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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 01-01-2012 , 2012, and ending 12-31-2012

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

C Name of organization
YMCA OF THE NORTH SHORE INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
245 CABOT STREEET

City or town, state or country, and ZIP + 4
BEVERLY, MA 01915

D Employer identification number
04-2104913

E Telephone number
(978)922-0990

G Gross receipts $ 34,635,987

F Name and address of principal officer
JOHN J MEANY
245 CABOT STREEET
BEVERLY, MA 01915

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 NORTHSHOREYMCA ORG

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

L Year of formation 1858

M State of legal domicile MA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
THE YMCA OF THE NORTH SHORE IS COMMITTED TO EDUCATION, YOUTH DEVELOPMENT, HEALTHY LIVING AND SOCIAL RESPONSIBILITY AND THE VALUES OF CARING, HONESTY, RESPECT AND RESPONSIBILITY OUR YMCA PROVIDES ALL CHILDREN, ADULTS AND FAMILIES, REGARDLESS OF INCOME, WITH OPPORTUNITIES TO DEVELOP A HEALTHY SPIRIT, MIND AND BODY

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**	34
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	34
5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	**5**	2,345
6	Total number of volunteers (estimate if necessary)	**6**	3,200
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	5,401,753	4,826,347
	9 Program service revenue (Part VIII, line 2g)	24,679,369	26,206,725
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	360,013	420,214
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,673,497	2,217,464
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	33,114,632	33,670,750
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,211,393	2,372,272
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	17,858,792	19,245,457
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶723,648		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	9,993,476	9,705,321
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	30,063,661	31,323,050
	19 Revenue less expenses Subtract line 18 from line 12	3,050,971	2,347,700

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	59,246,830	60,133,347
	21 Total liabilities (Part X, line 26)	20,141,252	17,958,860
	22 Net assets or fund balances Subtract line 21 from line 20	39,105,578	42,174,487

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

****** | 2013-05-06
Signature of officer | Date

JOHN J MEANY CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
KRISTOFFER LANE		2013-04-10		P01446126

Firm's name ▶ DANIEL DENNIS & COMPANY LLP | Firm's EIN ▶ 04-2734675

Firm's address ▶ 990 WASHINGTON ST SUITE 308A
DEDHAM, MA 02026 | Phone no (617) 262-9898

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

SEE SCHEDULE O

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 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 $ 7,922,239 including grants of $ 1,237,310) (Revenue $ 6,440,676)

CHILDCARE- THE YMCA PROVIDES QUALITY AND AFFORDABLE CHILDCARE TO OVER 2,300 CHILDREN RANGING IN AGE FROM INFANTS TO MIDDLE-SCHOOLERS, IN 26 CHILDCARE CENTERS OVER THE NORTH SHORE REGION OF MASSACHUSETTS CHILDREN SERVED LIVE AND LEARN THE VALUES OF CARING, HONESTY, RESPECT AND RESPONSABILITY WHILE MAKING NEW FRIENDS AND HAVING FUN EXPLORING THE WORLD AROUND THEM

4b (Code) (Expenses $ 3,009,694 including grants of $ 42,800) (Revenue $ 1,159,588)

AQUATICS- THE YMCA AQUATICS PROGRAM IS PART OF THE YMCA'S OVERALL GOAL OF BUILDING HEALTHY SPIRIT, MIND AND BODY SWIMMING IS A TERRIFIC EXERCISE FOR ALL AGES AND AN IMPORTANT SAFETY SKILL THE YMCA HAS LESSONS AND CLASSES FOR EVERYONE, FROM BABIES TO SENIORS AND EVERY AGE IN BETWEEN THE PROGRAM SERVED MORE THAN 13,000 CHILDREN ACROSS THE NORTH SHORE REGION OF MASSACHUSETTS

4c (Code) (Expenses $ 2,384,773 including grants of $ 44,281) (Revenue $ 1,962,625)

YOUTH SERVICES - THE YMCA'S PROGRAMS PROMOTE FAIR PLAY AND AN APPRECIATION OF ONE'S SELF WORTH LEAGUES AND CLASSES OFFERED ENSURE THAT CHILDREN LEARN THE IMPORTANCE OF TEAMWORK AS WELL AS THE RULES OF THE GAME OVER 12,500 PLAYERS DEVELOPED THEIR SKILLS IN YMCA GYMNASTICS, BASKETBALL, VOLLEYBALL, SOCCER, T-BALL AND MORE

(Code) (Expenses $ 2,504,102 including grants of $ 0) (Revenue $ 1,484,909)

RESIDENCE - THE YMCA PROVIDES AFFORDABLE HOUSING TO OVWER 160 TENANTS AT THE CAPE ANN COMMUITY CENTER, CABOT STREET YMCA, HAVERHILL YMCA AND IPSWICH YMCA THE YMCA IS IN THE PROCESS OF DEVELOPING AN ADDITIONAL SINGLE ROOM OCCUPANCY LOCATION IN HAVERHILL, IN WHICH OVER $1 8 MILLION HAS BEEN EXPENDED TO REDEVELOP THE PROPERTY IN ADDITION, THE YMCA IS EXPANDING ITS COMMITTMENT TO AFFORDABLE FAMILY HOUSING BY DEVELOPING AND MANAGING 65 FAMILY UNITS IN BEVERLY THIS IS THE BIGGEST CHALLENGE FACING THE YMCA

(Code) (Expenses $ 9,842,437 including grants of $ 773,887) (Revenue $ 11,768,455)

