSOCIATION BOARD OF DIRECTORS INFORMING THEM THAT A NEW CONFLICT OF INTEREST POLICY WILL BE DISTRIBUTED AT THE SEPTEMBER BOARD OF DIRECTORS MEETING. 2) HARD COPY OF POLICY IS TAKEN TO SEPTEMBER ASSOCIATION BOARD OF DIRECTORS MEETING. 3) EMAIL IS SENT TO ALL EXECUTIVE DIRECTORS WITH POLICY ATTACHED TO BE DISTRIBUTED AT BRANCH BOARD OF MANAGERS MEETINGS. 4) PAYROLL MANAGERS ALSO RECEIVE AN EMAIL WITH POLICY ATTACHED TO BE DISTRIBUTED TO ALL FULLTIME EMPLOYEES. 5) FOLLOW-UP EMAILS WILL BE SENT TO DIRECTORS UNTIL THE PROCESS IS COMPLETE. 6) SIGNED POLICIES WILL BE KEPT IN A BINDER FILED BY YEAR IN THE ASSOCIATION OFFICE. THE PRESIDENT SHALL SUBMIT A CONFIDENTIAL REPORT TO THE EXECUTIVE COMMITTEE CONCERNING ANY INTERESTS OF ASSOCIATION PERSONNEL, TOGETHER WITH HIS/HER ACTIONS CONCERNING THE SAME. THE PRESIDENT WILL ADMINISTER THIS POLICY, AND ANY DISPUTED ACTION OF THE PRESIDENT WITH RESPECT TO CONFLICT OF INTEREST MATTERS SHALL BE RESOLVED BY THE EXECUTIVE COMMITTEE. BOARD MEMBERS WITH A CONFLICT OF INTEREST WILL ABSTAIN FROM VOTING ON THE MATTER.

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	THE CEO'S COMPENSATION IS DETERMINED BY AN INDEPENDENT COMMITTEE OF THE BOARD OF DIRECTORS. THE COMMITTEE CONVENES ANNUALLY WITH THE SOLE PURPOSE OF EVALUATING THE CEO'S PERFORMANCE, REVIEWING COMPARABLE ORGANIZATIONS' COMPENSATION INFORMATION AND DETERMINING ANNUAL TOTAL COMPENSATION OF THE CEO. THE COMPENSATION OF ALL OTHER OFFICERS OF THE ORGANIZATION IS REVIEWED ANNUALLY BY THE HUMAN RESOURCES COMMITTEE OF THE BOARD OF DIRECTORS. THE CEO RECOMMENDS TOTAL COMPENSATION FOR THESE OFFICERS AND THESE RECOMMENDATIONS ARE REVIEWED AND APPROVED BY THE COMMITTEE.

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	GOVERNING DOCUMENTS, ANNUAL REPORT (INCLUDING CERTAIN FINANCIAL DISCLOSURES) AND CONFLICT OF INTEREST POLICY IS PROVIDED ON THE ORGANIZATION'S WEBSITE

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -25,442 CHANGE IN VALUE OF BENEFICIAL INTEREST IN PERPETUAL TRUSTS 191,999 TOTAL TO FORM 990, PART XI, LINE 5 166,557



Identifier	Return Reference	Explanation
AUDIT COMMITTEE PROCESS	PART XII, LINE 2C	THE OVERSIGHT AND SELECTION PROCESS USED BY THE COMMITTEE FOR OVERSIGHT OF THE AUDIT AND SELECTION OF AN INDEPENDENT ACCOUNTANT HAS NOT CHANGED FROM THE PRIOR YEAR

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization  
YMCA OF PHILADELPHIA & VICINITY

Employer identification number  
23-1243965

Part I

Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II

Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No

Part III

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

Part V

Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III or IV

1

During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a

Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b

Gift, grant, or capital contribution to related organization(s)

c

Gift, grant, or capital contribution from related organization(s)

d

Loans or loan guarantees to or for related organization(s)

e

Loans or loan guarantees by related organization(s)

f

Sale of assets to related organization(s)

g

Purchase of assets from related organization(s)

h

Exchange of assets with related organization(s)

i

Lease of facilities, equipment, or other assets to related organization(s)

j

Lease of facilities, equipment, or other assets from related organization(s)

k

Performance of services or membership or fundraising solicitations for related organization(s)

l

Performance of services or membership or fundraising solicitations by related organization(s)

m

Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

n

Sharing of paid employees with related organization(s)

o

Reimbursement paid to related organization(s) for expenses

p

Reimbursement paid by related organization(s) for expenses

q

Other transfer of cash or property to related organization(s)

r

Other transfer of cash or property from related organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

Yes

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2011

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

Part VII

Supplemental Information

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

Identifier	Return Reference	Explanation	
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