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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493284005182

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 06-01-2011 and ending 05-31-2012

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
YMCA OF GREATER MANCHESTER

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
30 MECHANIC STREET

City or town, state or country, and ZIP + 4
MANCHESTER, NH 03101

D Employer identification number
02-0222248

E Telephone number
(603) 232-8668

G Gross receipts $ 13,463,536

F Name and address of principal officer
HAROLD J JORDAN
30 MECHANIC STREET
MANCHESTER, NH 03101

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 YOGM ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1854

M State of legal domicile NH

Part I Summary

1 Briefly describe the organization's mission or most significant activities
THE YMCA CREATES A COMMUNITY WHERE ALL ARE WELCOME THE YMCA BUILDS A HEALTY SPIRIT, MIND AND BODY IN CHILDREN, INDIVIDUALS AND FAMILIES WHILE INSTILLING THE VALUES OF CARING, HONESTY, RESPECT AND RESPONSIBILITY THROUGH OUR PRACTICES AND PROGRAMS

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

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	24
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	23
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	**5**	826
6	Total number of volunteers (estimate if necessary)	**6**	1,540
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	15,226
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	14,226

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	849,935	1,250,383
	9 Program service revenue (Part VIII, line 2g)	10,020,456	11,158,391
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	298,227	36,306
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	43,777	67,011
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	11,212,395	12,512,091
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,623,557	1,778,235
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	5,863,405	6,643,563
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶199,397		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	3,608,616	4,274,006
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	11,095,578	12,695,804
	19 Revenue less expenses Subtract line 18 from line 12	116,817	-183,713

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	12,869,955	17,559,817
	21 Total liabilities (Part X, line 26)	4,846,466	8,214,876
	22 Net assets or fund balances Subtract line 21 from line 20	8,023,489	9,344,941

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

****** 2012-09-27
Signature of officer — Date

HAROLD J JORDAN PRESIDENT/CEO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature: THOMAS J PARE CPA	Date 2012-09-27	Check if self-employed ▶ ☐	Preparer's taxpayer identification number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4: HESSION & PARE PC, 62 STARK STREET, MANCHESTER, NH 031011970			EIN ▶
			Phone no ▶ (603) 669-5477

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

THE YMCA CREATES A COMMUNITY WHERE ALL ARE WELCOME THE YMCA BUILDS A HEALTY SPIRIT, MIND AND BODY IN CHILDREN, INDIVIDUALS AND FAMILIES WHILE INSTILLING THE VALUES OF CARING, HONESTY, RESPECT AND RESPONSIBILITY THROUGH OUR PRACTICES AND PROGRAMS

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 $ 5,880,741 including grants of $ 1,249,553) (Revenue $ 5,560,095)

HEALTHY LIVING - THE YMCA IS RESPONDING IN A PRO-ACTIVE MANNER TO THE HEALTH CRISIS IN OUR COMMUNITY'S YOUTH, ADULTS AND FAMILIES BY FOCUSING ON PREVENTATIVE AND INTERVENTIONAL PROGRAMS THAT FIGHT THE PROLIFERATION OF CHRONIC DISEASES WE ARE VERY CONCERNED ABOUT CHILDHOOD OBESITY AND FAMILY HEALTH PRACTICES THAT LEAD TO LIFELONG HEALTH PROBLEMS THIS IS PARTICULARLY TRUE IN LOWER INCOME COMMUNITIES LIKE THE ONES WE SERVE, WHERE ACCESS TO BASIC HEALTH CARE, PROPER NUTRITION AND RECREATION IS LIMITED THE YMCA OFFERS A SLIDING FEE SCALE AND FINANCIAL AID TO REMOVE FINANCIAL BARRIERS THAT MAY PREVENT PARTICIPATION LAST YEAR, WE PROVIDED AID TO OVER 15,222 PEOPLE TO ENSURE ALL WHO NEED HELP, RECEIVE HELP OF THIS NUMBER, 7,574 RECEIVED FREE OR DISCOUNTED MEMBERSHIP AT THE YMCA AND 2,730 RECEIVED FINANCIAL ASSISTANCE ENABLING THEM TO PARTICIPATE IN A YMCA PROGRAM AS A PART OF THIS COMMITMENT, THE YMCA PROVIDES FREE MEMBERSHIP TO OVER 55 OTHER NON-PROFIT AGENCIES WHOSE CLIENTS HAVE SPECIAL NEEDS, SUCH AS FOSTER HOMES, GROUP HOMES FOR CHILDREN WITH NO PARENTS, DRUG AND ALCOHOL TREATMENT CENTERS, MENTORING PROGRAMS AND DISABLED INDIVIDUALS COLLABORATING TO SUPPORT OTHERS IN OUR COMMUNITY IS A MAJOR FOCUS FOR OUR ORGANIZATION IN ALL YMCA WELLNESS PROGRAMS, WE EMPHASIZE A HOLISTIC APPROACH TOWARDS HEALTH BY STRESSING THE BALANCED DEVELOPMENT OF SPIRIT, MIND AND BODY THE YMCA'S CORE VALUES OF HONESTY, CARING, RESPECT AND RESPONSIBILITY ARE TAUGHT AS A WAY TO HELP ALL PEOPLE COMMIT TO INDIVIDUAL AND FAMILY WELLNESS THE YMCA MAINTAINS A MAJOR FOCUS ON DEVELOPING STRONG FAMILIES AND OFFERS CONCURRENT PROGRAMMING AND FREE CHILD WATCH SUPPORT THROUGH A PROGRAM CALLED FAMILY TIME WITH THIS PROGRAM, THE ENTIRE FAMILY CAN COME AT ONE TIME TO ENSURE EVERYONE GETS TO PARTICIPATE IN HEALTHY ACTIVITIES OVER 70% OF OUR MEMBERSHIPS ARE YOUTH AND FAMILIES, SO THIS MAKES A BIG IMPACT IN ADDITION, WE RUN SPECIAL PROGRAMS LIKE HEALTY KIDS DAY, HOST FAMILY OUTINGS AND OFFER SPECIAL RATES TO FAMILIES WE MAINTAIN A BROAD DEFINITION OF FAMILIES TO ENSURE TRADITIONAL AND NONTRADITIONAL FAMILIES CAN PARTICIPATE OVER 150 CLASSES ARE OFFERED EACH WEEK FOR PEOPLE OF ALL WALKS OF LIFE THIS BROAD SCOPE OF SERVICE ENSURES THERE IS THE OPPORTUNITY FOR A LIFETIME OF PARTICIPATION, WHICH IS THE MOST POWERFUL METHODOLOGY FOR LONG TERM CHANGE THE YMCA IS ALSO COMMITTED TO PROVIDING HEALTHY ALTERNATIVES FOR YOUTH DURING THE HIGH RISK AFTER SCHOOL HOURS BY PROVIDING AN EXTENSIVE VARIETY OF PROGRAMS TO SERVE A CHILD'S MANY INTERESTS THESE PROGRAMS INCLUDE INSTRUCTIONAL AND COMPETITIVE SWIMMING, GYMNASTICS AND DANCE PROGRAMS, A MULTITUDE OF YOUTH SPORTS PROGRAMS INCLUDING BASKETBALL, SOCCER, WRESTLING, T-BALL, OUTDOOR ADVENTURE, TENNIS AND FITNESS THE YMCA ENCOURAGES AN EXTENSIVE USE OF VOLUNTEERS AND MENTORS TO RUN ITS PROGRAM AND INCLUDE FAMILY PARTICIPATION AS A WAY TO BRING FAMILIES CLOSER TOGETHER DUE TO THE YMCA'S LONG STANDING INVOLVEMENT IN AQUATICS, AND OUR CONCERN FOR KEEPING CHILDREN SAFE AROUND OCEANS, PONDS, LAKES, STREAMS, RIVERS AND SWIMMING POOLS, WE PROVIDE FREE AQUATIC SAFETY PROGRAM THAT SERVES 1,200 FOURTH GRADE CHILDREN PER YEAR IN MANCHESTER'S ELEMENTARY SCHOOL SYSTEM PROVIDING THESE PROGRAMS FOR ALL AGES, LEVELS AND ABILITIES OFFERS A UNIQUE OPPORTUNITY FOR YOUTH TO BUILD LIFELONG RELATIONSHIPS AND FRIENDS, BUILD SELF CONFIDENCE, SPEND QUALITY TIME WITH THEIR FAMILIES AND OF COURSE, DEEPEN VALUES