MEMBERSHIP - THE YMCA IS A MEMBER ORGANIZATION THE YMCA HAS OVER 40,000 MEMBERS FROM IN AND AROUND THE NORTHSHORE REGION OF MASSACHUSETTS BY COMMITTING TO SERVING ALL, THE YMCA PROVIDED $2,000,000 IN FINANCIAL ASSISTANCE TO THOSE CHILDREN, ADULTS AND FAMILIES WHO WERE UNABLE TO PAY FOR THE YMCA'S MEMBERSHIP AND PROGRAMS

(Code) (Expenses $ 1,618,950 including grants of $ 73,686) (Revenue $ 1,634,427)

GYMNASTICS - THE YMCA OFFERS A VARIETY OF FITNESS, WELLNESS AND HOLISTIC PROGRAMS AVAILABLE FOR ALL AGES FROM ARTHRITIS PROGRAMS IN THEIR POOLS, TO STROLLER EXERCISES OUTDOORS, THE Y HAS A MYRIAD OF FITNESS PROGRAMS TO SUIT THE NEEDS OF ALL THEIR MEMBERS

(Code) (Expenses $ 2,070,162 including grants of $ 200,308) (Revenue $ 2,512,010)

CAMP - THIS PROGRAM PROVIDES DAY CAMP EXPERIENCE AND IS PACKED WITH ACTIVITIES GUARANTEED TO FILL EACH SUMMER DAY WITH FRIENDSHIPS AND MEMORIES THAT LAST A LIFETIME OVER 5,000 CHILDREN ENJOYED CAMP ADVENTURES RANGING FROM HIKING IN THE NEW ENGLAND MOUNTAINS TO SAILING OFF THE COAST OF MARBLEHEAD

4d Other program services (Describe in Schedule O)

(Expenses $ 16,035,651 including grants of $ 1,047,881) (Revenue $ 17,399,801)

4e Total program service expenses ▶ 29,352,357

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 for escrow or custodial account liability, 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, line 10? *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		No
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 and XII*	12a		No
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 and XII is optional*	12b	Yes	
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, Parts I and IV*	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 United States? *If "Yes," complete Schedule F, Parts 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 United States? *If "Yes," complete Schedule F, Parts 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 (see instructions)*	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		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**		No
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 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 lines 24b through 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, highest 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *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**		No
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 direct or indirect 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**	Yes	
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, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, 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**	Yes	
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 11b 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	14		
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	2,345		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	3a			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			No
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			No
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			No
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
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.** See the instructions for additional information the organization must report on Schedule O	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			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** 34			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent **1b** 34			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	**2**		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	**3**		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	**4**		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	**5**		No
6	Did the organization have members or stockholders?	**6**	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 this Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	**12a**	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	**12c**	Yes	
13	Did the organization have a written whistleblower policy?	**13**	Yes	
14	Did the organization have a written document retention and destruction policy?	**14**	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	**15a**	Yes	
b	Other officers or key employees of the organization	**15b**	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	**16a**	Yes	
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**	Yes	

Section C. Disclosure

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

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

☑ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

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 during the tax year

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

▶ DIANE LINEHAN CFO 245 CABOT STREET BEVERLY, MA (978) 922-0990

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 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 organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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			
1b **Sub-Total** . . . . . ▶										
c **Total from continuation sheets to Part VII, Section A** . . . . ▶										
d **Total (add lines 1b and 1c)** . . . . . ▶								896,551	0	223,488

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 ▶ 5

			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
ABERTHAW CONSTRUCTION 672 SUFFOLK ST HAVERHILL MA 01832	CONSTRUCTION	675,377
WJJ PLANNING & CONSTRUCTION LLC SUITE 200 LOWELL MA 01854	CONSTRUCTION	354,343
SUNDANCE SCREENPRINTERS 20 MAPLEWOOD AVE GLOUCESTER MA 01930	PRINTING	146,034
PRINT RESOURCE 1500 WEST PARK DRIVE WESTBOROUGH MA 01581	PRINTING	120,669

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 ▶ 4

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a 177,218				
	b	Membership dues	1b				
	c	Fundraising events	1c 77,776				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e 3,134,644				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 1,436,709				
	g	Noncash contributions included in lines 1a-1f $	77,776				
	h	**Total.** Add lines 1a-1f	▶	4,826,347			
Program Service Revenue			Business Code				
	2a	PROGRAM FEES	624100	14,288,952	14,288,952		
	b	MEMBERSHIP DUES	900099	11,917,773	11,917,773		
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f	▶	26,206,725			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	▶	405,604			405,604
	4	Income from investment of tax-exempt bond proceeds	▶				
	5	Royalties	▶				
			(i) Real / (ii) Personal				
	6a	Gross rents	397,416				
	b	Less rental expenses	256,371				
	c	Rental income or (loss)	141,045				
	d	Net rental income or (loss)	▶	141,045			141,045
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	437,170				
	b	Less cost or other basis and sales expenses	422,560				
	c	Gain or (loss)	14,610				
	d	Net gain or (loss)	▶	14,610			14,610
	8a	Gross income from fundraising events (not including $ 77,776 of contributions reported on line 1c) See Part IV, line 18	a 737,898				
	b	Less direct expenses	b 286,306				
	c	Net income or (loss) from fundraising events	▶	451,592			451,592
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities	▶				
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less cost of goods sold	b				
	c	Net income or (loss) from sales of inventory	▶				
		Miscellaneous Revenue	Business Code				
	11a	RESIDENCE INCOME	721000	1,492,594	1,492,594		
	b	RESALE INCOME	900099	44,163			44,163
	c	VENDING INCOME	722210	28,671			28,671
	d	All other revenue		59,399	59,399		
	e	**Total.** Add lines 11a–11d	▶	1,624,827			
	12	**Total revenue.** See Instructions	▶	33,670,750	27,758,718	0	1,085,685

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)

