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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: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization VALLEY SHORE YMCA		D Employer identification number 06-0646979	
	Doing Business As		E Telephone number (860) 399-9622	
	Number and street (or P O box if mail is not delivered to street address) PO BOX 694	Room/suite		
	City or town, state or country, and ZIP + 4 WESTBROOK, CT 06498			G Gross receipts \$ 2,946,476
F Name and address of principal officer CHRIS PALLATTO CEO C/O VALLEY SHORE YMCA WESTBROOK, CT 06498		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶		
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
J Website: ▶ WWW.VSYMCA.ORG				
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation 1917	M State of legal domicile CT

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities YOUTH DEVELOPMENT OUR YMCA IS COMMITTED TO NURTURING THE POTENTIAL OF EVERY CHILD AND TEEN WE BELIEVE THAT ALL KIDS DESERVE THE OPPORTUNITY TO DISCOVER WHO THEY ARE AND WHAT THEY CAN ACHIEVE THAT'S WHY WE HELP YOUNG PEOPLE CULTIVATE THE VALUES, SKILLS, AND RELATIONSHIPS THAT LEAD TO POSITIVE BEHAVIORS, BETTER HEALTH, AND EDUCATIONAL ACHIEVEMENT OUR YMCA PROGRAMS, SUCH AS BEFORE AND AFTER SCHOOL CARE, SUMMER CAMP, YOUTH ENRICHMENT, AND SUMMER OF SERVICE OFFER A RANGE OF EXPERIENCES THAT ENRICH COGNITIVE, SOCIAL, PHYSICAL, AND EMOTIONAL GROWTH EXPENSES INCLUDE SUBSIDIES AND DIRECT FINANCIAL ASSISTANCE THAT MAKE PARTICIPATION POSSIBLE FOR MANY OF THE YOUNG PEOPLE WE ENGAGE FOR ADDITIONAL DETAILS REGARDING THESE CRITICAL PROGRAMS AND THEIR IMPACT, SEE PART III 4B HEALTHY LIVING THE Y IS A LEADING VOICE ON HEALTH AND WELL-BEING WE BRING FAMILIES CLOSER TOGETHER, EN-COURAGE GOOD HEALTH, AND FOSTER CONNECTIONS THROUGH FITNESS, SPORTS, FUN, AND SHARED INTERESTS AS A RESULT, 14,000 PEOP			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets			
	3	Number of voting members of the governing body (Part VI, line 1a)	29	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	27	
	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	190	
	6	Total number of volunteers (estimate if necessary)	73	
7a	Total unrelated business revenue from Part VIII, column (C), line 12	0		
7b	Net unrelated business taxable income from Form 990-T, line 34			
Revenue			Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	218,317	202,434
	9	Program service revenue (Part VIII, line 2g)	2,653,395	2,663,373
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,630	864
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	16,075	58,372
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,889,417	2,925,043
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0
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)	1,609,584	1,594,148
16a		Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b		Total fundraising expenses (Part IX, column (D), line 25) ▶ 132,963		
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,424,464	1,661,486
18		Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	3,034,048	3,255,634
19	Revenue less expenses Subtract line 18 from line 12	-144,631	-330,591	
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	3,945,359	3,612,924
	21	Total liabilities (Part X, line 26)	2,051,103	2,049,259
22	Net assets or fund balances Subtract line 21 from line 20	1,894,256	1,563,665	

Part II Signature Block

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

Sign Here	***** Signature of officer	2013-10-29 Date
	CHRIS PALLATTO CEO Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name CHRISTOPHER B CONLEY	Preparer's signature	Date 2013-11-06	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶ GUILMARTIN DIPIRO & SOKOLOWSKI LLC			Firm's EIN ▶	
	Firm's address ▶ 505 MAIN ST MIDDLETOWN, CT 064572809			Phone no (860) 347-5689	

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission
YOUTH DEVELOPMENT OUR YMCA IS COMMITTED TO NURTURING THE POTENTIAL OF EVERY CHILD AND TEEN WE BELIEVE THAT ALL KIDS DESERVE THE OPPORTUNITY TO DISCOVER WHO THEY ARE AND WHAT THEY CAN ACHIEVE THAT'S WHY WE HELP YOUNG PEOPLE CULTIVATE THE VALUES, SKILLS, AND RELATIONSHIPS THAT LEAD TO POSITIVE BEHAVIORS, BETTER HEALTH, AND EDUCATIONAL ACHIEVEMENT OUR YMCA PROGRAMS, SUCH AS BEFORE AND AFTER SCHOOL CARE, SUMMER CAMP, YOUTH ENRICHMENT, AND SUMMER OF SERVICE OFFER A RANGE OF EXPERIENCES THAT ENRICH COGNITIVE, SOCIAL, PHYSICAL, AND EMOTIONAL GROWTH EXPENSES INCLUDE SUBSIDIES AND DIRECT FINANCIAL ASSISTANCE THAT MAKE PARTICIPATION POSSIBLE FOR MANY OF THE YOUNG PEOPLE WE ENGAGE FOR ADDITIONAL DETAILS REGARDING THESE CRITICAL PROGRAMS AND THEIR IMPACT, SEE PART III 4B HEALTHY LIVING THE Y IS A LEADING VOICE ON HEALTH AND WELL-BEING WE BRING FAMILIES CLOSER TOGETHER, EN-COURAGE GOOD HEALTH, AND FOSTER CONNECTIONS THROUGH FITNESS, SPORTS, FUN, AND SHARED INTERESTS AS A RESULT, 14,000 PEOP