4b (Code) (Expenses $ 5,124,469 including grants of $ 201,150) (Revenue $ 5,047,154)

YOUTH DEVELOPMENT - THE YMCA RECOGNIZES AND CELEBRATES ITS ROLE AS A MAJOR SERVICE PROVIDER IN THE AREA OF CHILDHOOD AND YOUTH DEVELOPMENT THE YMCA IS COMMITTED TO INCREASING OPPORTUNITES FOR YOUTH TO DEEPEN VALUES AND BUILD POSITIVE ASSETS ALL YOUTH PROGRAMS REINFORCE OUR CORE VALUES OF HONESTY, RESPECT, CARING AND RESPONSIBILITY THESE GUIDED PRINCIPLES HELP CHILDREN MAKE POSITIVE CHOICES IN THEIR LIVES AND CONTRIBUTE TO BUILDING STRONG FAMILIES AND COMMUNITIES THE YMCA ALSO SEEKS TO BUILD POSITIVE ASSETS IN YOUTH BY PROVIDING OPPORTUNITIES FOR THEM TO ENGAGE IN LIFELONG HEALTHY ACTIVITIES WITH POSITIVE ROLE MODELS TO HELP GUIDE THEIR DECISIONS IT IS PROVEN THAT THE MORE POSITIVE ASSETS A CHILD HAS, THE LESS LIKELY THEY ARE TO ENGAGE IN HIGH RISK BEHAVIOR THAT MAY LEAD TO NEGATIVE HEALTH HABITS AND ANTI-SOCIAL BEHAVIORS WITH THIS AS A BACKDROP, THE YMCA IS THE LARGEST PROVIDER OF CHILDCARE PROGRAMS IN THE AREA AND SERVES OVER 1,030 CHILDREN PER DAY A SPECIAL EMPHASIS IS PLACED ON ENSURING ACCESS TO PROGRAMS IN LOW INCOME AREAS BY PROVIDING FINANCIAL ASSISTANCE THROUGH GRANTS, STATE AID AND YMCA FUND RAISING DURING THE SUMMER MONTHS WHEN CHILDREN ARE NOT IN SCHOOL, THE YMCA OFFERS EXTENSIVE DAY AND RESIDENT CAMPING PROGRAMS FOR CHILDREN 18 MONTHS TO 15 YEARS OLD AGAIN, THIS PROVIDES MANY OF OUR CENTER-CITY YOUTH WITH A UNIQUE OPPORTUNITY TO PARTICIPATE WITH CHILDREN FROM WITHIN AND OUTSIDE THE STATE AND COUNTRY A MAJOR EMPHASIS OF OUR CAMPING PROGRAM IS TO PROVIDE OPPORTUNITIES FOR YOUTH TO GAIN LEADERSHIP SKILLS BY PROGRESSING FROM A CAMPER TO A LEADER-IN-TRAINING (L I T), TO A COUNSELOR-IN-TRAINING (C I T), TO A JUNIOR COUNSELOR AND FINALLY TO A FULL COUNSELOR EACH YEAR, THE YMCA EMPLOYS OVER 425 YOUNG ADULTS AND IS ONE OF THE COMMUNITY'S LARGEST YOUTH EMPLOYERS THROUGH OUR CAMPING PROGRAMS, WE ARE ABLE TO PROVIDE OPPORTUNITIES FOR YOUTH DEVELOPMENT 12 MONTHS PER YEAR TO BUILD A HEALTY SPIRIT, MIND AND BODY

4c (Code) (Expenses $ 867,619 including grants of $ 442,514) (Revenue $ 551,142)

SOCIAL RESPONSIBILITY - THE YMCA ACTS AS A COMMUNITY PARTNER WHENEVER POSSIBLE TO ADDRESS CRITICAL COMMUNITY NEEDS IN THIS CONTEXT, OUR COMMUNITY HAS EXPERIENCED A SIGNIFICANTLY HIGHER PERCENTAGE OF SCHOOL DROP OUTS AND LOWER ACHIEVEMENTS THAN OTHER COMMUNITIES IN THE STATE THE YMCA HAS TAKEN THE LEAD TO IMPACT THIS IMPORTANT ISSUE BY OFFERING THREE SPECIAL PROGRAMS TO REDUCE SCHOOL DROPOUT AND CLOSE THIS ACHIEVEMENT GAP FOR YOUTH AT RISK THE SUPPORT TUTORING AND ADVENTURE FOR YOUTH PROGRAM (S T A Y) IS RUN IN ALL FOUR MIDDLE SCHOOLS IN MANCHESTER THE PROGRAM PROVIDES A FULL TIME STAFF MEMBER IN EACH SCHOOL TO TUTOR MENTOR AND PROVIDE POSITIVE GROUP WORK EXPERIENCE GEARED AT BUILDING ACADEMIC COMPETENCY, SOCIAL SKILLS AND A STRONG RELATIONSHIP WITH THE SCHOOL AND COMMUNITY THE YMCA SERVES 65 YOUTH PER YEAR WITH OVER 150 REFERRALS FOR THE 65 SLOTS, PLUS 160 ALUMNI AND FAMILY MEMBERS THE YMCA ALSO PROVIDES A SPECIAL PROGRAM CALLED THE YMCA STRIVE FOR SUSPENDED AND EXPELLED STUDENTS SINCE NO PROGRAM EXISTS IN MANCHESTER TO SUPPORT THEM WHEN THEY ARE OUT OF SCHOOL THE YMCA RUNS THE PROGRAM (IN COOPERATION WITH THE MANCHESTER SCHOOL DEPARTMENT) IN THE YMCA FACILITY (DOWNTOWN BRANCH) AND PROVIDES AN OPPORTUNITY FOR STUDENTS TO COMPLETE THEIR SCHOOL WORK TO STAY ON COURSE WITH THEIR STUDIES, RECEIVE TUTORING HELP, PERFORM COMMUNITY SERVICE AND LEARN WAYS TO IMPROVE SOCIAL SKILLS TO AVOID FURTHER PROBLEMS IN SCHOOL OVER 196 YOUTH WERE SERVED THIS YEAR THE YMCA START PROGRAM OPERATES IN TWO OF OUR CENTER-CITY SCHOOLS AND PROVIDES QUALITY CHILDCARE FOR 150 CHILDREN, 85% OF WHICH ARE BELOW FEDERAL POVERTY GUIDELINES ENGLISH IS A SECOND LANGUAGE FOR THE MAJORITY OF CHILDREN SO THE ADDITIONAL TUTORING AND HOMEWORK HELP IS CRITICAL IN IMPROVING THEIR SUCCESS IN SCHOOL MOST FAMILIES PAY AS LITTLE AS 3 00 PER WEEK THIS KEEPS FAMILIES OFF OF STATE ASSISTANCE AS IT ENABLES PARENTS TO WORK AND KNOW THEIR CHILDREN ARE WELL CARED FOR THE YMCA ALSO RUNS A TEEN CENTER TO PROVIDE A LONG TERM CONNECTION TO THE YMCA FOR CHILDREN WHO NEED A POSITIVE PLACE TO COME DURING AFTER SCHOOL HOURS THE CENTER IS RUN BY STAFF TRAINED TO SUPPORT POSITIVE YOUTH DEVELOPMENT IN ORDER TO DEVELOP LEADERSHIP SKILLS IN YOUTH AND ENCOURAGE CIVIL ENGAGEMENT, THE YMCA RUNS A MODEL LEGISLATURE AT THE NH STATE CAPITAL FOR OVER 355 HIGH SCHOOL STUDENTS THIS IS A COLLABORATIVE PROGRAM WITH LOCAL SCHOOL SYSTEMS AND TIES INTO THE SCHOOL'S CURRICULUM ON GOVERNMENT AND PUBLIC POLICY