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
2 Grants and other assistance to individuals in the United States See Part IV, line 22	2,372,272	2,372,272		
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	969,998	911,798	35,599	22,601
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	15,248,020	14,242,120	646,773	359,127
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	564,813	530,924	20,729	13,160
9 Other employee benefits	1,282,996	1,206,016	47,086	29,894
10 Payroll taxes	1,179,630	1,112,863	41,092	25,675
11 Fees for services (non-employees)				
a Management				
b Legal	24,424	19,899	4,525	
c Accounting	67,608	55,082	12,526	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	15,106	12,307	2,799	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	342,025	278,658	63,367	
12 Advertising and promotion	159,683	101,844	54,680	3,159
13 Office expenses	311,113	234,669	73,541	2,903
14 Information technology				
15 Royalties . .				
16 Occupancy	2,338,483	2,334,533	3,950	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	98,848	62,281	14,371	22,196
20 Interest	697,671	649,242	48,429	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,170,193	2,111,211	41,238	17,744
23 Insurance	269,601	256,581	13,020	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a PROGRAM	1,176,274	1,091,200	33,886	51,188
b BANK AND OTHER FEES	453,636	411,506	42,130	0
c OTHER EXPENSES	415,116	370,645	24,609	19,862
d BAD DEBTS	400,985	244,846		156,139
e All other expenses	764,555	741,860	22,695	
25 **Total functional expenses.** Add lines 1 through 24e	31,323,050	29,352,357	1,247,045	723,648
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		1,128,764	1	1,215,502
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		860,905	3	488,172
	4	Accounts receivable, net		870,678	4	658,119
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net		4,889,978	7	4,513,953
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		442,226	9	383,753
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 65,486,820			
	b	Less accumulated depreciation	10b 20,249,558	44,379,346	10c	45,237,262
	11	Investments—publicly traded securities		5,401,919	11	6,321,440
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets		186,758	14	170,360
	15	Other assets See Part IV, line 11		1,086,256	15	1,144,786
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		59,246,830	16	60,133,347
Liabilities	17	Accounts payable and accrued expenses		1,829,299	17	2,876,503
	18	Grants payable			18	
	19	Deferred revenue		436,535	19	766,546
	20	Tax-exempt bond liabilities		16,679,526	20	13,216,474
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other 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		904,382	23	572,717
	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		291,510	25	526,620
	26	**Total liabilities.** Add lines 17 through 25		20,141,252	26	17,958,860
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		36,034,369	27	38,703,023
	28	Temporarily restricted net assets		1,948,663	28	2,308,234
	29	Permanently restricted net assets		1,122,546	29	1,163,230
		Organizations that do not follow SFAS 117 (ASC 958), 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		39,105,578	33	42,174,487
	34	Total liabilities and net assets/fund balances		59,246,830	34	60,133,347

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	33,670,750
2	Total expenses (must equal Part IX, column (A), line 25)	2	31,323,050
3	Revenue less expenses Subtract line 2 from line 1	3	2,347,700
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	39,105,578
5	Net unrealized gains (losses) on investments	5	666,111
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	55,098
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	42,174,487

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
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 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?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
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	Yes	
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	Yes	

Additional Data

Software ID:
Software Version:
EIN: 04-2104913
Name: YMCA OF THE NORTH SHORE INC

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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			
JENNIFER BURAS SECRETARY CLERK	2 00	X		X				0	0	0
SHEILA BURKE BOARD MEMBER	2 00	X						0	0	0
JM CUNNIFF BOARD MEMBER	2 00	X						0	0	0
THOMAS DAVIS BOARD MEMBER	2 00	X						0	0	0
DON FOURNIER BOARD MEMBER	2 00	X						0	0	0
ROSEMARY FRENCH BOARD MEMBER	2 00	X						0	0	0
PHILIP GLOUDEMANS BOARD MEMBER	2 00	X						0	0	0
JACK GOOD PRESIDENT	2 00	X		X				0	0	0
DAVID GROOM BOARD MEMBER	2 00	X						0	0	0
DAVID HARRISON BOARD MEMBER	2 00	X						0	0	0
BRIAN HINES 2ND VICE PRESIDENT	2 00	X		X				0	0	0
COURTNEY KAGAN BOARD MEMBER	2 00	X						0	0	0
OMAR LONGUS BOARD MEMBER	2 00	X						0	0	0
MAURA MCGRANE BOARD MEMBER	2 00	X						0	0	0
BETSY MERRY BOARD MEMBER	2 00	X						0	0	0
KIM MEADER BOARD MEMBER	2 00	X						0	0	0
JON PARK BOARD MEMBER	2 00	X						0	0	0
RALPH PINO BOARD MEMBER	2 00	X						0	0	0
RICK SETTELMEYER BOARD MEMBER	2 00	X						0	0	0
CAROL TOWNSEND 1ST VICE PRESIDENT	2 00	X		X				0	0	0
KIMBERLY ROCK BOARD MEMBER	2 00	X						0	0	0
NANCY WARNER BOARD MEMBER	2 00	X						0	0	0
JOHN RUSSELL BOARD MEMBER	2 00	X						0	0	0
DAVID YOUNGBLOOD BOARD MEMBER	2 00	X						0	0	0
RICHARD CARLSON TRUSTEE	2 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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			
HERB COLLINS TRUSTEE	2 00	X						0	0	0
CALEB LORING III TRUSTEE	2 00	X						0	0	0
ROBERT LUTTS TRUSTEE	2 00	X						0	0	0
GLEN MACLEOD TRUSTEE	2 00	X						0	0	0
THOMAS ALEXANDER COUNSELOR	2 00	X		X				0	0	0
EVERETT MORSS TRUSTEE	2 00	X						0	0	0
RICHARD WYKE TRUSTEE	2 00	X						0	0	0
GREGG BAZYLEWICZ BOARD MEMBER	2 00	X						0	0	0
SCOTT BEYER BOARD MEMBER	2 00	X						0	0	0
KEVIN BOTTOMLEY BOARD MEMBER	2 00	X						0	0	0
WILLIAM LEAVER TREASURER	2 00	X		X				0	0	0
RALPH EDWARDS BOARD MEMBER	2 00	X						0	0	0
MARY GRANT BOARD MEMEBER	2 00	X						0	0	0
LIZ O'CONNOR BOARD MEMBER	2 00	X						0	0	0
MARY O'NEIL BOARD MEMBER	2 00	X						0	0	0
BRANDON RUGGIERI BOARD MEMBER	2 00	X						0	0	0
DUDLEY MILLER TRUSTEE	2 00	X						0	0	0
HEATON ROBERTSON TRUSTEE	2 00	X						0	0	0
MAUREEN TREFY TRUSTEE	2 00	X						0	0	0
JOHN J MEANY CEO	40 00			X				290,177	0	136,231
CHRISTOPHER LOVASCO COO	40 00			X				171,750	0	30,227
DIANE LINEHAN CFO	40 00			X				153,649	0	22,659
MARGUERITE FRANCIS CHIEF DEVELOPMENT OFFICER	40 00					X		152,017	0	13,288
MEEGAN O'NEIL CHIEF STRATEGY AND MARKETING OFFICER	40 00					X		128,958	0	21,083