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

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

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 \$ 1,963,131 including grants of \$) (Revenue \$ 1,807,910)
HEALTHY LIVING (SEE SCHEDULE O) PART III, 4A - HEALTHY LIVING OUR ACTIVE OLDER ADULT CLASSES PROVIDE OPPORTUNITIES FOR THE 30% OF OUR SENIOR MEMBERS TO SOCIALIZE, IMPROVE THEIR PHYSICAL FITNESS TO BE ABLE TO LEAD MORE ACTIVE AND PRODUCTIVE LIVES IN RETIREMENT, INCLUDING PERFORMING ROUTINE HOUSEHOLD ACTIVITIES, TRAVEL, PURSUE HOBBIES, AND ACTIVELY ENGAGE WITH FAMILY, PARTICULARLY GRANDCHILDREN WE OFFER SPECIALLY DESIGNED WATER AND LAND BASED ACTIVITIES FOR ALL OF OUR DIFFERENT MEMBER POPULATIONS 80% OF AMERICANS ARE CONSIDERED "HEALTH SEEKERS," INDIVIDUALS WHO STRUGGLE TO MAKE HEALTH AND WELLNESS A PRIORITY AND REGULAR PART OF THEIR DAILY ACTIVITIES WE PROVIDE THE SUPPORT AND ENVIRONMENT NEEDED TO HELP MEMBERS DEVELOP ROUTINES, SUPPORT NETWORKS, AND PROPER ACTIVITY LEVELS TO IMPROVE THEIR OVERALL HEALTH WE PROVIDE A VARIETY OF CLASSES, SPORTS LEAGUES, INSTRUCTION, AND WELLNESS ACTIVITIES, INCLUDING SWIMMING, TO ENSURE THAT MEMBERS CAN MAINTAIN AN EFFECTIVE LIFESTYLE WE TAKE SPECIAL PRIDE THE EFFORT WE PUT FORTH TO HELP MEMBERS BUILD RELATIONSHIPS THAT MOTIVATE THEM TO COME TO THE YMCA WE BELIEVE THAT LIFELONG WELLNESS STARTS WITH LEARNING TO LOVE PHYSICAL ACTIVITIES OF ALL SORTS FROM AN EARLY AGE FOR THIS REASON, WE OFFER A WIDE RANGE OF ACTIVITIES TO ENGAGE THE BODIES OF CHILDREN OF ALL AGES WE OFFER SWIM LESSONS AND COMPETITIVE SWIMMING, YOUTH SPORTS INSTRUCTION (SOCCER, BASKETBALL, T-BALL, RUNNING, AND MORE), AND RECREATIONAL PLAY AT OUR YMCA AND AT VARIOUS LOCATIONS IN THE TOWNS WE SERVE


