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses** ▶ $ 11,872,829

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)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (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? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	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? *If "Yes," complete Schedule D, Part 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? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	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? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	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, line10? *If "Yes," complete Schedule D, Part VI.*	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? *If "Yes," complete Schedule D, Part VII.*	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? *If "Yes," complete Schedule D, Part VIII.*	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? *If "Yes," complete Schedule D, Part IX.*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	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? *If "Yes," complete Schedule F, Part 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 ? *If "Yes," complete Schedule F, Part II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III and IV*	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? *If "Yes," complete Schedule G, Part 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? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19	Yes	
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** 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? *If "Yes," complete Schedule I, Parts I and II*	**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? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**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? *If "Yes," complete Schedule L, Part IV*	**28a**	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**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? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**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)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		No
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	**1a**	68		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			**1c**	Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	**2a**	826			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			**2b**	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			**3a**	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			**3b**	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)?			**4a**		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			**5a**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?			**6a**		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**	Yes	
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			**8**		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			**9a**		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			**9b**		
10	**Section 501(c)(7) organizations.** Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**				
11	**Section 501(c)(12) organizations.** Enter					
a	Gross income from members or shareholders	**11a**				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** 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			**13a**		
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	**13b**				
c	Enter the aggregate amount of reserves on hand	**13c**				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**		

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	24		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	23		
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		Yes	
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		Yes	
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		Yes	
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		No
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	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 ▶ NH

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

☑ Own website ☐ Another's website ☑ 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 ▶

JANIS CLARK
30 MECHANIC ST
MANCHESTER, NH 03101
(603) 232-8668

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) PETER ANDERSON TRUSTEE	2 00	X						0	0	0
(2) DIANE BEAUDRY TRUSTEE	2 00	X						0	0	0
(3) MARY JO BOISVERT TRUSTEE	2 00	X						0	0	0
(4) VASILIKI CANOTAS TRUSTEE	2 00	X						0	0	0
(5) DAVID ALLEN SECRETARY	2 00	X		X				0	0	0
(6) PAM DIAMANTIS CHAIR	2 00	X		X				0	0	0
(7) LISA DIBRIGIDA TRUSTEE	2 00	X						0	0	0
(8) DON ST GERMAIN VICE CHAIR	2 00	X		X				0	0	0
(9) TIM HOWE TRUSTEE	2 00	X						0	0	0
(10) DAVID KUHN TRUSTEE	2 00	X						0	0	0
(11) DENISE LANGLEY TRUSTEE	2 00	X						0	0	0
(12) THOMAS LEWRY TREASURER	2 00	X		X				0	0	0
(13) JOHN LOMBARDI TRUSTEE	2 00	X						0	0	0
(14) TOM TOMAI TRUSTEE	2 00	X						0	0	0
(15) SUZANNE MELLON TRUSTEE	2 00	X						0	0	0
(16) RICHARD PEASE PAST CHAIR	2 00	X						0	0	0
(17) WAYNE ROBINSON TRUSTEE	2 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JOEL ROZEN TRUSTEE	2 00	X						0	0	0
(19) COLEEN PENACHO TRUSTEE	2 00	X						0	0	0
(20) KRAIG BURNHAM TRUSTEE	2 00	X						0	0	0
(21) MIAH TROST TRUSTEE	2 00	X						0	0	0
(22) WILLIAM TUCKER TRUSTEE	2 00	X						0	0	0
(23) JOHN TUCKER TRUSTEE	2 00	X						0	0	0
(24) PENNY KERN TRUSTEE	2 00	X						0	0	0
(25) HAL JORDAN PRESIDENT/CE	50 00			X				177,380	0	12,171
1b Sub-Total . . . . . ▶										
c Total from continuation sheets to Part VII, Section A . . . . ▶										
d Total (add lines 1b and 1c) . . . . . ▶								177,380		12,171

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

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**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? *If "Yes," complete Schedule J for such individual*	**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? *If "Yes," complete Schedule J for such person*	**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
LANGLEY CONSTRUCTION COMPANY 70 MEADOWLARK ROAD GOFFSTOWN, NH 03045	CONSTRUCTION	577,533
BRADY SULLIVAN PAYROLL MANAGEMENT 670 N COMMERCIAL ST SUITE 30 MANCHESTER, NH 03101	CONSTRUCTION	209,453
HILLBILLY CONSTRUCTION 42 LINDA LN GILFORD, NH 03249	CONSTRUCTION	110,719

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 3

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	60,057				
	b	Membership dues					
	c	Fundraising events	324,920				
	d	Related organizations					
	e	Government grants (contributions)	136,896				
	f	All other contributions, gifts, grants, and similar amounts not included above	728,510				
	g	Noncash contributions included in lines 1a-1f $ 3,675					
	h	**Total.** Add lines 1a-1f		1,250,383			
Program Service Revenue			Business Code				
	2a	HEALTHY LIVING	713940	5,560,095	5,560,095		
	b	HOLISTIC DEV CHILDREN & YOUTH	624410	5,047,154	5,047,154		
	c	SOCIAL RESPONSIBILITY	624100	551,142	551,142		
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		11,158,391			
	3	Investment income (including dividends, interest and other similar amounts)		83,237			83,237
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
			(i) Real / (ii) Personal				
	6a	Gross rents	158,077				
	b	Less rental expenses	151,787				
	c	Rental income or (loss)	6,290				
	d	Net rental income or (loss)		6,290			6,290
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	712,567				
	b	Less cost or other basis and sales expenses	759,498				
	c	Gain or (loss)	-46,931				
	d	Net gain or (loss)		-46,931	-46,931		
	8a	Gross income from fundraising events (not including $ 324,920 of contributions reported on line 1c) See Part IV, line 18	a 53,587				
	b	Less direct expenses	b 37,271				
	c	Net income or (loss) from fundraising events		16,316			16,316
	9a	Gross income from gaming activities See Part IV, line 19	a 18,115				
	b	Less direct expenses	b 2,889				
	c	Net income or (loss) from gaming activities		15,226		15,226	
	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					
Other Revenue		Miscellaneous Revenue	Business Code				
	11a	OTHER INCOME	900099	29,179	29,179		
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d		29,179			
	12	**Total revenue.** See Instructions		12,512,091	11,140,639	15,226	105,843

