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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 06-01-2012 , 2012, and ending 05-31-2013

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

C Name of organization
YMCA OF GREATER MANCHESTER

Doing Business As

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

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

D Employer identification number
02-0222248

E Telephone number
(603) 232-8668

G Gross receipts $ 15,242,402

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

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW YOGM ORG

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

L Year of formation 1854

M State of legal domicile NH

Part I Summary

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

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

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	27
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	26
5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	**5**	944
6	Total number of volunteers (estimate if necessary)	**6**	1,490
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	3,191
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	2,191

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	1,250,383	1,625,038
9	Program service revenue (Part VIII, line 2g)	11,158,391	12,476,705
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	36,306	103,479
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	67,011	25,078
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12,512,091	14,230,300
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,778,235	1,505,825
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	6,643,563	7,395,099
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶198,638		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	4,274,006	4,844,300
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	12,695,804	13,745,224
19	Revenue less expenses Subtract line 18 from line 12	-183,713	485,076

		Beginning of Current Year	End of Year
Net Assets or Fund Balances			
20	Total assets (Part X, line 16)	17,559,817	18,249,597
21	Total liabilities (Part X, line 26)	8,214,876	7,788,629
22	Net assets or fund balances Subtract line 21 from line 20	9,344,941	10,460,968

Part II Signature Block

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

Sign Here

****** | 2013-09-24
Signature of officer | Date

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

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
THOMAS J PARE CPA		2013-09-24		
Firm's name ▶ HESSION & PARE PC			Firm's EIN ▶	
Firm's address ▶ 62 STARK STREET MANCHESTER, NH 031011970			Phone no (603) 669-5477	

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

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

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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 $ 6,298,847 including grants of $ 1,010,625) (Revenue $ 6,053,800)

HEALTHY LIVING - THE Y IS RESPONDING IN A PRO-ACTIVE MANNER TO THE HEALTH CRISIS IN OUR COMMUNITY'S YOUTH, ADULTS AND FAMILIES BY FOCUSING ON PREVENTATIVE AND INTERVENTIONAL PROGRAMS THAT FIGHT THE PROLIFERATION OF CHRONIC DISEASES WE ARE VERY CONCERNED ABOUT CHILDHOOD OBESITY AND FAMILY HEALTH PRACTICES THAT LEAD TO LIFELONG HEALTH PROBLEMS THIS IS PARTICULARLY TRUE IN LOWER INCOME COMMUNITIES LIKE THE ONES WE SERVE, WHERE ACCESS TO BASIC HEALTH CARE, PROPER NUTRITION AND RECREATION IS LIMITED THE Y OFFERS A SLIDING FEE SCALE AND FINANCIAL AID TO REMOVE FINANCIAL BARRIERS THAT MAY PREVENT PARTICIPATION LAST YEAR, WE PROVIDED AID TO OVER 18,773 PEOPLE TO ENSURE ALL WHO NEED HELP, RECEIVE HELP OF THIS NUMBER, 9,800 RECEIVED FREE OR DISCOUNTED MEMBERSHIP AT THE Y AND 3,050 RECEIVED FINANCIAL ASSISTANCE ENABLING THEM TO PARTICIPATE IN A Y PROGRAM AS A PART OF THIS COMMITMENT, THE Y PROVIDES FREE MEMBERSHIP TO OVER 45 OTHER NON-PROFIT AGENCIES WHOSE CLIENTS HAVE SPECIAL NEEDS, SUCH AS FOSTER HOMES, GROUP HOMES FOR CHILDREN WITH NO PARENTS, DRUG AND ALCOHOL TREATMENT CENTERS, MENTORING PROGRAMS AND DISABLED INDIVIDUALS COLLABORATING TO SUPPORT OTHERS IN OUR COMMUNITY IS A MAJOR FOCUS FOR OUR ORGANIZATION IN ALL Y WELLNESS PROGRAMS, WE EMPHASIZE A HOLISTIC APPROACH TOWARDS HEALTH BY STRESSING THE BALANCED DEVELOPMENT OF SPIRIT, MIND AND BODY THE Y'S CORE VALUES OF HONESTY, CARING, RESPECT AND RESPONSIBILITY ARE TAUGHT AS A WAY TO HELP ALL PEOPLE COMMIT TO INDIVIDUAL AND FAMILY WELLNESS THE Y MAINTAINS A MAJOR FOCUS ON DEVELOPING STRONG FAMILIES AND OFFERS CONCURRENT PROGRAMMING AND FREE CHILD WATCH SUPPORT THROUGH A PROGRAM CALLED FAMILY TIME WITH THIS PROGRAM, THE ENTIRE FAMILY CAN COME AT ONE TIME TO ENSURE EVERYONE GETS TO PARTICIPATE IN HEALTHY ACTIVITIES OVER 70% OF OUR MEMBERSHIPS ARE YOUTH AND FAMILIES, SO THIS MAKES A BIG IMPACT IN ADDITION, WE RUN SPECIAL PROGRAMS LIKE HEALTHY KIDS DAY, HOST FAMILY OUTINGS AND OFFER SPECIAL RATES TO FAMILIES WE MAINTAIN A BROAD DEFINITION OF FAMILIES TO ENSURE THAT TRADITIONAL AND NONTRADITIONAL FAMILIES CAN PARTICIPATE OVER 150 CLASSES ARE OFFERED EACH WEEK FOR PEOPLE OF ALL WALKS OF LIFE THIS BROAD SCOPE OF SERVICE ENSURES THE OPPORTUNITY FOR A LIFETIME OF PARTICIPATION, WHICH IS THE MOST POWERFUL METHODOLOGY FOR LONG TERM CHANGE THE Y IS ALSO COMMITTED TO PROVIDING HEALTHY ALTERNATIVES FOR YOUTH DURING THE HIGH RISK AFTER SCHOOL HOURS BY PROVIDING AN EXTENSIVE VARIETY OF PROGRAMS TO SERVE A CHILD'S MANY INTERESTS THESE PROGRAMS INCLUDE INSTRUCTIONAL AND COMPETITIVE SWIMMING, GYMNASTICS AND DANCE PROGRAMS, A MULTITUDE OF YOUTH SPORTS PROGRAMS INCLUDING BASKETBALL, SOCCER, WRESTLING, T-BALL, OUTDOOR ADVENTURE, TENNIS AND FITNESS THE Y ENCOURAGES AN EXTENSIVE USE OF VOLUNTEERS AND MENTORS TO RUN ITS PROGRAM AND INCLUDE FAMILY PARTICIPATION AS A WAY TO BRING FAMILIES CLOSER TOGETHER DUE TO THE Y'S LONG STANDING INVOLVEMENT IN AQUATICS, AND OUR CONCERN FOR KEEPING CHILDREN SAFE AROUND OCEANS, PONDS, LAKES, STREAMS, RIVERS AND SWIMMING POOLS, WE PROVIDE FREE AQUATIC SAFETY PROGRAM THAT SERVES 1,200 FOURTH GRADE CHILDREN PER YEAR IN MANCHESTER'S ELEMENTARY SCHOOL SYSTEM PROVIDING THESE PROGRAMS FOR ALL AGES, LEVELS AND ABILITIES OFFERS A UNIQUE OPPORTUNITY FOR YOUTH TO BUILD LIFELONG RELATIONSHIPS AND FRIENDS, BUILD SELF CONFIDENCE, SPEND QUALITY TIME WITH THEIR FAMILIES AND OF COURSE, DEEPEN VALUES