4b (Code) (Expenses \$ 860,351 including grants of \$) (Revenue \$ 774,818)
YOUTH DEVELOPMENT (SEE SCHEDULE O) PART III, 4B - YOUTH DEVELOPMENT OUR BEFORE AND AFTER SCHOOL PROGRAMS PROVIDE 250 OF CHILDREN IN SIX TOWNS WITH OPPORTUNITIES TO PLAY, SOCIALIZE AND LEARN WITH THEIR CLASSMATES IN A SAFE AND FUN ENVIRONMENT, WHICH ENABLES PARENTS TO WORK WITH PEACE OF MIND THAT THEIR CHILDREN ARE WELL CARED FOR WE WORK CLOSELY WITH OUR SCHOOL ADMINISTRATORS TO ENSURE THAT OUR STAFF ARE SUPPORTING THE NEEDS OF THE SCHOOLS THROUGH HOMEWORK ASSISTANCE AND STRUCTURED CURRICULUM-BASED ACTIVITIES WE OFFER FINANCIAL ASSISTANCE TO ENSURE THAT ALL FAMILIES CAN PARTICIPATE, REGARDLESS OF THEIR ABILITY TO PAY 40 PARTICIPANTS RECEIVED 7,000 IN FINANCIAL AID IN 2012 THE YMCA BELIEVES THAT CAMPING SIGNIFICANTLY CONTRIBUTES TO THE HEALTHY GROWTH OF CHILDREN BY TEACHING THEM INDEPENDENCE, DECISION-MAKING, CREATIVITY AND IMPORTANT SOCIAL SKILLS DAY CAMP HAS BECOME A PRIMARY SOURCE OF CHILDCARE FOR WORKING FAMILIES DURING THE SUMMER IN 2012, WE PROVIDED 11,000 IN SCHOLARSHIPS AND SERVED MORE THAN 350 FAMILIES THE HOURS BETWEEN AFTER SCHOOL AND DINNER TIME ARE CONSIDERED TO BE "THE DANGER ZONE" IN WHICH BORED, UNSUPERVISED CHILDREN ENGAGE IN THE MOST RISKY BEHAVIORS WHILE THEIR PARENTS ARE AT WORK OUR YOUTH ENRICHMENT PROGRAM PROVIDES CHILDREN AN OPPORTUNITY TO PARTICIPATE IN ACTIVITIES THAT APPEAL TO A WIDE RANGE OF INTERESTS, SUCH AS ARCHERY, COOKING, OR VARIOUS SPORTS IN 2012, MORE THAN 350 CHILDREN PARTICIPATED SUMMER OF SERVICE PROVIDES TEENS WITH AN OPPORTUNITY TO LEARN HOW TO PREPARE FOR THE WORKFORCE TEENS LEARN IMPORTANT SKILLS SUCH AS COMPLETING JOB APPLICATIONS, ANSWERING INTERVIEW QUESTIONS, PROPER DRESS AND BODY LANGUAGE, AND MORE ADDITIONALLY, WE PARTNER WITH LOCAL BUSINESSES TO GIVE PARTICIPANTS TOURS OF THEIR BUSINESS AND ADVICE AROUND CAREER DEVELOPMENT DROWNING IS THE SECOND LEADING CAUSE OF DEATH IN CHILDREN WE ARE COMMITTED TO ENSURING THAT THE KIDS WHO LIVE IN OUR SHORELINE COMMUNITIES HAVE THE BASIC SAFETY AND SWIM SKILLS TO BE SAFE AROUND AND IN THE WATER OUR FIT KIDS LEARN TO SWIM PROGRAM TEACHES EVERY FIRST GRADER IN WESTBROOK HOW TO SWIM FOR FREE

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

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

4e Total program service expenses 2,823,482

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> 	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?		No
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		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? <i>If "Yes," complete Schedule C, Part II</i>		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? <i>If "Yes," complete Schedule C, Part III</i>		No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> 		No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> 		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> 		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? <i>If "Yes," complete Schedule D, Part IV</i> 		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> 		No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> 	Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> 		No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> 		No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> 		No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> 		No
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> 	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> 	Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> 		No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions)</i> 		No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> 	Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> 		No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

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? <i>If "Yes," complete Schedule I, Parts I and II</i>	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? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
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? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	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? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		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? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 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.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	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.		
2b	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).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		No
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.		
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)?		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?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
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?		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
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?		
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	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.		
13b	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.		
13c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

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		
	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		
1b	Enter the number of voting members included in line 1a, above, who are independent		
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?		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?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		No
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?	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		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?		No
10b	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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
11b	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	Yes	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	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?		
15a	The organization's CEO, Executive Director, or top management official	Yes	
15b	Other officers or key employees of the organization		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		No
16b	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?		

Section C. Disclosure

- 17** List the States with which a copy of this Form 990 is required to be filed CT
- 18** Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 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
 CHRIS PALLATTO PO BOX 694 WESTBROOK, CT (860) 399-9622

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)							153,010		24,508	

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

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

Section B. Independent Contractors

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

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

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

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 _____					
	b Membership dues 1b _____					
	c Fundraising events 1c _____					
	d Related organizations 1d _____					
	e Government grants (contributions) 1e _____					
	f All other contributions, gifts, grants, and similar amounts not included above 1f _____ 202,434					
	g Noncash contributions included in lines 1a-1f \$ _____					
	h Total. Add lines 1a-1f ▶	202,434				
Program Service Revenue	2a MEMBERSHIP FEES					
		Business Code 624110	1,353,602	1,353,602		
	b PROGRAM FEES	624110	1,297,039	1,297,039		
	c RENTAL INCOME	721310	12,732	12,732		
	d _____					
	e _____					
	f All other program service revenue					
g Total. Add lines 2a-2f ▶	2,663,373					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶	194			194	
	4 Income from investment of tax-exempt bond proceeds ▶	670	670			
	5 Royalties ▶					
	6a Gross rents	(i) Real				
		(ii) Personal				
		b Less rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss) ▶					
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less cost or other basis and sales expenses				
		c Gain or (loss)				
	d Net gain or (loss) ▶					
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 a	79,805				
		b Less direct expenses b	21,433			
c Net income or (loss) from fundraising events ▶		58,372			58,372	
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 _____						
b _____						
c _____						
d All other revenue						
e Total. Add lines 11a-11d ▶						
12 Total revenue. See Instructions ▶	2,925,043	2,664,043		58,566		