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	708,306	708,306		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	1,069,929	1,069,929		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	184,230	18,415	92,130	73,685
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	5,535,203	5,211,899	227,055	96,249
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	164,058	148,635	7,518	7,905
9	Other employee benefits	244,416	219,450	21,155	3,811
10	Payroll taxes	515,656	478,006	24,989	12,661
11	Fees for services (non-employees)				
a	Management				
b	Legal	44,203	41,331	2,872	
c	Accounting	22,115		22,115	
d	Lobbying				
e	Professional fundraising *See Part IV, line 17* . .				
f	Investment management fees				
g	Other	221,846	187,063	34,783	
12	Advertising and promotion	252,916	252,418	465	33
13	Office expenses	162,406	154,780	7,452	174
14	Information technology	127,217	107,676	18,700	841
15	Royalties . .				
16	Occupancy	1,255,468	1,148,203	107,265	
17	Travel	77,108	77,108		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	116,546	102,379	13,058	1,109
20	Interest	222,430	218,552	3,768	110
21	Payments to affiliates	98,779	96,562	2,154	63
22	Depreciation, depletion, and amortization	752,664	721,858	30,806	
23	Insurance	112,124	110,076	1,990	58
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	SUPPLIES	658,195	656,205	1,990	
b	FINANCIAL ASSISTANCE	114,982	114,982		
c	DUES	27,765	24,355	3,313	97
d	ANNUAL CAMPAIGN EXPENSE	7,242	4,641		2,601
e					
f	All other expenses				
25	**Total functional expenses.** Add lines 1 through 24f	12,695,804	11,872,829	623,578	199,397
26	**Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		1,087,903	1	414,592
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		125,337	3	280,799
	4	Accounts receivable, net		63,523	4	56,998
	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			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		89,492	9	144,515
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 24,602,291			
	b	Less accumulated depreciation	10b 12,069,066	7,295,989	10c	12,533,225
	11	Investments—publicly traded securities		2,894,284	11	2,815,526
	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		1,313,427	15	1,314,162
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		12,869,955	16	17,559,817
Liabilities	17	Accounts payable and accrued expenses		608,972	17	608,412
	18	Grants payable			18	
	19	Deferred revenue		902,531	19	1,659,493
	20	Tax-exempt bond liabilities		2,755,000	20	2,645,000
	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		182,000	23	1,448,311
	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		397,963	25	1,853,660
	26	**Total liabilities.** Add lines 17 through 25		4,846,466	26	8,214,876
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		5,598,039	27	7,051,227
	28	Temporarily restricted net assets		1,497,525	28	1,294,498
	29	Permanently restricted net assets		927,925	29	999,216
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		8,023,489	33	9,344,941
	34	Total liabilities and net assets/fund balances		12,869,955	34	17,559,817

Part XI Reconcilliation 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	12,512,091
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,695,804
3	Revenue less expenses Subtract line 2 from line 1	3	-183,713
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	8,023,489
5	Other changes in net assets or fund balances (explain in Schedule O)	5	1,505,165
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	9,344,941

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 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . .	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	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	2c	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 ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
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 . .	3b		

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493284005182

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 GREATER MANCHESTER

Employer identification number
02-0222248

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?

	Yes	No
(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? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
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 **33 1/3% support test—2011.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b **33 1/3% support test—2010.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a **10%-facts-and-circumstances test—2011.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

b **10%-facts-and-circumstances test—2010.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

18 **Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	1,100,267	972,135	1,058,636	849,935	1,250,383	5,231,356
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	9,488,715	6,101,048	9,647,989	10,021,256	11,187,570	46,446,578
3 Gross receipts from activities that are not an unrelated trade or business under section 513					53,587	53,587
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	10,588,982	7,073,183	10,706,625	10,871,191	12,491,540	51,731,521
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						51,731,521

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	10,588,982	7,073,183	10,706,625	10,871,191	12,491,540	51,731,521
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	73,404	54,174	44,171	50,393	233,314	455,456
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	73,404	54,174	44,171	50,393	233,314	455,456
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					15,226	15,226
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)	10,662,386	7,127,357	10,750,796	10,921,584	12,740,080	52,202,203

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** ▶

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	99 100 %
16	Public support percentage from 2010 Schedule A, Part III, line 15	16	99 450 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2011** (line 10c column (f) divided by line 13 column (f))	17	1 000 %
18	Investment income percentage from **2010** Schedule A, Part III, line 17	18	1 000 %

19a **33 1/3% support tests—2011.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☑

b **33 1/3% support tests—2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

20 **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ▶

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

Facts And Circumstances Test

Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493284005182

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
YMCA OF GREATER MANCHESTER

Employer identification number
02-0222248

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

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

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- a ☐ Public exhibition
- 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
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

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

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

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	2,425,450	2,426,619	2,429,140		
b Contributions	238,017	380,599	499,325		
c Investment earnings or losses	-52,086	452,479	270,444		
d Grants or scholarships					
e Other expenditures for facilities and programs	-294,204	-812,555	-746,877		
f Administrative expenses	-23,463	-21,692	-25,413		
g End of year balance	2,293,714	2,425,450	2,426,619		

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

- a Board designated or quasi-endowment ▶ 56 440 %
- b Permanent endowment ▶ 43 560 %
- c Term endowment ▶

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

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

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

Part VI 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		1,965,412		1,965,412
b Buildings		18,666,925	8,792,543	9,874,382
c Leasehold improvements		34,559	34,559	
d Equipment		3,935,395	3,241,964	693,431
e Other				
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				12,533,225

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

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

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

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

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

(a) Description	(b) Book value
(1) BENEFICIAL INTEREST IN TRUST	1,145,749
(2) DEFERRED FINANCING COSTS	168,413
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	1,314,162

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
CAPITAL LEASE	991,432
INTEREST RATE SWAP IN LOSS POSITION	622,228
LINES OF CREDIT	240,000
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	1,853,660

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	12,512,091
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	12,695,804
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-183,713
4	Net unrealized gains (losses) on investments	4	-111,507
5	Donated services and use of facilities	5	24,826
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	1,591,846
9	Total adjustments (net) Add lines 4 - 8	9	1,505,165
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	1,321,452

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

1	Total revenue, gains, and other support per audited financial statements			1	12,314,597
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	-111,507		
b	Donated services and use of facilities	2b	24,826		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	1,782,404		
e	Add lines **2a** through **2d**			2e	1,695,723
3	Subtract line **2e** from line **1**			3	10,618,874
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	1,893,217		
c	Add lines **4a** and **4b**			4c	1,893,217
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	12,512,091

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

1	Total expenses and losses per audited financial statements			1	10,993,145
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d	190,558		
e	Add lines **2a** through **2d**			2e	190,558
3	Subtract line **2e** from line **1**			3	10,802,587
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	1,893,217		
c	Add lines **4a** and **4b**			4c	1,893,217
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	12,695,804