4b (Code) (Expenses $ 5,778,042 including grants of $ 232,076) (Revenue $ 5,912,729)

YOUTH DEVELOPMENT - THE Y RECOGNIZES AND CELEBRATES ITS ROLE AS A MAJOR SERVICE PROVIDER IN THE AREA OF CHILDHOOD AND YOUTH DEVELOPMENT THE Y IS COMMITTED TO INCREASING OPPORTUNITIES FOR YOUTH TO DEEPEN VALUES AND BUILD POSITIVE ASSETS ALL YOUTH PROGRAMS REINFORCE OUR CORE VALUES OF HONESTY, RESPECT, CARING AND RESPONSIBILITY THESE GUIDED PRINCIPLES HELP CHILDREN MAKE POSITIVE CHOICES IN THEIR LIVES AND CONTRIBUTE TO BUILDING STRONG FAMILIES AND COMMUNITIES THE Y ALSO SEEKS TO BUILD POSITIVE ASSETS IN YOUTH BY PROVIDING OPPORTUNITIES FOR THEM TO ENGAGE IN LIFELONG HEALTHY ACTIVITIES WITH POSITIVE ROLE MODELS TO HELP GUIDE THEIR DECISIONS IT IS PROVEN THAT THE MORE POSITIVE ASSETS A CHILD HAS, THE LESS LIKELY THEY ARE TO ENGAGE IN HIGH RISK BEHAVIOR THAT MAY LEAD TO NEGATIVE HEALTH HABITS AND ANTI-SOCIAL BEHAVIORS WITH THIS AS A BACKDROP, THE Y IS THE LARGEST PROVIDER OF CHILDCARE PROGRAMS IN THE AREA AND SERVES OVER 1,230 CHILDREN PER DAY A SPECIAL EMPHASIS IS PLACED ON ENSURING ACCESS TO PROGRAMS IN LOW INCOME AREAS BY PROVIDING FINANCIAL ASSISTANCE THROUGH GRANTS, STATE AID AND Y FUND RAISING DURING THE SUMMER MONTHS WHEN CHILDREN ARE NOT IN SCHOOL, THE Y OFFERS EXTENSIVE DAY AND RESIDENT CAMPING PROGRAMS FOR CHILDREN 18 MONTHS TO 15 YEARS OLD AGAIN, THIS PROVIDES MANY OF OUR CENTER-CITY YOUTH WITH A UNIQUE OPPORTUNITY TO PARTICIPATE WITH CHILDREN FROM WITHIN AND OUTSIDE THE STATE AND COUNTRY A MAJOR EMPHASIS OF OUR CAMPING PROGRAM IS TO PROVIDE OPPORTUNITIES FOR YOUTH TO GAIN LEADERSHIP SKILLS BY PROGRESSING FROM A CAMPER TO A LEADER-IN-TRAINING (L I T), TO A COUNSELOR-IN-TRAINING (C I T), TO A JUNIOR COUNSELOR AND FINALLY TO A FULL COUNSELOR EACH YEAR, THE Y EMPLOYS OVER 425 YOUNG ADULTS AND IS ONE OF THE COMMUNITY'S LARGEST YOUTH EMPLOYERS THROUGH OUR YOUTH PROGRAMS, WE ARE ABLE TO PROVIDE OPPORTUNITIES FOR YOUTH DEVELOPMENT 12 MONTHS PER YEAR TO BUILD A HEALTHY SPIRIT, MIND AND BODY