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.				
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.	153,010	136,638	10,098	6,274
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.	1,203,108	1,074,378	78,897	49,833
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	52,073	46,624	3,328	2,121
9	Other employee benefits.	92,500	82,821	5,911	3,768
10	Payroll taxes.	93,457	83,431	6,123	3,903
11	Fees for services (non-employees)				
a	Management.				
b	Legal.				
c	Accounting.				
d	Lobbying.				
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	57,775		57,775	
12	Advertising and promotion.	7,678	7,086	592	
13	Office expenses.	6,444	2,585	3,576	283
14	Information technology.				
15	Royalties.				
16	Occupancy.				
17	Travel.				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	13,982	947	12,976	59
20	Interest.	99,560	97,868	1,294	398
21	Payments to affiliates.	75,255	73,976	978	301
22	Depreciation, depletion, and amortization.	275,309	270,612	3,592	1,105
23	Insurance.				
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	REPAIRS & MAINTENANCE	691,832	680,161	8,925	2,746
b	PROGRAM CONTRACT	112,538	21,689	90,849	
c	SCHOLARSHIPS FOR PRG MEMB	80,645	80,645		
d	BAD DEBTS	68,414	18,464		49,950
e	All other expenses	172,054	145,557	14,275	12,222
25	Total functional expenses. Add lines 1 through 24e.	3,255,634	2,823,482	299,189	132,963
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 <input type="checkbox"/> 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	15,148	1	42,807
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	60,558	3	9,264
	4 Accounts receivable, net	38,034	4	25,220
	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		7	
	8 Inventories for sale or use	320	8	187
	9 Prepaid expenses and deferred charges	40,986	9	25,142
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 6,961,061		
	b Less accumulated depreciation	10b 3,462,211	3,759,233	10c 3,498,850
	11 Investments—publicly traded securities	22,632	11	3,496
	12 Investments—other securities See Part IV, line 11		12	
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	8,448	15	7,958
16 Total assets. Add lines 1 through 15 (must equal line 34)	3,945,359	16	3,612,924	
Liabilities	17 Accounts payable and accrued expenses	176,929	17	320,348
	18 Grants payable		18	
	19 Deferred revenue	165,613	19	124,415
	20 Tax-exempt bond liabilities		20	
	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	1,708,561	23	1,604,496
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	2,051,103	26	2,049,259
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,894,256	27	1,563,665
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	1,894,256	33	1,563,665	
34 Total liabilities and net assets/fund balances	3,945,359	34	3,612,924	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,925,043
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,255,634
3	Revenue less expenses Subtract line 2 from line 1	3	-330,591
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,894,256
5	Net unrealized gains (losses) on investments	5	
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	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,563,665

Part XII Financial Statements and Reporting

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

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

Additional Data

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

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

(A) Name and Title	(B) Average hours per week (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			
JAMES GARLAND CFO/FINANCIA	10 00	X		X				13,985	0	0
THOMAS FERRIERA PRESIDENT	5 00	X		X				0	0	0
DAVID M BROWN VICE PRESIDE	5 00	X		X				0	0	0
JEANNE BREEN 2ND VICE PRE	5 00	X		X				0	0	0
LEONARD GOLDBERG TREASURER	5 00	X		X				0	0	0
JOHN DUHIG SECRETARY	3 00	X		X				0	0	0
NOEL BISHOP DIRECTOR	2 00	X						0	0	0
EDWARD M CASSELLA DIRECTOR	2 00	X						0	0	0
PIERRE BOULANGER DIRECTOR	2 00	X						0	0	0
JOHN MATHIEU DIRECTOR	2 00	X						0	0	0
EILEEN DAILY DIRECTOR	2 00	X						0	0	0
KERRY E KNOBELSDORFF DIRECTOR	2 00	X						0	0	0
ROBERT BRADY DIRECTOR	2 00	X						0	0	0
GLENN JETTE DIRECTOR	2 00	X						0	0	0
KATHLEEN C LAUNDY DIRECTOR	2 00	X						0	0	0
LEIGHTON LEE IV DIRECTOR	2 00	X						0	0	0
THOMAS LINDNER DIRECTOR	2 00	X						0	0	0
LISA LEMONTE DIRECTOR	2 00	X						0	0	0
ASIF JOHN HUSSAINI DIRECTOR	2 00	X						0	0	0
CANDACE FUCHS DIRECTOR	2 00	X						0	0	0
STANLEY PRYMAS DIRECTOR	2 00	X						0	0	0
LAURA A MARTINO DIRECTOR	2 00	X						0	0	0
RICHARD STEBBINS DIRECTOR	2 00	X						0	0	0
ART LINARES DIRECTOR	2 00	X						0	0	0
ANNIE WILDER DIRECTOR	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				
DAVID WINSTEAD DIRECTOR	2 00	X						0	0	0	
LEROY MERGY DIRECTOR	2 00	X						0	0	0	
THOMAS M NONIEWICZ DIRECTOR	2 00	X						0	0	0	
MELISSA OZOLS DIRECTOR	2 00	X						0	0	0	
MARGARET STRANGE DIRECTOR	2 00	X						0	0	0	
PAUL MOHABIR PART YEAR CE	40 00			X				131,064	0	23,951	
CHRIS PALLATTO PART YEAR CE	40 00			X				7,961	0	557	