Part XIV Supplemental Information

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

Identifier	Return Reference	Explanation
INTENDED USES FOR ENDOWMENT FUNDS	SCHEDULE D, PAGE 2, PART V, LINE 4	THIS INCOME WILL BE USED TO SUPPORT THE YMCA'S CHARITABLE MISSION OF SERVICE TO ITS COMMUNITY, THROUGH THE OPERATION OF SAFE AND HIGH QUALITY PROGRAMS AND FACILITIES
LIABILITY UNDER FIN 48 FOOTNOTE	SCHEDULE D, PAGE 3, PART X	THE FINANCIAL STATEMENTS EFFECTS OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN ARE RECOGNIZED IN THE FINANCIAL STATEMENTS WHEN IT IS MORE LIKELY THAN NOT, BASED ON THE TECHNICAL MERITS, THAT THE POSITION WILL BE SUSTAINED UPON EXAMINATION INTEREST AND PENALTIES, IF ANY, ARE INCLUDED IN EXPENSES IN THE STATEMENTS OF ACTIVITIES AS OF MAY 31, 2012, THE ORGANIZATION HAD NO UNCERTAIN TAX POSITIONS THAT QUALIFY FOR RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS
RECONCILIATION OF CHANGES - OTHER	SCHEDULE D, PAGE 4, PART XI, LINE 8	RENTAL EXPENSES OFFSETTING RENTAL INCOME ON RETURN 151,787 FUNDRAISING EXPENSES OFFSETTING INCOME ON RETURN 38,771 CHANGE IN BENEFICIAL INTEREST IN TRUST -42,562 UNREALIZED LOSS ON INTEREST RATE SWAP -224,265 INHERENT CONTRIBUTION 1,858,673 FINANCIAL ASSISTANCE OFFSET AGAINST REVENUE IN STATEMENTS -1,893,217 RENT EXPENSE NETTED WITH INCOME ON THE RETURN - 151,787 FUNDRAISING EXPENSES OFFSETTING INCOME ON THE RETURN -38,771 FINANCIAL ASSSITANCE OFFSET AGAINST REVENUE IN STATEMENTS 1,893,217
REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER	SCHEDULE D, PAGE 4, PART XII, LINE 2D	RENTAL EXPENSES OFFSETTING RENTAL INCOME ON RETURN 151,787 FUNDRAISING EXPENSES OFFSETTING INCOME ON RETURN 38,771 CHANGE IN BENEFICIAL INTEREST IN TRUST -42,562 UNREALIZED LOSS ON INTEREST RATE SWAP -224,265 INHERENT CONTRIBUTION 1,858,673
REVENUE AMOUNTS INCLUDED ON RETURN - OTHER	SCHEDULE D, PAGE 4, PART XII, LINE 4B	FINANCIAL ASSISTANCE OFFSET AGAINST REVENUE IN STATEMENTS 1,893,217
EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER	SCHEDULE D, PAGE 4, PART XIII, LINE 2D	RENT EXPENSE NETTED WITH INCOME ON THE RETURN 151,787 FUNDRAISING EXPENSES OFFSETTING INCOME ON THE RETURN 38,771
EXPENSE AMOUNTS INCLUDED ON RETURN - OTHER	SCHEDULE D, PAGE 4, PART XIII, LINE 4B	FINANCIAL ASSSITANCE OFFSET AGAINST REVENUE IN STATEMENTS 1,893,217

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493284005182

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 GREATER MANCHESTER

Employer identification number
02-0222248

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

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

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

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

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

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

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

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

		(a) Event #1 ANNUAL DINNER (event type)	(b) Event #2 YSC EVENT (event type)	(c) Other Events 2 (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	303,307	28,552	46,648	378,507
	2 Less Charitable contributions	257,811	25,126	41,983	324,920
	3 Gross income (line 1 minus line 2)	45,496	3,426	4,665	53,587
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs	8,362	417	750	9,529
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	13,843	5,918	7,981	27,742
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(37,271)
	11 Net income summary Combine lines 3 and 10 in column (d) ▶				16,316

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			18,115	18,115
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses			2,889	2,889
	6 Volunteer labor	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				(2,889)
	8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶				15,226

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

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**	100 000 %

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

Name ▶ LESLEE STEWART YMCA

Address ▶ 30 MECHANIC ST
MANCHESTER, NH 03101

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 ▶ $ 18,115 and the amount of gaming revenue retained by the third party ▶ $ 64,827

c If "Yes," enter name and address

Name ▶ SEACOAST FUNDRAISING LLC

Address ▶ ONE LAFAYETTE RD
HAMPTON FALLS, NH 03844

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
THIRD PARTIES WITH GAMING CONTRACTS	SCHEDULE G PAGE 3 PART III LINE 15C	GRANITE STATE POKER ALLIANCE 1279 S WILLOW ST MANCHESTER NH 03103 TRINITY HIGH SCHOOL 581 BRIDGE STREET MANCHESTER NH 03104

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493284005182

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
YMCA OF GREATER MANCHESTER

Employer identification number
02-0222248

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
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . ▶ 38

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) FINANCIAL ASSISTANCE	7229	506,854		FMV	MEMBERSHIP ASST
(2) FINANCIAL ASSISTANCE	353	120,561		FMV	PROGRAM ASST
(3) FINANCIAL ASSISTANCE	573	442,514		FMV	PROGRAM ASST

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
PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS INSIDE THE UNITED STATES	SCHEDULE I, PAGE 1, PART I, LINE 2	THE GRANTS AND ASSISTANCE AWARDED IS FOR USE IN THE ORGANIZATION'S PROGRAMS AND FACILITIES, ALL WITHIN THE UNITED STATES USAGE IS MEASURED BY CLASS ATTENDANCE AND/OR FACILITY ACCESS RECORDS

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 02-0222248
Name: YMCA OF GREATER MANCHESTER

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
BIG BROTHERBIG SISTER PROGRAM25 LOWELL STREET 201 MANCHESTER,NH 03101	51-0180586	3		23,254	FMV	MEMBERSHIP FEES	
CHILD AND FAMILY SERVICES1245 ELM STREET MANCHESTER,NH 03101	01-0222164	3		24,347	FMV	MEMBERSHIP FEES	
CHILD HEALTH SERVICES & ENRICHMENT PROGRAM1245 ELM STREET MANCHESTER,NH 03101	02-0348711	3		30,639	FMV	MEMBERSHIP FEES	
COMMUNITY RESOURCE JUSTICE HAMPSHIRE HOUSE 1492 ELM STREET MANCHESTER,NH 03101	04-3461434	3		17,619	FMV	MEMBERSHIP FEES	
COMMUNITY STRATEGIES OF NH 1490 ELM STREET UNIT 1 MANCHESTER,NH 03101	04-3461434	3		22,653	FMV	MEMBERSHIP FEES	
CROSS ROADS600 LAFAYETTE RD PORTSMOUTH,NH 03801	22-2549963	3		5,880	FMV	MEMBERSHIP FEES	
CROTCHED MOUNTAIN16 RT 111 BROOKSTONE PK STE 3 DERRY,NH 03038	22-2849875	3		13,592	FMV	MEMBERSHIP FEE	
DEAF AND HARD OF HEARING100 AURORE AVENUE MANCHESTER,NH 03104	02-0494977	3		10,536	FMV	MEMBERSHIP FEES	
EASTER SEALS555 AUBURN STREET MANCHESTER,NH 03103	02-0272825	3		70,089	FMV	MEMBERSHIP FEE	
EMILY'S PLACE - YWCA72 CONCORD STREET MANCHESTER,NH 03101	02-0222254	3		7,674	FMV	MEMBERSHIP FEES	
FAMILIES IN TRANSITION122 MARKET STREET MANCHESTER,NH 03101	02-0475414	3		30,555	FMV	MEMBERSHIP FEES	
GOFFSTOWN SAU11 CHURCH ST GOFFSTOWN,NH 03045	02-6000883	3		5,516	FMV	MEMBERSHIP FEES	
GOODWILL INDUSTRIES NNE200 NO STATE ST CONCORD,NH 03301	10-1028434	3		7,668	FMV	MEMBERSHIP FEES	
GRANITE BAY CONNECTIONS INC 54 OLD SUNCOOK RD CONCORD,NH 03301	04-3365397	3		5,034	FMV	MEMBERSHIP FEES	
HELPING HANDS-PINE STREET140-142 CENTRAL STREET MANCHESTER,NH 03103	02-0418983	3		8,054	FMV	MEMBERSHIP FEES	
INDEPENDENT SERVICES NETWORK 117 MARKET ST MANCHESTER,NH 03105	02-0437298	3		6,041	FMV	MEMBERSHIP FEES	
INTERNATIONAL INSTITUTE OF NH 315 PINE ST MANCHESTER,NH 03103	04-2104325	3		6,894	FMV	MEMBERSHIP FEES	
KIDS CAFE - SALVATION ARMY 121 CEDAR STREET MANCHESTER,NH 03101	13-5562351	3		17,145	FMV	MEMBERSHIP FEES	
LIBERTY HOUSE75 W BAKER ST MANCHESTER,NH 03103	02-0469770	3		5,034	FMV	MEMBERSHIP FEES	
MANCHESTER HEALTH CENTER 1555 ELM STREET MANCHESTER,NH 03101	02-0258994	3		44,803	FMV	MEMBERSHIP FEES	