4c (Code) (Expenses $ 809,557 including grants of $ 395,343) (Revenue $ 510,176)

SOCIAL RESPONSIBILITY - THE Y ACTS AS A COMMUNITY PARTNER WHENEVER POSSIBLE TO ADDRESS CRITICAL COMMUNITY NEEDS IN THIS CONTEXT, OUR COMMUNITY HAS EXPERIENCED A SIGNIFICANTLY HIGHER PERCENTAGE OF SCHOOL DROP OUTS AND LOWER ACHIEVEMENTS THAN OTHER COMMUNITIES IN THE STATE THE Y HAS TAKEN THE LEAD TO IMPACT THIS IMPORTANT ISSUE BY OFFERING THREE SPECIAL PROGRAMS TO REDUCE SCHOOL DROPOUT AND CLOSE THIS ACHIEVEMENT GAP FOR YOUTH AT RISK THE SUPPORT TUTORING AND ADVENTURE FOR YOUTH PROGRAM (S T A Y) IS RUN IN ALL FOUR MIDDLE SCHOOLS IN MANCHESTER THE PROGRAM PROVIDES A STAFF MEMBER IN EACH SCHOOL TO TUTOR MENTOR AND PROVIDE POSITIVE GROUP WORK EXPERIENCE GEARED AT BUILDING ACADEMIC COMPETENCY, SOCIAL SKILLS AND A STRONG RELATIONSHIP WITH THE SCHOOL AND COMMUNITY THE Y SERVES 65 YOUTH PER YEAR WITH OVER 150 REFERRALS FOR THE 65 SLOTS, PLUS 150 ALUMNI AND FAMILY MEMBERS THE Y ALSO PROVIDES A SPECIAL PROGRAM CALLED STRIVE, FOR SUSPENDED AND EXPELLED STUDENTS NO PROGRAM CURRENTLY EXISTS IN MANCHESTER TO SUPPORT THEM WHEN THEY ARE OUT OF SCHOOL THE Y RUNS THE PROGRAM (IN COOPERATION WITH THE MANCHESTER SCHOOL DEPARTMENT) IN THE Y FACILITY (DOWNTOWN BRANCH) AND PROVIDES AN OPPORTUNITY FOR STUDENTS TO COMPLETE THEIR SCHOOL WORK TO STAY ON COURSE WITH THEIR STUDIES, RECEIVE TUTORING HELP, PERFORM COMMUNITY SERVICE AND LEARN WAYS TO IMPROVE SOCIAL SKILLS TO AVOID FURTHER PROBLEMS IN SCHOOL OVER 180 YOUTH WERE SERVED THIS YEAR THE Y ALLARD CENTER BRANCH, LOCATED IN GOFFSTOWN, ALSO PARTNERED WITH THE GOFFSTOWN HIGH SCHOOL TO OFFER SPECIAL TEAM BUILDING AND LEADERSHIP PROGRAMS FOR THEIR ALTERNATIVE EDUCATION PROGRAMS WE ALSO ESTABLISHED A COLLABORATION WITH NUMEROUS OTHER GOFFSTOWN NON PROFITS TO RUN AN AFTERSCHOOL PROGRAM FOR AT RISK MIDDLE SCHOOL CHILDREN IN GOFFSTOWN THE Y START PROGRAM OPERATES IN TWO OF OUR CENTER-CITY SCHOOLS AND PROVIDES QUALITY CHILDCARE FOR 145 CHILDREN, 85% OF WHICH ARE BELOW FEDERAL POVERTY GUIDELINES ENGLISH IS A SECOND LANGUAGE FOR THE MAJORITY OF CHILDREN SO THE ADDITIONAL TUTORING AND HOMEWORK HELP IS CRITICAL IN IMPROVING THEIR SUCCESS IN SCHOOL MOST FAMILIES PAY AS LITTLE AS 4 00 PER WEEK THIS KEEPS FAMILIES OFF OF STATE ASSISTANCE AS IT ENABLES PARENTS TO WORK AND KNOW THEIR CHILDREN ARE WELL CARED FOR THE Y ALSO RUNS A TEEN CENTER TO PROVIDE A LONG TERM CONNECTION TO THE Y FOR CHILDREN WHO NEED A POSITIVE PLACE TO COME DURING AFTER SCHOOL HOURS THE CENTER IS RUN BY STAFF TRAINED TO SUPPORT POSITIVE YOUTH DEVELOPMENT IN ORDER TO DEVELOP LEADERSHIP SKILLS IN YOUTH AND ENCOURAGE CIVIL ENGAGEMENT, THE Y RUNS A MODEL LEGISLATURE AT THE NH STATE CAPITAL FOR OVER 355 HIGH SCHOOL STUDENTS THIS IS A COLLABORATIVE PROGRAM WITH LOCAL SCHOOL SYSTEMS AND TIES INTO THE SCHOOL'S CURRICULUM ON GOVERNMENT AND PUBLIC POLICY