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2012

Open to Public Inspection

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

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

Name of the organization
VALLEY SHORE YMCA

Employer identification number
06-0646979

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

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

- 1 A church, convention of churches, or association of churches 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?
 (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?
 (ii) A family member of a person described in (i) above?
 (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of 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.")	403,821	403,821	283,478	218,317	362,884	1,672,321
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	3,395,354	3,252,886	3,280,514	2,691,815	2,664,043	15,284,612
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	3,799,175	3,656,707	3,563,992	2,910,132	3,026,927	16,956,933
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						16,956,933

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	3,799,175	3,656,707	3,563,992	2,910,132	3,026,927	16,956,933
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,879	1,911	2,181	1,572	194	8,737
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	2,879	1,911	2,181	1,572	194	8,737
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.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	3,802,054	3,658,618	3,566,173	2,911,704	3,027,121	16,965,670
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	99.950%
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	97.780%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	0%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	

- 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

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2012

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

Name of the organization VALLEY SHORE YMCA

Employer identification number 06-0646979

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

Table with 3 columns: (a) Donor advised funds, (b) Funds and other accounts, and a Yes/No column. Rows include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and questions about donor advised funds and grant purposes.

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

Form with multiple sections: Purpose(s) of conservation easements, conservation contribution details, monitoring and enforcement questions, and staff/volunteer hours. Includes a table for 'Held at the End of the Year' with rows 2a, 2b, 2c, 2d.

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.

Form with sections 1a and 2, asking for details on art and historical treasures collections, including revenues and assets included in Form 990.

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

Table with 2 columns: Description, Amount. Rows: 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance

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

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

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance

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

- a Board designated or quasi-endowment, b Permanent endowment, c Temporarily restricted endowment. 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

Table with 3 columns: Description, Yes, No. Rows: (i) unrelated organizations, (ii) related organizations, b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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.

Table with 5 columns: Description of property, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

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	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	

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	2,839,755
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	-85,288	
e	Add lines 2a through 2d		2e	-85,288
3	Subtract line 2e from line 1		3	2,925,043
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	2,925,043

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

1	Total expenses and losses per audited financial statements		1	3,170,346
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	-85,288	
e	Add lines 2a through 2d		2e	-85,288
3	Subtract line 2e from line 1		3	3,255,634
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	3,255,634

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
LIABILITY UNDER FIN 48 FOOTNOTE	SCHEDULE D, PAGE 3, PART X	THE ORGANIZATION HAS RECEIVED EXEMPTION FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE THE ORGANIZATION HAS ALSO BEEN CLASSIFIED AS AN ENTITY THAT IS NOT A PRIVATE FOUNDATION WITHIN THE MEANING OF SECTION 509(A) AND QUALIFIES FOR DEDUCTIBLE CONTRIBUTIONS AS PROVIDED IN SECTION 170(B)(1)(A) (VI) MANAGEMENT HAS REVIEWED THE ORGANIZATION'S REPORTING AND BELIEVE THEY HAVE NOT TAKEN TAX POSITIONS THAT ARE MORE LIKELY THAN NOT TO BE DETERMINED TO BE INCORRECT BY THE INTERNAL REVENUE SERVICE AND THEREFORE NO ADJUSTMENTS OR DISCLOSURES ARE REQUIRED
REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER	SCHEDULE D, PAGE 4, PART XI, LINE 2D	SCHOLARSHIPS FOR PROGRAMS AND MEMBERSHIP - 80,645 FUNDRAISING EXPENSES -4,643
EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER	SCHEDULE D, PAGE 4, PART XII, LINE 2D	SCHOLARSHIPS FOR PROGRAMS AND MEMBERSHIPS - 80,645 FUNDRAISING EXPENSES -4,643

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2012

Open to Public Inspection

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Form 990-EZ filers are not required to complete this part.

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

Department of the Treasury Internal Revenue Service

Name of the organization VALLEY SHORE YMCA

Employer identification number

06-0646979

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

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

- a Mail solicitations, b Internet and 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... 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

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col (i), (vi) Amount paid to (or retained by) organization. Includes a Total row at the bottom.

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	(b) Event #2	(c) Other events	(d) Total events
		<u>GOLF CLASSIC</u> (event type)	<u>SMALL BUSINESS</u> (event type)	<u>(total number)</u>	(add col (a) through col (c))
Revenue	1 Gross receipts	64,275	15,530		79,805
	2 Less Contributions				
	3 Gross income (line 1 minus line 2)	64,275	15,530		79,805
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	20,403	1,030		21,433
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				
11 Net income summary Combine line 3, column (d), and line 10 ▶					58,372

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))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
7 Direct expense summary Add lines 2 through 5 in column (d) ▶					
8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶					

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

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

b If "No," explain _____

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

b If "Yes," explain _____

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 J
(Form 990)

Compensation Information

OMB No 1545-0047

2012

Open to Public Inspection

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

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

▶ Attach to Form 990. ▶ See separate instructions.