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
MANCHESTER HOUSING AND REDEVELOPMENT AUTHORITY198 HANOVER STREET MANCHESTER,NH 03104	02-6000518	3		46,740	FMV	MEMBERSHIP FEES	
MAYHEW PROGRAM PO BOX 120 BRISTOL,NH 03222	23-7423042	3		5,795	FMV	MEMBERSHIP FEES	
MOORE CENTER195 MCGREGOR STREET UNIT 400 MANCHESTER,NH 03102	02-0261136	3		99,817	FMV	MEMBERSHIP FEES	
NEW HORIZONS199 MANCHESTER STREET MANCHESTER,NH 03105	23-7312684	3		12,585	FMV	MEMBERSHIP FEES	
OFFICE OF YOUTH SERVICES1045 ELM STREET SUITE 204 MANCHESTER,NH 03101	02-6000517	3		19,755	FMV	MEMBERSHIP FEES	
ONE SKY FAMILY SERVICES755 BANFIELD RD SUITE 3 PORTSMOUTH,NH 03801	02-0368955	3		5,640	FMV	MEMBERSHIP FEES	
PALACE THEATRE80 HANOVER STREET MANCHESTER,NH 03101	23-7356019	3		15,102	FMV	MEMBERSHIP FEES	
ROBINSON HOUSE49 MANCHESTER STREET MANCHESTER,NH 03101	02-2068285	3		7,551	FMV	MEMBERSHIP FEES	
SERENITY PLACE101 MANCHESTER STREET MANCHESTER,NH 03105	02-0347186	3		7,551	FMV	MEMBERSHIP FEES	
TEEN CHALLENGE147 LAUREL ST MANCHESTER,NH 03103	04-2401399	3		10,068	FMV	MEMBERSHIP FEES	
TIRRELL HOUSE - DHHS15 BROOK STREET MANCHESTER,NH 03104		GOV		35,238	FMV	MEMBERSHIP FEES	
TOWARD INDEPENDENT LIVING & LEARNING INC154 BROAD STREET STE 1521 NASHUA,NH 03063	02-0258994	3		5,034	FMV	MEMBERSHIP FEES	
VETERNS AFFAIRS 718 SMYTH ROAD MANCHESTER,NH 03104		GOV		11,511	FMV	MEMBERSHIP FEES	
VETERNS CENTER103 LIBERTY STREET MANCHESTER,NH 03104		GOV		10,068	FMV	MEMBERSHIP FEES	
WELCOME HOME286 CONCORD STREET MANCHESTER,NH 03104	02-0478822	3		35,238	FMV	MEMBERSHIP FEES	
WEST BRIDGE1361 ELM STREET MANCHESTER,NH 03101	52-2324227	3		6,041	FMV	MEMBERSHIP FEES	
YDC-YOUTH DEVELOPMENT CTR 1056 NORTH RIVER ROAD MANCHESTER,NH 03104	02-6000618	3		5,795	FMV	MEMBERSHIP FEES	
YOUTH EMPOWERMENT49 MANCHESTER STREET MANCHESTER,NH 03101	02-0268285	3		5,750	FMV	MEMBERSHIP FEES	

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493284005182

Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
YMCA OF GREATER MANCHESTER

Employer identification number
02-0222248

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate 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 ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**		
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**		
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 ☑ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☑ Compensation survey or study ☑ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**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 accured 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) HAL JORDAN	(i) (ii)	177,380			11,057	1,114	189,551	182,600

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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493284005182

Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
YMCA OF GREATER MANCHESTER

Employer identification number
02-0222248

Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	NH HEALTH & ED FACILITIES AUTHORITY	02-0279866	64461RFW3	10-04-2007	3,800,000	PROPERTY AND CAPITAL IMPROVEMENTS		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired				
2	Amount of bonds defeased				
3	Total proceeds of issue	3,800,000			
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrow				
7	Issuance costs from proceeds				
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	3,800,000			
11	Other spent proceeds				
12	Other unspent proceeds				
13	Year of substantial completion	2008			

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X						
15	Were the bonds issued as part of an advance refunding issue?		X						
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

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

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X						
2	Is the bond issue a variable rate issue?	X							
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?	X							
b	Name of provider	RBS CITIZENS							
c	Term of hedge		21 0						
d	Was the hedge superintegrated?		X						
e	Was a hedge terminated?		X						
4a	Were gross proceeds invested in a GIC?		X						
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5	Were any gross proceeds invested beyond an available temporary period?		X						
6	Did the bond issue qualify for an exception to rebate?	X							

Part V Procedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations . . . . . ☐ Yes ☑ No

Part VI Supplemental Information

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

Identifier	Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493284005182

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 GREATER MANCHESTER

Employer identification number
02-0222248

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	(c) Corrected? 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? To	(b) From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	(e) No	(f) Approved by board or committee? Yes	(f) No	(g) Written agreement? Yes	(g) 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) LANGLEY CONSTRUCTION	BOARD MEMBER	30,000	CONST MANAGEMENT		No
(2) LANGLEY CONSTRUCTION	BOARD MEMBER	547,533	POOL CONST CONTRACT		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
ADDITIONAL INFORMATION	SCHEDULE L PART V	LANGLEY CONSTRUCTION WAS HIRED AS THE CONSTRUCTION MANAGER FOR THE LONDONDERRY POOL THEY WERE PAID 30000 TO MANAGE THIS JOB THE PAYMENTS FOR THE CONSTRUCTION WAS PAID TO LANGLEY CONSTRUCTION WHO IN TURN PAID THE NONRELATED CONTRACTORS THE BOARD APPROVED THIS TRANSACTION IN LINE WITH ITS CONFLICT OF INTEREST POLICY