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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

2012

Open to Public Inspection

Name of the organization
YMCA OF THE NORTH SHORE INC

Employer identification number
04-2104913

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

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

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

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

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

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

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

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

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

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

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

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

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

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Non-functionally integrated

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 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?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support** (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (see instructions) **12**

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** . . . . . ▶☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2011 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2012.** 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—2011.** If the organization did not check a 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—2012.** 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—2011.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	5,215,767	4,802,655	4,705,463	5,401,753	4,826,347	24,951,985
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	16,695,658	22,008,308	23,244,554	24,679,369	26,206,725	112,834,614
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5	21,911,425	26,810,963	27,950,017	30,081,122	31,033,072	137,786,599
7a Amounts included on lines 1, 2, and 3 received from disqualified persons		36,511	34,900	215,374	201,082	487,867
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						0
c Add lines 7a and 7b		36,511	34,900	215,374	201,082	487,867
8 **Public support** (Subtract line 7c from line 6)						137,298,732

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6	21,911,425	26,810,963	27,950,017	30,081,122	31,033,072	137,786,599
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,200,378	643,051	695,540	681,252	803,020	4,023,241
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	1,200,378	643,051	695,540	681,252	803,020	4,023,241
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	909,762	1,359,747	1,193,152	2,183,814	1,624,827	7,271,302
13 **Total support.** (Add lines 9, 10c, 11, and 12)	24,021,565	28,813,761	29,838,709	32,946,188	33,460,919	149,081,142

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 2012 (line 8, column (f) divided by line 13, column (f))	15	92 100 %
16	Public support percentage from 2011 Schedule A, Part III, line 15	16	91 940 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2012** (line 10c, column (f) divided by line 13, column (f))	17	2 700 %
18	Investment income percentage from **2011** Schedule A, Part III, line 17	18	3 430 %

19a **33 1/3% support tests—2012.** 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—2011.** 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.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
YMCA OF THE NORTH SHORE INC

Employer identification number
04-2104913

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 can 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 education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 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, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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 section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, 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 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), 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 (ASC 958) 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 acquisition, 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 XIII

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 XIII 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 XIII Check here if the explanation has been provided in Part XIII . . . . . ☐

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

		(a) Current year	(b) Prior year	b (c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	5,400,606	5,606,006	5,388,697	4,569,737	6,383,827
b	Contributions	208,307	182,994	-92,174	237,676	214,589
c	Net investment earnings, gains, and losses	862,222	-203,704	477,486	874,715	-1,648,694
d	Grants or scholarships					
e	Other expenditures for facilities and programs	135,028	184,890	176,719	253,909	
f	Administrative expenses	14,667	5,400,406	-8,716	39,522	
g	End of year balance	6,321,440		5,606,006	5,388,697	4,949,722

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ▶ 69 020 %
- b Permanent endowment ▶ 6 440 %
- c Temporarily restricted endowment ▶ 24 540 %

The percentages in lines 2a, 2b, and 2c should equal 100%

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		

4 Describe in Part XIII 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		3,733,243		3,733,243
b Buildings		54,991,892	17,449,278	37,542,614
c Leasehold improvements				
d Equipment		4,494,769	2,800,280	1,694,489
e Other		2,266,916		2,266,916
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				45,237,262

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) must 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) must 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
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

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

1 (a) Description of liability	(b) Book value
Federal income taxes	
CAPITAL LEASE OBLIGATION	523,135
TENANT SECURITY DEPOSITS	3,485
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	526,620

2. Fin 48 (ASC 740) Footnote In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☑

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

1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
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 XIII)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	

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

1	Total expenses and losses per audited financial statements			1	
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 XIII)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
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 XIII)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	

Part XIII 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, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	THE FUNDS ARE FOR THE OPERATIONS OF THE ORGANIZATION
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X, LINE 2	THE ORGANIZATION FOLLOWS FASB ASC 740, "INCOME TAXES", WHICH CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES BY PRESCRIBING THE RECOGNITION THRESHOLD A TAX POSITION IS REQUIRED TO MEET BEFORE BEING RECOGNIZED IN THE FINANCIAL STATEMENTS IT ALSO PROVIDES GUIDANCE ON DERECOGNITION, CLASSIFICATION,INTEREST AND PENALTIES, ACCOUNTING IN INTERIM PERIODS, DISCLOSURE, AND TRANSITION MANAGEMENT BELIEVES THAT THE ORGANIZATION HAS NO MATERIAL UNCERTAINTIES IN INCOME TAXES THE ORGANIZATION IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE U S FEDERAL, STATE, OR LOCAL TAX AUTHORITIES FOR THE YEARS BEFORE 2009

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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. Form 990-EZ filers are not required to complete this part.