Department of the Treasury
Internal Revenue Service

Name of the organization
VALLEY SHORE YMCA

Employer identification number

06-0646979

Part I Questions Regarding Compensation

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
- | | |
|--------------------------------------------------------------------|--------------------------------------------------------------------------|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

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

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

3 Indicate which, if any, of the following the 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

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

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

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

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

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

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

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

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

a The organization?

b Any related organization?

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

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

a The organization?

b Any related organization?

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

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

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

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

	Yes	No
1b		
2		
4a	Yes	
4b		No
4c		No
5a		No
5b		No
6a		No
6b		No
7		No
8		No
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) PAUL MOHABIR PART YEAR CEO	(i) (ii)	131,064			14,805	9,146	155,015	

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
SEVERANCE, NONQUALIFIED, AND EQUITY-BASED PAYMENTS	SCHEDULE J, PAGE 1, PART I, LINE 4	PAUL MOHABIR 26,040 0 0

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2012

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Name of the organization VALLEY SHORE YMCA

Employer identification number 06-0646979

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

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

Table with 4 main columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No)

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

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

Table with 9 main columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

Part III Grants or Assistance Benefitting Interested Persons.

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

Table with 5 main columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) STANLEY PRYMAS	DIRECTOR	61,902	INSURANCE BROKER		No

Part V Supplemental Information

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

Identifier	Return Reference	Explanation
ADDITIONAL INFORMATION	SCHEDULE L PART V	STANLEY PRYMAS IS AN INSURANCE BROKER PAYMENTS FOR INSURANCE ARE MADE DIRECTLY TO THE INSURANCE COMPANY

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
VALLEY SHORE YMCA

Employer identification number

06-0646979

Identifier	Return Reference	Explanation
ORGANIZATION'S MISSION	FORM 990 - ORGANIZATION'S MISSION	<p>YOUTH DEVELOPMENT OUR YMCA IS COMMITTED TO NURTURING THE POTENTIAL OF EVERY CHILD AND TEEN WE BELIEVE THAT ALL KIDS DESERVE THE OPPORTUNITY TO DISCOVER WHO THEY ARE AND WHAT THEY CAN ACHIEVE THAT'S WHY WE HELP YOUNG PEOPLE CULTIVATE THE VALUES, SKILLS, AND RELATIONSHIPS THAT LEAD TO POSITIVE BEHAVIORS, BETTER HEALTH, AND EDUCATIONAL ACHIEVEMENT OUR YMCA PROGRAMS, SUCH AS BEFORE AND AFTER SCHOOL CARE, SUMMER CAMP, YOUTH ENRICHMENT, AND SUMMER OF SERVICE OFFER A RANGE OF EXPERIENCES THAT ENRICH COGNITIVE, SOCIAL, PHYSICAL, AND EMOTIONAL GROWTH EXPENSES INCLUDE SUBSIDIES AND DIRECT FINANCIAL ASSISTANCE THAT MAKE PARTICIPATION POSSIBLE FOR MANY OF THE YOUNG PEOPLE WE ENGAGE FOR ADDITIONAL DETAILS REGARDING THESE CRITICAL PROGRAMS AND THEIR IMPACT, SEE PART III 4B HEALTHY LIVING THE Y IS A LEADING VOICE ON HEALTH AND WELL-BEING WE BRING FAMILIES CLOSER TOGETHER, EN-COURAGE GOOD HEALTH, AND FOSTER CONNECTIONS THROUGH FITNESS, SPORTS, FUN, AND SHARED INTERESTS AS A RESULT, 14,000 PEOPLE IN OUR COMMUNITY ARE RECEIVING THE SUPPORT, GUIDANCE, AND RESOURCES THEY NEED TO ACHIEVE GREATER HEALTH IN SPRIT, MIND, AND BODY THIS IS PARTICULARLY IMPORTANT AS OUR NATION STRUGGLES WITH AN OBESITY CRISIS, FAMILIES STRUGGLE WITH WORK/ LIFE BALANCE, AND INDIVIDUALS SEARCH FOR PERSONAL FULFILLMENT OUR PROGRAMS ARE ACCESSIBLE, AFFORDABLE, AND OPEN TO ALL FAITHS, BACKGROUNDS, ABILITIES, AND INCOME LEVELS IN 2012, WE PROVIDED 120,000 IN FINANCIAL ASSISTANCE TO PEOPLE WHO OTHERWISE MAY NOT HAVE BEEN ABLE TO AFFORD TO PARTICIPATE ADDITIONALLY, WE OFFERED HOPE IS POWER, A FREE 12- WEEK PROGRAM TO MORE THAN THIRTY CANCER SURVIVORS TO HELP THEM OVERCOME THE FATIGUE AND DECONDITIONING OF CANCER AND ITS TREATMENT FOR ADDITIONAL DETAILS REGARDING THESE CRITICAL PROGRAMS AND THEIR IMPACT, SEE SCHEDULE PART III 4A SOCIAL RESPONSIBILITY OUR YMCA BELIEVES IN GIVING BACK AND SUPPORTING OUR NEIGHBORS WE HAVE BEEN LISTENING AND RESPONDING TO OUR COMMUNITY'S MOST CRITICAL SOCIAL NEEDS FOR MORE THAN 65 YEARS Y PROGRAMS AND INITIATIVES, SUCH AS PROVIDING FREE SHOWERS TO OUR COMMUNITY AFTER HURRICANES, OFFERING CPR AND FIRST AID TRAINING, AND PROVIDING FREE MEMBERSHIPS FOR ACTIVE MILITARY FAMILIES ARE EXAMPLES OF HOW WE DELIVER TRAINING, RESOURCES, AND SUPPORT THAT EMPOWER OUR NEIGHBORS TO EFFECT CHANGE, BRIDGE GAPS, AND OVERCOME OBSTACLES IN 2012, WE ENGAGED 100 YMCA MEMBERS, PARTICIPANTS, AND VOLUNTEERS IN ACTIVITIES THAT STRENGTHEN OUR COMMUNITY AND PAVE THE WAY FOR FUTURE GENERATIONS TO THRIVE</p>