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493284005182

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 GREATER MANCHESTER

Employer identification number
02-0222248

Identifier	Return Reference	Explanation
ORGANIZATION'S MISSION	FORM 990 - ORGANIZATION'S MISSION	THE YMCA CREATES A COMMUNITY WHERE ALL ARE WELCOME. THE YMCA BUILDS A HEALTY SPIRIT, MIND AND BODY IN CHILDREN, INDIVIDUALS AND FAMILIES WHILE INSTILLING THE VALUES OF CARING, HONESTY, RESPECT AND RESPONSIBILITY THROUGH OUR PRACTICES AND PROGRAMS

Identifier	Return Reference	Explanation
FIRST ACCOMPLISHMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4A	2,730 RECEIVED FINANCIAL ASSISTANCE ENABLING THEM TO PARTICIPATE IN A YMCA PROGRAM AS A PART OF THIS COMMITMENT, THE YMCA PROVIDES FREE MEMBERSHIP TO OVER 55 OTHER NON-PROFIT AGENCIES WHOSE CLIENTS HAVE SPECIAL NEEDS, SUCH AS FOSTER HOMES, GROUP HOMES FOR CHILDREN WITH NO PARENTS, DRUG AND ALCOHOL TREATMENT CENTERS, MENTORING PROGRAMS AND DISABLED INDIVIDUALS COLLABORATING TO SUPPORT OTHERS IN OUR COMMUNITY IS A MAJOR FOCUS FOR OUR ORGANIZATION IN ALL YMCA WELLNESS PROGRAMS, WE EMPHASIZE A HOLISTIC APPROACH TOWARDS HEALTH BY STRESSING THE BALANCED DEVELOPMENT OF SPIRIT, MIND AND BODY THE YMCA'S CORE VALUES OF HONESTY, CARING, RESPECT AND RESPONSIBILITY ARE TAUGHT AS A WAY TO HELP ALL PEOPLE COMMIT TO INDIVIDUAL AND FAMILY WELLNESS THE YMCA MAINTAINS A MAJOR FOCUS ON DEVELOPING STRONG FAMILIES AND OFFERS CONCURRENT PROGRAMMING AND FREE CHILD WATCH SUPPORT THROUGH A PROGRAM CALLED FAMILY TIME WITH THIS PROGRAM, THE ENTIRE FAMILY CAN COME AT ONE TIME TO ENSURE EVERYONE GETS TO PARTICIPATE IN HEALTHY ACTIVITIES OVER 70% OF OUR MEMBERSHIPS ARE YOUTH AND FAMILIES, SO THIS MAKES A BIG IMPACT IN ADDITION, WE RUN SPECIAL PROGRAMS LIKE HEALTY KIDS DAY, HOST FAMILY OUTINGS AND OFFER SPECIAL RATES TO FAMILIES WE MAINTAIN A BROAD DEFINITION OF FAMILIES TO ENSURE TRADITIONAL AND NONTRADITIONAL FAMILIES CAN PARTICIPATE OVER 150 CLASSES ARE OFFERED EACH WEEK FOR PEOPLE OF ALL WALKS OF LIFE THIS BROAD SCOPE OF SERVICE ENSURES THERE IS THE OPPORTUNITY FOR A LIFETIME OF PARTICIPATION, WHICH IS THE MOST POWERFUL METHODOLOGY FOR LONG TERM CHANGE THE YMCA IS ALSO COMMITTED TO PROVIDING HEALTHY ALTERNATIVES FOR YOUTH DURING THE HIGH RISK AFTER SCHOOL HOURS BY PROVIDING AN EXTENSIVE VARIETY OF PROGRAMS TO SERVE A CHILD'S MANY INTERESTS THESE PROGRAMS INCLUDE INSTRUCTIONAL AND COMPETITIVE SWIMMING, GYMNASTICS AND DANCE PROGRAMS, A MULTITUDE OF YOUTH SPORTS PROGRAMS INCLUDING BASKETBALL, SOCCER, WRESTLING, T-BALL, OUTDOOR ADVENTURE, TENNIS AND FITNESS THE YMCA ENCOURAGES AN EXTENSIVE USE OF VOLUNTEERS AND MENTORS TO RUN ITS PROGRAM AND INCLUDE FAMILY PARTICIPATION AS A WAY TO BRING FAMILIES CLOSER TOGETHER DUE TO THE YMCA'S LONG STANDING INVOLVEMENT IN AQUATICS, AND OUR CONCERN FOR KEEPING CHILDREN SAFE AROUND OCEANS, PONDS, LAKES, STREAMS, RIVERS AND SWIMMING POOLS, WE PROVIDE FREE AQUATIC SAFETY PROGRAM THAT SERVES 1,200 FOURTH GRADE CHILDREN PER YEAR IN MANCHESTER'S ELEMENTARY SCHOOL SYSTEM PROVIDING THESE PROGRAMS FOR ALL AGES, LEVELS AND ABILITIES OFFERS A UNIQUE OPPORTUNITY FOR YOUTH TO BUILD LIFELONG RELATIONSHIPS AND FRIENDS, BUILD SELF CONFIDENCE, SPEND QUALITY TIME WITH THEIR FAMILIES AND OF COURSE, DEEPEN VALUES

Identifier	Return Reference	Explanation
SECOND ACCOMPLISHMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4B	POSITIVE ROLE MODELS TO HELP GUIDE THEIR DECISIONS IT IS PROVEN THAT THE MORE POSITIVE ASSETS A CHILD HAS, THE LESS LIKELY THEY ARE TO ENGAGE IN HIGH RISK BEHAVIOR THAT MAY LEAD TO NEGATIVE HEALTH HABITS AND ANTI-SOCIAL BEHAVIORS WITH THIS AS A BACKDROP, THE YMCA IS THE LARGEST PROVIDER OF CHILDCARE PROGRAMS IN THE AREA AND SERVES OVER 1,030 CHILDREN PER DAY A SPECIAL EMPHASIS IS PLACED ON ENSURING ACCESS TO PROGRAMS IN LOW INCOME AREAS BY PROVIDING FINANCIAL ASSISTANCE THROUGH GRANTS, STATE AID AND YMCA FUND RAISING DURING THE SUMMER MONTHS WHEN CHILDREN ARE NOT IN SCHOOL, THE YMCA OFFERS EXTENSIVE DAY AND RESIDENT CAMPING PROGRAMS FOR CHILDREN 18 MONTHS TO 15 YEARS OLD AGAIN, THIS PROVIDES MANY OF OUR CENTER-CITY YOUTH WITH A UNIQUE OPPORTUNITY TO PARTICIPATE WITH CHILDREN FROM WITHIN AND OUTSIDE THE STATE AND COUNTRY A MAJOR EMPHASIS OF OUR CAMPING PROGRAM IS TO PROVIDE OPPORTUNITIES FOR YOUTH TO GAIN LEADERSHIP SKILLS BY PROGRESSING FROM A CAMPER TO A LEADER-IN-TRAINING (L I T), TO A COUNSELOR-IN-TRAINING (C I T), TO A JUNIOR COUNSELOR AND FINALLY TO A FULL COUNSELOR EACH YEAR, THE YMCA EMPLOYS OVER 425 YOUNG ADULTS AND IS ONE OF THE COMMUNITY'S LARGEST YOUTH EMPLOYERS THROUGH OUR CAMPING PROGRAMS, WE ARE ABLE TO PROVIDE OPPORTUNITIES FOR YOUTH DEVELOPMENT 12 MONTHS PER YEAR TO BUILD A HEALTY SPIRIT, MIND AND BODY