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
YMCA OF THE NORTH SHORE INC

Employer identification number
04-2104913

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 email 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

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
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 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 AUCTION (event type)	(b) Event #2 NSY ROAD RACE SERIES (event type)	(c) Other events 17 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	460,506	175,450	179,718	815,674
	2 Less Contributions	77,776			77,776
	3 Gross income (line 1 minus line 2)	382,730	175,450	179,718	737,898
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	5,539	2,818	7,000	15,357
	6 Rent/facility costs	78,721		41,868	120,589
	7 Food and beverages		4,940		4,940
	8 Entertainment	6,524	276		6,800
	9 Other direct expenses	18,832	84,274	35,514	138,620
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(286,306)
	11 Net income summary Combine line 3, column (d), and line 10 ▶				451,592

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

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

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

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

b If "No," explain _____

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

b If "Yes," explain _____

Does the organization operate gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

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

13 Indicate the percentage of gaming activity operated in

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

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

Name ▶ .....

Address ▶ .....

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

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

c If "Yes," enter name and address of the third party

Name ▶ .....

Address ▶ .....

16 Gaming manager information

Name ▶ .....

Gaming manager compensation ▶ $ .....

Description of services provided ▶ .....

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

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

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

Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Identifier	Return Reference	Explanation

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
YMCA OF THE NORTH SHORE INC

Employer identification number
04-2104913

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. Part II can be duplicated if additional space is needed.

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

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

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

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated 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
See Additional Data Table					

Part IV **Supplemental Information.**

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Identifier	Return Reference	Explanation
SCHEDULE I, PART I, LINE 2		THE YMCA OFFERS FINANCIAL ASSISTANCE BASED ON FAMILY HOUSEHOLD INCOME, ENSURING THAT HELP IS OFFERED WHERE MOST NEEDED THIS INCLUDES COLLECTING PAYSTUB INFORMATION, HOURS WORKED AND OTHER DOCUMENTATION TO VERIFY LEGAL RESIDENCE

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 04-2104913
Name: YMCA OF THE NORTH SHORE INC

Form 990, Schedule I, Part III, Grants and Other Assistance to Individuals in the United States

(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
SCHOLARSHIPS-ADULTS PROGRAM	610	224,580			
SCHOLARSHIPS-CAMP PROGRAM	690	183,628			
SCHOLARSHIPS-OLDER ADULTS	0	0			
SCHOLARSHIPS-ONE ADULT FAMILY PROGRAMS	680	280,654			
SCHOLARSHIPS-TEEN PROGRAMS	22	8,473			
SCHOLARSHIPS-TWO ADULT FAMILY PROGRAMS	114	48,384			
SCHOLARSHIPS-TWO ADULT FAM W/CHILDREN	423	201,389			
SCHOLARSHIPS-YOUTH PROGRAM	3545	1,425,164			

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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

2012

Open to Public Inspection

Name of the organization
YMCA OF THE NORTH SHORE INC

Employer identification number
04-2104913

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 or provision of all of 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 filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III ☑ 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**	Yes	
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**	Yes	
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 Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

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

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

(A) Name and Title		(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 as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1)JOHN J MEANY CEO	(i)	254,410	30,875	4,892	124,324	11,907	426,408	0
	(ii)	0	0	0	0	0	0	0
(2)CHRISTOPHER LOVASCO COO	(i)	161,167	10,000	583	13,741	16,486	201,977	0
	(ii)	0	0	0	0	0	0	0
(3)DIANE LINEHAN CFO	(i)	144,949	7,500	1,200	12,359	10,300	176,308	0
	(ii)	0	0	0	0	0	0	0
(4)MARGUERITE FRANCIS CHIEF DEVELOPMENT OFFICER	(i)	143,437	7,500	1,080	12,230	1,058	165,305	0
	(ii)	0	0	0	0	0	0	0
(5)MEEGAN O'NEIL CHIEF STRATEGY AND MARKETING OFFICER	(i)	126,380	1,500	1,078	10,783	10,300	150,041	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II
Also complete this part for any additional information

Identifier	Return Reference	Explanation
	PART I, LINE 4B	PROVIDED THAT THE CEO REMAINS EMPLOYED WITH THE ORGANIZATION AS OF 1/18/15, HE WILL RECEIVE PAYMENT FROM A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN ESTABLISHED FOR HIS BENEFIT
	PART I, LINE 7	BONUS PAYMENTS ARE PERFORMANCE BASED AND AT THE DISCRETION OF THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS AND MANAGEMENT

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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 Part VI.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
YMCA OF THE NORTH SHORE INC

Employer identification number
04-2104913

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	MASSDEVELOPMENT FINANCE AGENCY	04-3431814		08-05-2009	21,500,000	REFUND PRIOR ISSUE 2002 AND 2009	X			X		X
B	MASSDEVELOPMENT FINANCE AGENCY	04-3431814		02-29-2012	5,000,000	SEPERATE PRIOR 2009 ISSUE INTO SERIES A & B		X		X		X
C	MASSDEVELOPMENT FINANCE AGENCY	04-3431814		02-29-2012	11,626,039	SEPERATE PRIOR 2009 ISSUE INTO SERIES A & B		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired				
2	Amount of bonds legally defeased				
3	Total proceeds of issue				
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows	16,626,039			
7	Issuance costs from proceeds				
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds				
11	Other spent proceeds				
12	Other unspent proceeds				
13	Year of substantial completion				

		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 of bond-financed property?	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?								
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 ▶	0%		%		%		%	
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 ▶	0 00000%		%		%		%	
6	Total of lines 4 and 5	0%		%		%		%	
7	Does the bond issue meet the private security or payment test?		X						
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of	%		%		%		%	
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?		X						

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T?		X						
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X						
b	Exception to rebate?	X							
c	No rebate due?		X						
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X							
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was a hedge terminated?								