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses** ▶ 12,886,446

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**		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)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	55		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	944		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	3a		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	14b			

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

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year **1a** 27			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent **1b** 26			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	**2**		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	**3**		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	**4**		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	**5**		No
6	Did the organization have members or stockholders?	**6**	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	**7a**	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	**7b**		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	**8a**	Yes	
b	Each committee with authority to act on behalf of the governing body?	**8b**	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	**9**		No

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

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

Section C. Disclosure

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

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

☑ Own website ☐ Another's website ☑ Upon request ☐ 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 ▶ JANIS CLARK 30 MECHANIC ST MANCHESTER, NH (603) 232-8668

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) PETER ANDERSON VICE CHAIR	2 00	X		X				0	0	0
(2) DAVID ALLEN TRUSTEE	2 00	X						0	0	0
(3) DIANE BEAUDRY TRUSTEE	2 00	X						0	0	0
(4) KRAIG BURNHAM SECRETARY	2 00	X		X				0	0	0
(5) VASILIKI CANOTAS TRUSTEE	2 00	X						0	0	0
(6) MARC CULLEROT TRUSTEE	2 00	X						0	0	0
(7) PAMELA DIAMANTIS PAST CHAIR	2 00	X		X				0	0	0
(8) LISA DIBRIGIDA TRUSTEE	2 00	X						0	0	0
(9) JIM FERRO TRUSTEE	2 00	X						0	0	0
(10) DON ST GERMAIN CHAIR	2 00	X		X				0	0	0
(11) TIM HOWE TRUSTEE	2 00	X						0	0	0
(12) PENNY KERN TRUSTEE	2 00	X						0	0	0
(13) DAVID KUHN TRUSTEE	2 00	X						0	0	0
(14) DENISE LANGLEY TRUSTEE	2 00	X						0	0	0
(15) JOHN LOMBARDI TRUSTEE	2 00	X						0	0	0
(16) SUZANNE MELLON TRUSTEE	2 00	X						0	0	0
(17) PEG O'BRIEN TRUSTEE	2 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (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			
(18) ROSHANI PATEL TRUSTEE	2 00	X						0	0	0
(19) COLEEN PENACHO TRUSTEE	2 00	X						0	0	0
(20) JODY REESE TRUSTEE	2 00	X						0	0	0
(21) KELLY REIS TRUSTEE	2 00	X						0	0	0
(22) WAYNE ROBINSON TRUSTEE	2 00	X						0	0	0
(23) JOEL ROZEN TRUSTEE	2 00	X						0	0	0
(24) TOM TOMAI TRUSTEE	2 00	X						0	0	0
(25) MIAH TROST TRUSTEE	2 00	X						0	0	0
(26) BILL TUCKER TREASURER	2 00	X		X				0	0	0
(27) JOHN TUCKER TRUSTEE	2 00	X						0	0	0
(28) HAL JORDAN PRESIDENT/CE	50 00			X				182,156	0	17,423
(29) JANIS CLARK VP FINANCE	50 00			X				104,492	0	12,547
1b Sub-Total . . . . . ▶										
c Total from continuation sheets to Part VII, Section A . . . . ▶										
d Total (add lines 1b and 1c) . . . . . ▶								286,648		29,970

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 ▶ 2

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

Section B. Independent Contractors

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

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

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 59,452				
	b	Membership dues	1b				
	c	Fundraising events	1c 342,755				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e 415,627				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 807,204				
	g	Noncash contributions included in lines 1a-1f $	49,332				
	h	**Total.** Add lines 1a-1f		1,625,038			
Program Service Revenue			Business Code				
	2a	HEALTHY LIVING	713940	6,053,800	6,053,800		
	b	HOLISTIC DEV CHILDREN & YOUTH	624410	5,912,729	5,912,729		
	c	SOCIAL RESPONSIBILITY	624100	510,176	510,176		
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		12,476,705			
	3	Investment income (including dividends, interest, and other similar amounts)		66,144			66,144
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					

		(i) Real	(ii) Personal				
	6a	Gross rents	162,362					
	b	Less rental expenses	153,649					
	c	Rental income or (loss)	8,713					
	d	Net rental income or (loss)		8,713			8,713

		(i) Securities	(ii) Other				
	7a	Gross amount from sales of assets other than inventory	613,101	238,956				
	b	Less cost or other basis and sales expenses	572,665	242,057				
	c	Gain or (loss)	40,436	-3,101				
	d	Net gain or (loss)			37,335	37,335		
Other Revenue	8a	Gross income from fundraising events (not including $ 342,755 of contributions reported on line 1c) See Part IV, line 18	a 55,580					
	b	Less direct expenses	b 42,406					
	c	Net income or (loss) from fundraising events			13,174			13,174
	9a	Gross income from gaming activities See Part IV, line 19	a 4,516					
	b	Less direct expenses	b 1,325					
	c	Net income or (loss) from gaming activities			3,191		3,191	
	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		14,230,300	12,514,040	3,191	88,031