Identifier	Return Reference	Explanation
ADDITIONAL INFORMATION	FORM 990	THE FINANCIAL RESULTS IN 2012 DO NOT REFLECT A TYPICAL YEAR FOR THE VALLEY-SHORE YMCA IN 2012, THERE WAS A DISCOVERY OF FINANCIAL ISSUES RELATING BACK TO YEARS PRIOR OF THE OPERATING LOSS SHOWN FOR 2012, 142,000 WAS FROM UNRECORDED EXPENSES AND OVERSTATED REVENUE FROM 2011 AND 28,000 IN UNRECORDED DEPRECIATION EXPENSE FROM 2010 AND 2011 WE ABSORBED ALL THE LOSSES WITHIN 2012 AND ANTICIPATE CLEAN RECORDS GOING FORWARD WE ALSO UNDERTOOK MANAGERIAL AND OPERATIONAL CHANGES IN 2012 TO BEGIN TO GET FINANCIAL HOUSE BACK IN ORDER IN 2012, WE UNDERTOOK A NATIONWIDE SEARCH AND HIRED A NEW EXECUTIVE DIRECTOR IN DECEMBER 2012 TO EVALUATE PROGRAMS AND SERVICES, CREATE OPPORTUNITIES FOR REVENUE GENERATION AND CONTROL EXPENSES IN JUNE 2013, WE HIRED A NEW CONTROLLER TO IMPROVE OUR FINANCIAL CONTROLS AND SYSTEMS AND RELIABILITY OF OUR RECORDS WE HAVE A DEDICATED FINANCE COMMITTEE, BOARD OF DIRECTORS, AND MANAGEMENT STAFF WORKING HARD TO ENSURE THE FUTURE FINANCIAL SUCCESS OF THE ORGANIZATION FOR DECADES TO COME

Identifier	Return Reference	Explanation
FIRST ACCOMPLISHMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4A	PART III, 4A - HEALTHY LIVING OUR ACTIVE OLDER ADULT CLASSES PROVIDE OPPORTUNITIES FOR THE 30% OF OUR SENIOR MEMBERS TO SOCIALIZE, IMPROVE THEIR PHYSICAL FITNESS TO BE ABLE TO LEAD MORE ACTIVE AND PRODUCTIVE LIVES IN RETIREMENT, INCLUDING PERFORMING ROUTINE HOUSEHOLD ACTIVITIES, TRAVEL, PURSUE HOBBIES, AND ACTIVELY ENGAGE WITH FAMILY, PARTICULARLY GRANDCHILDREN WE OFFER SPECIALLY DESIGNED WATER AND LAND BASED ACTIVITIES FOR ALL OF OUR DIFFERENT MEMBER POPULATIONS 80% OF AMERICANS ARE CONSIDERED "HEALTH SEEKERS," INDIVIDUALS WHO STRUGGLE TO MAKE HEALTH AND WELLNESS A PRIORITY AND REGULAR PART OF THEIR DAILY ACTIVITIES WE PROVIDE THE SUPPORT AND ENVIRONMENT NEEDED TO HELP MEMBERS DEVELOP ROUTINES, SUPPORT NETWORKS, AND PROPER ACTIVITY LEVELS TO IMPROVE THEIR OVERALL HEALTH WE PROVIDE A VARIETY OF CLASSES, SPORTS LEAGUES, INSTRUCTION, AND WELLNESS ACTIVITIES, INCLUDING SWIMMING, TO ENSURE THAT MEMBERS CAN MAINTAIN AN EFFECTIVE LIFESTYLE WE TAKE SPECIAL PRIDE THE EFFORT WE PUT FORTH TO HELP MEMBERS BUILD RELATIONSHIPS THAT MOTIVATE THEM TO COME TO THE YMCA WE BELIEVE THAT LIFELONG WELLNESS STARTS WITH LEARNING TO LOVE PHYSICAL ACTIVITIES OF ALL SORTS FROM AN EARLY AGE FOR THIS REASON, WE OFFER A WIDE RANGE OF ACTIVITIES TO ENGAGE THE BODIES OF CHILDREN OF ALL AGES WE OFFER SWIM LESSONS AND COMPETITIVE SWIMMING, YOUTH SPORTS INSTRUCTION (SOCCER, BASKETBALL, T-BALL, RUNNING, AND MORE), AND RECREATIONAL PLAY AT OUR YMCA AND AT VARIOUS LOCATIONS IN THE TOWNS WE SERVE