Part IV Arbitrage *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (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?								
6	Were any gross proceeds invested beyond an available temporary period?		X						
7	Has the organization established written procedures to monitor the requirements of section 148?		X						

Part V Procedures To Undertake Corrective Action

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has 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?								

Part VI Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K (see instructions).

Identifier	Return Reference	Explanation

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
YMCA OF THE NORTH SHORE INC

Employer identification number
04-2104913

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded				
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (AUCTION ITEMS)	X	206	77,776	FMV
26	Other ▶( )				
27	Other ▶( )				
28	Other ▶ ( )				

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

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

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
METHOD FOR DETERMINING NUMBER OF CONTRIBUTORS	PART I, COLUMN (B)	THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS RECEIVED

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
YMCA OF THE NORTH SHORE INC

Employer identification number
04-2104913

Identifier	Return Reference	Explanation
ORGANIZATION MISSION STATEMENT	FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION	THE YMCA OF THE NORTH SHORE IS COMMITTED TO EDUCATION, YOUTH DEVELOPMENT, HEALTHY LIVING AND SOCIAL RESPONSIBILITY AND THE VALUES OF CARING, HONESTY, RESPECT AND RESPONSIBILITY OUR YMCA PROVIDES ALL CHILDREN, ADULTS AND FAMILIES, REGARDLESS OF INCOME, WITH OPPORTUNITIES TO DEVELOP A HEALTHY SPIRIT, MIND AND BODY OUR STRATEGIC GOALS INCLUDE BUILDING DEVELOPMENT ASSETS IN YOUTH, FOSTERING DIVERSE LEADERSHIP AT ALL LEVELS, WELCOMING EVERYONE REGARDLESS OF INCOME, BUILDING AND MAINTAINING STRONG FACILITIES, PROVIDING QUALITY CHILDCARE PROGRAMS, DEVELOPING CHILDHOOD AND ADULT OBESITY PROGRAMS AND EXPANDING AFFORDABLE HOUSING PROGRAMS OUR 2345 MEMBER EMPLOYEE TEAM AND 3,200 MEMBER VOLUNTEER TEAM ARE COMMITTED TO SERVING ALL IN OUR COMMUNITIES THIS COMMITMENT CAN BE SEEN IN THE HIGH QUALITY OF SERVICE WE PROVIDE AND OUR STRONG FINANCIAL ASSISTANCE PROGRAM, IN WHICH OVER $2,200,000 WAS DISTRIBUTED TO OVER 5,000 CHILDREN, ADULTS AND FAMILIES WHO WERE UNABLE TO PAY FOR Y MEMBERSHIP AND PROGRAMS
	FORM 990, PART VI, SECTION A, LINE 6	THIS IS BASED ON ARTICLE IV OF THE CONSTITUTION AND BYLAWS OF THE ORGANIZATION, NOT LESS THAN SIXTEEN AND NOT MORE THAN 36 VOTING MEMBERS, BASED IN REPRESENTATIVE DIRECTORS AND AT-LARGE DIRECTORS MEMBERS SHALL HAVE AND EXERCISE ALL POWERS NECESSARY TO CONTROL THE PROGRAMMING AND PERSONNEL OF THE NORTH SHORE YMCA IN ANY OF ITS DETAILS IN ACCORDANCE WITH THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS THE MANAGEMENT OF THE NORTH SHORE YMCA ("NSY") SHALL BE VESTED IN A BOARD OF DIRECTORS OF NOT LESS THAN SIXTEEN NOT MORE THAN THIRTY-SIX MEMBERS DIRECTORS SHALL BE EIGHTEEN YEARS OF AGE OR OLDER AND SHALL SUBSCRIBE TO THE NSY STATEMENT OF PURPOSE CONTAINED IN ARTICLE 1, SECTION 2 ELECTION OF MEMBERS SHALL BE BY TWO PROCEDURES REPRESENTATIVE DIRECTORS DESIGNATED BY LOCAL BOARD OF DIRECTORS AND AT-LARGE DIRECTORS ELECTED ANUALLY BY VOTE OF THE QUALIFIED MEMBERS OF THE NSY REPRESENTATIVE DIRECTORS AND AT-LARGE DIRECTORS SHALL HAVE THE SAME RIGHTS, DUTIES AND OBLIGATIONS, EXCEPT AS STATED IN THE BY-LAWS
	FORM 990, PART VI, SECTION A, LINE 7A	EACH LOCAL BOARD OF DIRECTORS SHALL ELECT ONE MEMBER TO SIT ON THE BOARD OF DIRECTORS ELECTION OF SAID REPRESENTATIVE DIRECTORS SHALL BE CONDUCTED IN THE TIME AND MANNER SPECIFIED IN THE WRITTEN POLICY OF EACH LOCAL BOARD OF DIRECTORS THE NSY SHALL CONDUCT ANNUAL ELECTIONS TO ELECT THE AT-LARGE DIRECTORS WHO SHALL SERVE UNTIL THE FOLLOWING ANNUAL ELECTION
	FORM 990, PART VI, SECTION B, LINE 11	THE FORM 990 IS REVIEWED BY THE BOARD TREASURER/CHAIRMAN OF THE FINANCE COMMITTEE, CHAIRMAN OF THE AUDIT COMMITTEE, CFO AND CEO, PRIOR TO FILING FINAL ELECTRONICALLY WITH THE IRS THIS REVIEW INCLUDED CHANGES IN THE FORM 990 COMPARED TO LAST YEAR AND VERIFICATION OF ACCURACY IN STATEMENTS AND MISSION OF THE ORGANIZATION IN ADDITION, A COPY OF FORM 990 IS REVIEWED AND ELECTRONICALLY COMMUNICATED TO THE ENTIRE BOARD PRIOR TO FILING
	FORM 990, PART VI, SECTION B, LINE 12C	AN INTERESTED PARTY IS UNDER A CONTINUING OBLIGATION TO DISCLOSE ANY POTENTIAL CONFLICT OF INTEREST AS SOON AS IT IS KNOWN OR REASONABLY SHOULD BE KNOWN AN INTERESTED PARTY SHALL COMPLETE THE QUESTIONNAIRE FULLY AND COMPLETELY DISCLOSE THE MATERIAL FACTS ABOUT ANY POTENTIAL CONFLICTS OF INTEREST THE DISCLOSURE STATEMENT AND AFFIRMATION OF THE COMPLIANCE SHALL BE SUBMITTED UPON HIS/HER ASSOCIATION WITH THE YMCA OF THE NORTH SHORE, AND SHALL BE FILED WHENEVER A POTENTIAL CONFLICT ARISES
	FORM 990, PART VI, SECTION B, LINE 15	THE CEO'S COMPENSATION IS REVIEWED ANNUALLY BY THE COMPENSATION COMMITTE, A SUB-COMMITTEE OF THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS THIS OCCURS DURING THE EVALUATION PROCESS THIS PROCESS WAS LAST COMPLETED IN MAY 2012 THE COMPENSATION OF THE CFO IS REVIEWED ANNUALLY BY THE CEO DURING THE EVALUATION PROCESS THIS WAS LAST COMPLETED IN DECEMBER 2012
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, FORM 990 AND AUDITED FINANCIAL STATEMENTS AVAILABLE THROUGH THE ORGANIZATION'S WEBSITE AND UPON REQUEST THE FORM 990 IS ALSO MADE AVAILABLE VIA THE MASSACHUSETTS ATTORNEY GENERAL'S WEBSITE AND GUIDESTAR WEBSITE
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 9	CHANCE IN CASH SURRENDER VALUE 84,330 CHANGE IN BENEFICIAL INTEREST IN PERP TRUST 40,684 UNREALIZED LOSS ON INVESTMENT IN AFFILIATES -69,916