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	396,147	396,147		
2 Grants and other assistance to individuals in the United States See Part IV, line 22	1,109,678	1,109,678		
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	302,254	41,312	165,245	95,697
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	6,027,520	5,811,605	147,220	68,695
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	176,282	155,842	10,824	9,616
9 Other employee benefits	255,867	231,111	21,139	3,617
10 Payroll taxes	633,176	594,748	24,550	13,878
11 Fees for services (non-employees)				
a Management				
b Legal	12,692	9,415	3,277	
c Accounting	24,615		24,615	
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)	233,070	197,554	34,492	1,024
12 Advertising and promotion	306,593	303,474	2,532	587
13 Office expenses	205,175	189,242	15,519	414
14 Information technology	118,367	85,947	31,208	1,212
15 Royalties . .				
16 Occupancy	1,559,146	1,437,433	119,862	1,851
17 Travel	87,653	87,653		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	143,607	126,055	16,469	1,083
20 Interest	251,073	246,871	4,082	120
21 Payments to affiliates	110,205	108,722	1,441	42
22 Depreciation, depletion, and amortization	826,906	796,100	30,806	
23 Insurance	127,621	125,540	2,021	60
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 SUPPLIES	683,177	680,534	2,568	75
b FINANCIAL ASSISTANCE	132,219	132,219		
c DUES	18,437	16,100	2,270	67
d ANNUAL CAMPAIGN EXPENSE	3,744	3,144		600
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	13,745,224	12,886,446	660,140	198,638
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		414,592	1	364,145
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		280,799	3	231,635
	4	Accounts receivable, net		56,998	4	428,994
	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			8	
	9	Prepaid expenses and deferred charges		144,515	9	300,757
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 24,770,320			
	b	Less accumulated depreciation	10b 12,859,941	12,533,225	10c	11,910,379
	11	Investments—publicly traded securities		2,815,526	11	3,588,378
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		1,314,162	15	1,425,309
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		17,559,817	16	18,249,597
Liabilities	17	Accounts payable and accrued expenses		608,412	17	710,978
	18	Grants payable			18	
	19	Deferred revenue		1,659,493	19	1,968,698
	20	Tax-exempt bond liabilities		2,645,000	20	2,535,000
	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		1,448,311	23	1,635,009
	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		1,853,660	25	938,944
	26	**Total liabilities.** Add lines 17 through 25		8,214,876	26	7,788,629
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		7,051,227	27	7,753,371
	28	Temporarily restricted net assets		1,294,498	28	1,674,294
	29	Permanently restricted net assets		999,216	29	1,033,303
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		9,344,941	33	10,460,968
	34	Total liabilities and net assets/fund balances		17,559,817	34	18,249,597

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	14,230,300
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,745,224
3	Revenue less expenses Subtract line 2 from line 1	3	485,076
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	9,344,941
5	Net unrealized gains (losses) on investments	5	274,410
6	Donated services and use of facilities	6	85,120
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	271,421
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	10,460,968

Part XII Financial Statements and Reporting

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

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

Additional Data

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

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			
PETER ANDERSON VICE CHAIR	2 00	X		X				0	0	0
DAVID ALLEN TRUSTEE	2 00	X						0	0	0
DIANE BEAUDRY TRUSTEE	2 00	X						0	0	0
KRAIG BURNHAM SECRETARY	2 00	X		X				0	0	0
VASILIKI CANOTAS TRUSTEE	2 00	X						0	0	0
MARC CULLEROT TRUSTEE	2 00	X						0	0	0
PAMELA DIAMANTIS PAST CHAIR	2 00	X		X				0	0	0
LISA DIBRIGIDA TRUSTEE	2 00	X						0	0	0
JIM FERRO TRUSTEE	2 00	X						0	0	0
DON ST GERMAIN CHAIR	2 00	X		X				0	0	0
TIM HOWE TRUSTEE	2 00	X						0	0	0
PENNY KERN TRUSTEE	2 00	X						0	0	0
DAVID KUHN TRUSTEE	2 00	X						0	0	0
DENISE LANGLEY TRUSTEE	2 00	X						0	0	0
JOHN LOMBARDI TRUSTEE	2 00	X						0	0	0
SUZANNE MELLON TRUSTEE	2 00	X						0	0	0
PEG O'BRIEN TRUSTEE	2 00	X						0	0	0
ROSHANI PATEL TRUSTEE	2 00	X						0	0	0
COLEEN PENACHO TRUSTEE	2 00	X						0	0	0
JODY REESE TRUSTEE	2 00	X						0	0	0
KELLY REIS TRUSTEE	2 00	X						0	0	0
WAYNE ROBINSON TRUSTEE	2 00	X						0	0	0
JOEL ROZEN TRUSTEE	2 00	X						0	0	0
TOM TOMAI TRUSTEE	2 00	X						0	0	0
MIAH TROST TRUSTEE	2 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
BILL TUCKER TREASURER	2 00	X		X				0	0	0
JOHN TUCKER TRUSTEE	2 00	X						0	0	0
HAL JORDAN PRESIDENT/CE	50 00			X				182,156	0	17,423
JANIS CLARK VP FINANCE	50 00			X				104,492	0	12,547

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
YMCA OF GREATER MANCHESTER

Employer identification number
02-0222248

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

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

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

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

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

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

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

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

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

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

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

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

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

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

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	**11g(i)**		
(ii) A family member of a person described in (i) above?	**11g(ii)**		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	**11g(iii)**		