Identifier	Return Reference	Explanation
THIRD ACCOMPLISHMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4C	COMMUNITY THE YMCA SERVES 65 YOUTH PER YEAR WITH OVER 150 REFERRALS FOR THE 65 SLOTS, PLUS 160 ALUMNI AND FAMILY MEMBERS THE YMCA ALSO PROVIDES A SPECIAL PROGRAM CALLED THE YMCA STRIVE FOR SUSPENDED AND EXPELLED STUDENTS SINCE NO PROGRAM EXISTS IN MANCHESTER TO SUPPORT THEM WHEN THEY ARE OUT OF SCHOOL THE YMCA RUNS THE PROGRAM (IN COOPERATION WITH THE MANCHESTER SCHOOL DEPARTMENT) IN THE YMCA FACILITY (DOWNTOWN BRANCH) AND PROVIDES AN OPPORTUNITY FOR STUDENTS TO COMPLETE THEIR SCHOOL WORK TO STAY ON COURSE WITH THEIR STUDIES, RECEIVE TUTORING HELP, PERFORM COMMUNITY SERVICE AND LEARN WAYS TO IMPROVE SOCIAL SKILLS TO AVOID FURTHER PROBLEMS IN SCHOOL OVER 196 YOUTH WERE SERVED THIS YEAR THE YMCA START PROGRAM OPERATES IN TWO OF OUR CENTER-CITY SCHOOLS AND PROVIDES QUALITY CHILDCARE FOR 150 CHILDREN, 85% OF WHICH ARE BELOW FEDERAL POVERTY GUIDELINES ENGLISH IS A SECOND LANGUAGE FOR THE MAJORITY OF CHILDREN SO THE ADDITIONAL TUTORING AND HOMEWORK HELP IS CRITICAL IN IMPROVING THEIR SUCCESS IN SCHOOL MOST FAMILIES PAY AS LITTLE AS 3 00 PER WEEK THIS KEEPS FAMILIES OFF OF STATE ASSISTANCE AS IT ENABLES PARENTS TO WORK AND KNOW THEIR CHILDREN ARE WELL CARED FOR THE YMCA ALSO RUNS A TEEN CENTER TO PROVIDE A LONG TERM CONNECTION TO THE YMCA FOR CHILDREN WHO NEED A POSITIVE PLACE TO COME DURING AFTER SCHOOL HOURS THE CENTER IS RUN BY STAFF TRAINED TO SUPPORT POSITIVE YOUTH DEVELOPMENT IN ORDER TO DEVELOP LEADERSHIP SKILLS IN YOUTH AND ENCOURAGE CIVIL ENGAGEMENT, THE YMCA RUNS A MODEL LEGISLATURE AT THE NH STATE CAPITAL FOR OVER 355 HIGH SCHOOL STUDENTS THIS IS A COLLABORATIVE PROGRAM WITH LOCAL SCHOOL SYSTEMS AND TIES INTO THE SCHOOL'S CURRICULUM ON GOVERNMENT AND PUBLIC POLICY

Identifier	Return Reference	Explanation
RELATED PARTY INFORMATION AMONG OFFICERS	FORM 990, PAGE 6, PART VI, LINE 2	TOM LEWRY PAM DIAMANTIS PRESIDENT PRINCIPAL COMMON OWNERS OF BUSINESS

Identifier	Return Reference	Explanation
CLASSES OF MEMBERS OR STOCKHOLDERS	FORM 990, PAGE 6, PART VI, LINE 6	OUR ORGANIZATION IS A PUBLIC CHARITY OPEN TO ALL WITHOUT REGARD TO ABILITY TO PAY OUR MEMBERS HAVE THE RIGHT TO ELECT MEMBERS OF THE BOARD, BUT DO NOT RECEIVE ANY DISTRIBUTIONS OF INCOME OR ASSETS FROM THE ORGANIZATION

Identifier	Return Reference	Explanation
ELECTION OF MEMBERS AND THEIR RIGHTS	FORM 990, PAGE 6, PART VI, LINE 7A	OUR ORGANIZATION IS A PUBLIC CHARITY OPEN TO ALL WITHOUT REGARD TO ABILITY TO PAY OUR MEMBERS HAVE THE RIGHT TO ELECT MEMBERS OF THE BOARD, BUT DO NOT RECEIVE ANY DISTRIBUTIONS OF INCOME OR ASSETS FROM THE ORGANIZATION

Identifier	Return Reference	Explanation
POLICIES AND PROCEDURES GOVERNING CHAPTERS	FORM 990, PAGE 6, PART VI, LINE 10B	YES, THE ORGANIZATION HAS WRITTEN POLICIES AND PROCEDURES GOVERNING THE ACTIVITIES OF SUCH CHAPTERS

Identifier	Return Reference	Explanation
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 11B	THE FINANCE COMMITTEE, THE AUDIT COMMITTEE AND THE BOARD ALL REVIEW THE FORM 990 AND APPROVE THE FORM PRIOR TO THE FILING OF THE RETURN

Identifier	Return Reference	Explanation
ENFORCEMENT OF CONFLICTS POLICY	FORM 990, PAGE 6, PART VI, LINE 12C	EACH YEAR THE YMCA SENDS AND COLLECTS CONFLICT OF INTEREST FORMS TO ALL OFFICERS AND DIRECTORS THE FORMS ARE PRESENTED AT A REGULARLY SCHEDULED BOARD OF TRUSTEE MEETING, ARE REVIEWED AND VOTED ON BY THE REMAINING MEMBERS WHO ARE NOT IN CONFLICT THE YMCA ALSO PUBLISHES IN THE LOCAL NEWSPAPER NAMES OF ANY INDIVIDUALS WHO HAS A RELATIONSHIP OF OVER 5,000 THIS IS DONE ANNUALLY

Identifier	Return Reference	Explanation
COMPENSATION PROCESS FOR TOP OFFICIAL	FORM 990, PAGE 6, PART VI, LINE 15A	THE YMCA HAS AN EXECUTIVE COMPENSATION COMMITTEE THAT REVIEWS THE CEO BASED ON ESTABLISHED GOALS, LOOKS AT COMPARATIVE SALARY DATA TO ENSURE COMPENSATION IS REASONABLE FOR THE JOB AND THROUGH DELIBERATIONS AND DISCUSSIONS ON COMPENSATION, MAKE WAGE AND SALARY ADJUSTMENTS

Identifier	Return Reference	Explanation
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION	FORM 990, PAGE 6, PART VI, LINE 19	COPIES OF THE YMCA'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE PROVIDED BY THE YMCA BUSINESS OFFICE TO ANYONE WHO REQUESTS THEM. THE FORM 990 IS ALSO AVAILABLE ON THE YMCA'S WEBSITE.

Identifier	Return Reference	Explanation
OTHER CHANGES IN NET ASSETS EXPLANATION	FORM 990, PART XI, LINE 5	OTHER CHANGES IN NET ASSETS UNREALIZED LOSS ON INVESTMENTS (111,507) DONATED SERVICES AND USE OF FACILITIES 24,826 CHANGE IN BENEFICIAL INTEREST IN TRUST (42,562) UNREALIZED LOSS ON INTEREST RATE SWAP (224,265) INHERENT CONTRIBUTION 1,858,673 TOTAL OTHER CHANGES IN NET ASSETS 1,505,165

Additional Data

Software ID:
Software Version:
EIN: 02-0222248
Name: YMCA OF GREATER MANCHESTER

Form 990, Special Condition Description:

Special Condition Description