Identifier	Return Reference	Explanation
SECOND ACCOMPLISHMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4B	<p>PART III, 4B - YOUTH DEVELOPMENT OUR BEFORE AND AFTER SCHOOL PROGRAMS PROVIDE 250 OF CHILDREN IN SIX TOWNS WITH OPPORTUNITIES TO PLAY , SOCIALIZE AND LEARN WITH THEIR CLASSMATES IN A SAFE AND FUN ENVIRONMENT, WHICH ENABLES PARENTS TO WORK WITH PEACE OF MIND THAT THEIR CHILDREN ARE WELL CARED FOR WE WORK CLOSELY WITH OUR SCHOOL ADMINISTRATORS TO ENSURE THAT OUR STAFF ARE SUPPORTING THE NEEDS OF THE SCHOOLS THROUGH HOMEWORK ASSISTANCE AND STRUCTURED CURRICULUM-BASED ACTIVITIES WE OFFER FINANCIAL ASSISTANCE TO ENSURE THAT ALL FAMILIES CAN PARTICIPATE, REGARDLESS OF THEIR ABILITY TO PAY 40 PARTICIPANTS RECEIVED 7,000 IN FINANCIAL AID IN 2012 THE YMCA BELIEVES THAT CAMPING SIGNIFICANTLY CONTRIBUTES TO THE HEALTHY GROWTH OF CHILDREN BY TEACHING THEM INDEPENDENCE, DECISION-MAKING, CREATIVITY AND IMPORTANT SOCIAL SKILLS DAY CAMP HAS BECOME A PRIMARY SOURCE OF CHILDCARE FOR WORKING FAMILIES DURING THE SUMMER IN 2012, WE PROVIDED 11,000 IN SCHOLARSHIPS AND SERVED MORE THAN 350 FAMILIES THE HOURS BETWEEN AFTER SCHOOL AND DINNER TIME ARE CONSIDERED TO BE "THE DANGER ZONE" IN WHICH BORED, UNSUPERVISED CHILDREN ENGAGE IN THE MOST RISKY BEHAVIORS WHILE THEIR PARENTS ARE AT WORK OUR YOUTH ENRICHMENT PROGRAM PROVIDES CHILDREN AN OPPORTUNITY TO PARTICIPATE IN ACTIVITIES THAT APPEAL TO A WIDE RANGE OF INTERESTS, SUCH AS ARCHERY, COOKING, OR VARIOUS SPORTS IN 2012, MORE THAN 350 CHILDREN PARTICIPATED SUMMER OF SERVICE PROVIDES TEENS WITH AN OPPORTUNITY TO LEARN HOW TO PREPARE FOR THE WORKFORCE TEENS LEARN IMPORTANT SKILLS SUCH AS COMPLETING JOB APPLICATIONS, ANSWERING INTERVIEW QUESTIONS, PROPER DRESS AND BODY LANGUAGE, AND MORE ADDITIONALLY, WE PARTNER WITH LOCAL BUSINESSES TO GIVE PARTICIPANTS TOURS OF THEIR BUSINESS AND ADVICE AROUND CAREER DEVELOPMENT DROWNING IS THE SECOND LEADING CAUSE OF DEATH IN CHILDREN WE ARE COMMITTED TO ENSURING THAT THE KIDS WHO LIVE IN OUR SHORELINE COMMUNITIES HAVE THE BASIC SAFETY AND SWIM SKILLS TO BE SAFE AROUND AND IN THE WATER OUR FIT KIDS LEARN TO SWIM PROGRAM TEACHES EVERY FIRST GRADER IN WESTBROOK HOW TO SWIM FOR FREE</p>

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

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

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

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

Identifier	Return Reference	Explanation
RECONCILIATION OF CHANGES - OTHER	FORM 990, PART XI, LINE 9	SCHOLARSHIPS FOR PROGRAMS AND MEMBERSHIP -80,645 FUNDRAISING EXPENSES - 4,643 SCHOLARSHIPS FOR PROGRAMS AND MEMBERSHIPS 80,645 FUNDRAISING EXPENSES 4,643