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

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

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

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

Section C. Computation of Public Support Percentage

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

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

16a **33 1/3% support test—2012.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support test—2011.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2012.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	972,135	1,058,636	849,935	1,250,383	1,625,038	5,756,127
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	6,101,048	9,647,989	10,021,256	11,187,570	12,476,705	49,434,568
3 Gross receipts from activities that are not an unrelated trade or business under section 513				53,587	55,580	109,167
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	7,073,183	10,706,625	10,871,191	12,491,540	14,157,323	55,299,862
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)						55,299,862

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	7,073,183	10,706,625	10,871,191	12,491,540	14,157,323	55,299,862
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	54,174	44,171	50,393	233,314	228,506	610,558
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	54,174	44,171	50,393	233,314	228,506	610,558
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on				15,226	3,191	18,417
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)	7,127,357	10,750,796	10,921,584	12,740,080	14,389,020	55,928,837

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	98 880 %
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	99 100 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2012** (line 10c, column (f) divided by line 13, column (f))	17	1 000 %
18 Investment income percentage from **2011** Schedule A, Part III, line 17	18	1 000 %

19a **33 1/3% support tests—2012.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☑

b **33 1/3% support tests—2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

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

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

Facts And Circumstances Test

Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
YMCA OF GREATER MANCHESTER

Employer identification number
02-0222248

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

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

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

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

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

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

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

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

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

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

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

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

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

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

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

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

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

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

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

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

		Amount
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

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

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII ☐

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

		(a) Current year	(b) Prior year	b (c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	2,293,714	2,425,450	2,426,619	2,429,140	
b	Contributions	920,976	238,017	380,599	499,325	
c	Net investment earnings, gains, and losses	406,377	-52,086	452,479	270,444	
d	Grants or scholarships					
e	Other expenditures for facilities and programs	-888,033	-294,204	-812,555	-746,877	
f	Administrative expenses	-25,437	-23,463	-21,692	-25,413	
g	End of year balance	2,707,597	2,293,714	2,425,450	2,426,619	

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

- a Board designated or quasi-endowment ▶ 61 800 %
- b Permanent endowment ▶ 38 200 %
- 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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,725,906		1,725,906
b Buildings		18,947,556	9,465,740	9,481,816
c Leasehold improvements				
d Equipment		4,096,858	3,394,201	702,657
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				11,910,379

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
(1) BENEFICIAL INTEREST IN TRUST	1,267,702
(2) DEFERRED FINANCING COSTS	157,607
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	1,425,309

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

1 (a) Description of liability	(b) Book value
Federal income taxes	
INTEREST RATE SWAP IN LOSS POSITION	472,759
CAPITAL LEASE	466,185
LINES OF CREDIT	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	938,944

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	13,420,587
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	274,410		
b	Donated services and use of facilities	2b	85,120		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	468,801		
e	Add lines **2a** through **2d**			2e	828,331
3	Subtract line **2e** from line **1**			3	12,592,256
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	1,638,044		
c	Add lines **4a** and **4b**			4c	1,638,044
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	14,230,300

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

1	Total expenses and losses per audited financial statements			1	12,304,560
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	197,380		
e	Add lines **2a** through **2d**			2e	197,380
3	Subtract line **2e** from line **1**			3	12,107,180
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	1,638,044		
c	Add lines **4a** and **4b**			4c	1,638,044
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	13,745,224

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
INTENDED USES FOR ENDOWMENT FUNDS	SCHEDULE D, PAGE 2, PART V, LINE 4	THIS INCOME WILL BE USED TO SUPPORT THE Y'S CHARITABLE MISSION OF SERVICE TO ITS COMMUNITY, THROUGH THE OPERATION OF SAFE AND HIGH QUALITY PROGRAMS AND FACILITIES
REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER	SCHEDULE D, PAGE 4, PART XI, LINE 2D	RENTAL EXPENSES OFFSETTING RENTAL INCOME ON RETURN 153,649 FUNDRAISING EXPENSES OFFSETTING INCOME ON RETURN 43,731 CHANGE IN BENEFICIAL INTEREST IN TRUST 121,953 UNREALIZED GAIN ON INTEREST RATE SWAP 149,468
REVENUE AMOUNTS INCLUDED ON RETURN - OTHER	SCHEDULE D, PAGE 4, PART XI, LINE 4B	FINANCIAL ASSISTANCE OFFSET AGAINST REVENUE IN STATEMENTS 1,638,044
EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER	SCHEDULE D, PAGE 4, PART XII, LINE 2D	RENT EXPENSE NETTED WITH INCOME ON THE RETURN 153,649 FUNDRAISING EXPENSES OFFSETTING INCOME ON THE RETURN 43,731
EXPENSE AMOUNTS INCLUDED ON RETURN - OTHER	SCHEDULE D, PAGE 4, PART XII, LINE 4B	FINANCIAL ASSSITANCE OFFSET AGAINST REVENUE IN STATEMENTS 1,638,044

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
YMCA OF GREATER MANCHESTER

Employer identification number
02-0222248

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

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

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

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

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization

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

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

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 ANNUAL DINNER (event type)	(b) Event #2 YOS EVENT (event type)	(c) Other events 2 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	302,647	33,582	62,106	398,335
	2 Less Contributions	257,250	30,224	55,281	342,755
	3 Gross income (line 1 minus line 2)	45,397	3,358	6,825	55,580
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	8,947	150	1,277	10,374
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	17,164	5,195	9,673	32,032
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(42,406)
	11 Net income summary Combine line 3, column (d), and line 10 ▶				13,174

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

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

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

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

b If "No," explain

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

b If "Yes," explain

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

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

13 Indicate the percentage of gaming activity operated in

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

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

Name ▶ .....