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
YMCA OF THE NORTH SHORE INC

Employer identification number
04-2104913

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1) YNS AFFORDABLE HOUSING INC 245 CABOT BEVERLY, MA 01915 27-4406835	LOW INCOME HOUSING	MA	501 (C)(3)	LINE 9	N/A	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) CABOT ESSEX AFFODABLE HOUSING LP 245 CABOT ST BEVERLY, MA 01915 04-3335293	LOW INCOME HOUSING	MA	CABOT AFFORDABLE HOUSING INC	RELATED	-45	-222		No			No	79 000 %
(2) CABOT STREET HOMES LP 248 CABOT ST BEVERLY, MA 01915 26-3751123	LOW INCOME HOUSING	MA	N/A	RELATED	-4	-29,789		No			No	0 300 %
(3) CABOT AFFORDABLE HOUSING LP 245 CABOT STREET BEVERLY, MA 01915 04-3332590	LOW INCOME HOUSING	MA	N/A	RELATED	-454,261	-222		No			No	0 010 %
(4) WINTER STREET HOUSING LP 81 WINTER STREET HAVERHILL, MA 01830 20-1677719	LOW INCOME HOUSING	MA	N/A	RELATED	-15	-113		No			No	0 010 %
(5) POWDER HOUSE VILLAGE LP 112 COUNTY ROAD IPSWICH, MA 01938 27-0195040	LOW INCOME HOUSING	MA	N/A	RELATED	-15	-113		No			No	0 010 %
(6) HOLCROFT PARK HOMES ONE LP 102 LAFAYETTE ST SALEM, MA 01970 27-3773984	LOW INCOME HOUSING	MA		RELATED				No			No	0 490 %
(7) HOLCROFT PARK HOMES TWOLP 102 LAFAYETTE ST SALEM, MA 01970 26-4724156	LOW INCOME HOUSING	MA		RELATED				No			No	0 490 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) 67 MIDDLE STREET INC 67 MIDDLE STREET GLOUCESTER, MA 01930 04-3183108	PROVISION OF LOW INCOME HOUSING	MA	N/A	C	-17	189,129	100 000 %		No
(2) CABOT AFFORDABLE HOUSING INC 245 CABOT STREET BEVERLY, MA 01915 04-3332593	PROVISION OF LOW INCOME HOUSING	MA	N/A	C	-43	-177	100 000 %		No
(3) WINTER STREET HOUSING INC 81 WINTER STREET HAVERHILL, MA 01830 20-1677719	PROVISION OF LOW INCOME HOUSING	MA	N/A	C	16	-98	100 000 %		No
(4) POWDER HOUSE VILLAGE GP INC 245 CABOT STREET BEVERLY, MA 01915 27-0195040	PROVISION OF LOW INCOME HOUSING	MA	N/A	C	-11	-10	100 000 %		No
(5) HOLCROFT PARK HOMES ONE GP INC 102 LAFEYETTE STREET SALEM, MA 01970 27-3755656	PROVISION OF LOW INCOME HOUSING	MA	N/A	C			49 000 %		No
(6) HOLCROFT PARK HOMES TWO GP INC 102 LAFEYETTE STREET SALEM, MA 01970 45-4420055	PROVISION OF LOW INCOME HOUSING	MA		C			51 000 %		No
(7) CABOT STREET HOMES GP INC 102 LAFEYETTE STREET SALEM, MA 01970 26-3750951	PROVISION OF LOW INCOME HOUSING	MA		C	-4	-29,789	0 300 %		No

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

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	Yes	
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	1o		No
p Reimbursement paid to related organization(s) for expenses	1p		No
q Reimbursement paid by related organization(s) for expenses	1q	Yes	
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1s		No

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

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
See Additional Data Table			

Part VI **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

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

Identifier	Return Reference	Explanation

Additional Data Return to Form

Software ID:
Software Version:
EIN: 04-2104913
Name: YMCA OF THE NORTH SHORE INC

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount on Box 20 of K-1	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
CABOT ESSEX AFFODABLE HOUSING LP 245 CABOT ST BEVERLY, MA 01915 04-3335293	LOW INCOME HOUSING	MA	CABOT AFFORDABLE HOUSING INC	RELATED	-45	-222		No			No	79 000 %
CABOT STREET HOMES LP 248 CABOT ST BEVERLY, MA 01915 26-3751123	LOW INCOME HOUSING	MA	N/A	RELATED	-4	-29,789		No			No	0 300 %
CABOT AFFORDABLE HOUSING LP 245 CABOT STREET BEVERLY, MA 01915 04-3332590	LOW INCOME HOUSING	MA	N/A	RELATED	-454,261	-222		No			No	0 010 %
WINTER STREET HOUSING LP 81 WINTER STREET HAVERHILL, MA 01830 20-1677719	LOW INCOME HOUSING	MA	N/A	RELATED	-15	-113		No			No	0 010 %
POWDER HOUSE VILLAGE LP 112 COUNTY ROAD IPSWICH, MA 01938 27-0195040	LOW INCOME HOUSING	MA	N/A	RELATED	-15	-113		No			No	0 010 %
HOLCROFT PARK HOMES ONE LP 102 LAFAYETTE ST SALEM, MA 01970 27-3773984	LOW INCOME HOUSING	MA		RELATED				No			No	0 490 %
HOLCROFT PARK HOMES TWO LP 102 LAFAYETTE ST SALEM, MA 01970 26-4724156	LOW INCOME HOUSING	MA		RELATED				No			No	0 490 %

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
67 MIDDLE STREET INC 67 MIDDLE STREET GLOUCESTER, MA 01930 04-3183108	PROVISION OF LOW INCOME HOUSING	MA	N/A	C	-17	189,129	100 000 %		No
CABOT AFFORDABLE HOUSING INC 245 CABOT STREET BEVERLY, MA 01915 04-3332593	PROVISION OF LOW INCOME HOUSING	MA	N/A	C	-43	-177	100 000 %		No
WINTER STREET HOUSING INC 81 WINTER STREET HAVERHILL, MA 01830 20-1677719	PROVISION OF LOW INCOME HOUSING	MA	N/A	C	16	-98	100 000 %		No
POWDER HOUSE VILLAGE GP INC 245 CABOT STREET BEVERLY, MA 01915 27-0195040	PROVISION OF LOW INCOME HOUSING	MA	N/A	C	-11	-10	100 000 %		No
HOLCROFT PARK HOMES ONE GP INC 102 LAFEYETTE STREET SALEM, MA 01970 27-3755656	PROVISION OF LOW INCOME HOUSING	MA	N/A	C			49 000 %		No
HOLCROFT PARK HOMES TWO GP INC 102 LAFEYETTE STREET SALEM, MA 01970 45-4420055	PROVISION OF LOW INCOME HOUSING	MA		C			51 000 %		No
CABOT STREET HOMES GP INC 102 LAFEYETTE STREET SALEM, MA 01970 26-3750951	PROVISION OF LOW INCOME HOUSING	MA		C	-4	-29,789	0 300 %		No

--> **Form 990, Schedule R, Part V - Transactions With Related Organizations**

(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
CABOT AFFORDABLE HOUSING LP	L	13,062	FAIR MARKET VALUE OF SERVICES PRO
HISTORIC HAVERHILL INC	J	6,966	FAIR MARKET VALUE AT TIME OF LEAS
POWDER HOUSE VILLAGE LP	L	26,991	FAIR MARKET VALUE
WINTER STREET HOUSING	L	25,025	FAIR MARKET VALUE OF SERVICES PRO
YNS AFFORDABLE HOUSING	L	18,046	FAIR MARKET VALUE OF SERVICES PRO
HOLCROFT PARK HOMES ONE LP	L	337,640	FAIR MARKET VALUE OF SERVICES PRO
HOLCROFT PARK HOMES TWO LP	L	267,324	COMPLETION PERCENTAGE OF SERVICES
CABOT STREET HOMES LP	L	11,884	FAIR MARKET VALUE OF SERVICES PRO
CABOT AFFORDABLE HOUSING LP	Q	125,167	REIMBURSEMENT OF COSTS INCURRED
WINTER STREET HOUSING	Q	121,064	REIMBURSEMENT OF COSTS INCURRED
YNS AFFORDABLE HOUSING	Q	86,612	REIMBURSEMENT OF COSTS INCURRED
POWDER HOUSE VILLAGE LP	Q	93,570	REIMBURSEMENT OF COSTS INCURRED
HOLCROFT PARK HOMES ONE LP	Q	56,280	REIMBURSEMENT OF COSTS INCURRED
CABOT STREET HOMES LP	Q	62,400	REIMBURSEMENT OF COSTS INCURRED