Address ▶ .....

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

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

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

Name ▶ .....

Address ▶ .....

16 Gaming manager information

Name ▶ .....

Gaming manager compensation ▶ $ .....

Description of services provided ▶ .....

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

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

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

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

Identifier	Return Reference	Explanation

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
YMCA OF GREATER MANCHESTER

Employer identification number
02-0222248

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

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

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

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

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 18

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

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) FINANCIAL ASSISTANCE	10138	566,228		FMV	MEMBERSHIP ASST
(2) FINANCIAL ASSISTANCE	429	148,107		FMV	PROGRAM ASST
(3) FINANCIAL ASSISTANCE	542	395,343		FMV	PROGRAM ASST

Part IV **Supplemental Information.**

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

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

Additional Data Return to Form

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BIG BROTHERBIG SISTER PROGRAM25 LOWELL STREET 201 MANCHESTER,NH 03101	51-0180586	3	61,603		FMV	MEMBERSHIP FEES	
COMMUNITY RESOURCE JUSTICE HAMPSHIRE HOUSE1492 ELM STREET MANCHESTER,NH 03101	04-3461434	3	20,136		FMV	MEMBERSHIP FEES	
CROSS ROADS600 LAFAYETTE RD PORTSMOUTH,NH 03801	22-2549963	3	7,194		FMV	MEMBERSHIP FEES	
CROTCHED MOUNTAIN16 RT 111 BROOKSTONE PK STE 3 DERRY,NH 03038	22-2849875	3	18,888		FMV	MEMBERSHIP FEE	
EASTER SEALS555 AUBURN STREET MANCHESTER,NH 03103	02-0272825	3	51,902		FMV	MEMBERSHIP FEE	
FAMILIES IN TRANSITION 122 MARKET STREET MANCHESTER,NH 03101	02-0475414	3	20,487		FMV	MEMBERSHIP FEES	
GRANITE BAY CONNECTIONS INC54 OLD SUNCOOK RD CONCORD,NH 03301	04-3365397	3	5,034		FMV	MEMBERSHIP FEES	
HELPING HANDS-PINE STREET140-142 CENTRAL STREET MANCHESTER,NH 03103	02-0418983	3	5,034		FMV	MEMBERSHIP FEES	
INDEPENDENT SERVICES NETWORK117 MARKET ST MANCHESTER,NH 03105	02-0437298	3	10,068		FMV	MEMBERSHIP FEES	
KIDS CAFE - SALVATION ARMY121 CEDAR STREET MANCHESTER,NH 03101	13-5562351	3	6,355		FMV	MEMBERSHIP FEES	
MANCHESTER COMMUNITY HEALTH CENTER1555 ELM STREET MANCHESTER,NH 03101	02-0258994	3	26,132		FMV	MEMBERSHIP FEES	
MANCHESTER HOUSING AND REDEVELOPMENT AUTHORITY198 HANOVER STREET MANCHESTER,NH 03104	02-6000518	3	12,620		FMV	MEMBERSHIP FEES	
MOORE CENTER195 MCGREGOR STREET UNIT 400 MANCHESTER,NH 03102	02-0261136	3	77,308		FMV	MEMBERSHIP FEES	
OFFICE OF YOUTH SERVICES1045 ELM STREET SUITE 204 MANCHESTER,NH 03101	02-6000517	3	16,858		FMV	MEMBERSHIP FEES	
PALACE THEATRE80 HANOVER STREET MANCHESTER,NH 03101	23-7356019	3	10,571		FMV	MEMBERSHIP FEES	
ROBINSON HOUSE49 MANCHESTER STREET MANCHESTER,NH 03101	02-2068285	3	9,061		FMV	MEMBERSHIP FEES	
VETERNS AFFAIRS718 SMYTH ROAD MANCHESTER,NH 03104			9,209		FMV	MEMBERSHIP FEES	
WEST BRIDGE1361 ELM STREET MANCHESTER,NH 03101	52-2324227	3	27,687		FMV	MEMBERSHIP FEES	

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
YMCA OF GREATER MANCHESTER

Employer identification number
02-0222248

Part I Questions Regarding Compensation

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

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1)HAL JORDAN PRESIDENTCEO	(i)	182,156			16,309	1,114	199,579	
	(ii)							

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

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
YMCA OF GREATER MANCHESTER

Employer identification number
02-0222248

Part I Bond Issues

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

Part II Proceeds

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

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

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X						
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X						
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	%		%		%		%	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	%		%		%		%	
6	Total of lines 4 and 5	%		%		%		%	
7	Does the bond issue meet the private security or payment test?		X						
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of	%		%		%		%	
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?		X						
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X							

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T?		X						
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X						
b	Exception to rebate?		X						
c	No rebate due?		X						
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X							
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X							
b	Name of provider	RBS CITIZENS							
c	Term of hedge		21 0						
d	Was the hedge superintegrated?		X						
e	Was a hedge terminated?		X						

Part IV Arbitrage *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X						
7	Has the organization established written procedures to monitor the requirements of section 148?	X							

Part V Procedures To Undertake Corrective Action

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?		X						

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

Identifier	Return Reference	Explanation

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
YMCA OF GREATER MANCHESTER

Employer identification number
02-0222248

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded				
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (_____)	X	5	49,332	FAIR MARKET VALUE
26	Other ▶ (_____)				
27	Other ▶ (_____)				
28	Other ▶ (_____)				

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

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

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

Identifier	Return Reference	Explanation

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
YMCA OF GREATER MANCHESTER

Employer identification number
02-0222248

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

Identifier	Return Reference	Explanation
FIRST ACCOMPLISHMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4A	RECEIVED FINANCIAL ASSISTANCE ENABLING THEM TO PARTICIPATE IN A Y PROGRAM AS A PART OF THIS COMMITMENT, THE Y PROVIDES FREE MEMBERSHIP TO OVER 45 OTHER NON-PROFIT AGENCIES WHOSE CLIENTS HAVE SPECIAL NEEDS, SUCH AS FOSTER HOMES, GROUP HOMES FOR CHILDREN WITH NO PARENTS, DRUG AND ALCOHOL TREATMENT CENTERS, MENTORING PROGRAMS AND DISABLED INDIVIDUALS COLLABORATING TO SUPPORT OTHERS IN OUR COMMUNITY IS A MAJOR FOCUS FOR OUR ORGANIZATION IN ALL Y WELLNESS PROGRAMS, WE EMPHASIZE A HOLISTIC APPROACH TOWARDS HEALTH BY STRESSING THE BALANCED DEVELOPMENT OF SPIRIT, MIND AND BODY THE Y'S CORE VALUES OF HONESTY, CARING, RESPECT AND RESPONSIBILITY ARE TAUGHT AS A WAY TO HELP ALL PEOPLE COMMIT TO INDIVIDUAL AND FAMILY WELLNESS THE Y MAINTAINS A MAJOR FOCUS ON DEVELOPING STRONG FAMILIES AND OFFERS CONCURRENT PROGRAMMING AND FREE CHILD WATCH SUPPORT THROUGH A PROGRAM CALLED FAMILY TIME. WITH THIS PROGRAM, THE ENTIRE FAMILY CAN COME AT ONE TIME TO ENSURE EVERYONE GETS TO PARTICIPATE IN HEALTHY ACTIVITIES OVER 70% OF OUR MEMBERSHIPS ARE YOUTH AND FAMILIES, SO THIS MAKES A BIG IMPACT IN ADDITION, WE RUN SPECIAL PROGRAMS LIKE HEALTHY KIDS DAY, HOST FAMILY OUTINGS AND OFFER SPECIAL RATES TO FAMILIES WE MAINTAIN A BROAD DEFINITION OF FAMILIES TO ENSURE THAT TRADITIONAL AND NONTRADITIONAL FAMILIES CAN PARTICIPATE. OVER 150 CLASSES ARE OFFERED EACH WEEK FOR PEOPLE OF ALL WALKS OF LIFE. THIS BROAD SCOPE OF SERVICE ENSURES THE OPPORTUNITY FOR A LIFETIME OF PARTICIPATION, WHICH IS THE MOST POWERFUL METHODOLOGY FOR LONG TERM CHANGE. THE Y IS ALSO COMMITTED TO PROVIDING HEALTHY ALTERNATIVES FOR YOUTH DURING THE HIGH RISK AFTER SCHOOL HOURS BY PROVIDING AN EXTENSIVE VARIETY OF PROGRAMS TO SERVE A CHILD'S MANY INTERESTS THESE PROGRAMS INCLUDE INSTRUCTIONAL AND COMPETITIVE SWIMMING, GYMNASTICS AND DANCE PROGRAMS, A MULTITUDE OF YOUTH SPORTS PROGRAMS INCLUDING BASKETBALL, SOCCER, WRESTLING, T-BALL, OUTDOOR ADVENTURE, TENNIS AND FITNESS THE Y ENCOURAGES AN EXTENSIVE USE OF VOLUNTEERS AND MENTORS TO RUN ITS PROGRAM AND INCLUDE FAMILY PARTICIPATION AS A WAY TO BRING FAMILIES CLOSER TOGETHER DUE TO THE Y'S LONG STANDING INVOLVEMENT IN AQUATICS, AND OUR CONCERN FOR KEEPING CHILDREN SAFE AROUND OCEANS, PONDS, LAKES, STREAMS, RIVERS AND SWIMMING POOLS, WE PROVIDE FREE AQUATIC SAFETY PROGRAM THAT SERVES 1,200 FOURTH GRADE CHILDREN PER YEAR IN MANCHESTER'S ELEMENTARY SCHOOL SYSTEM PROVIDING THESE PROGRAMS FOR ALL AGES, LEVELS AND ABILITIES OFFERS A UNIQUE OPPORTUNITY FOR YOUTH TO BUILD LIFELONG RELATIONSHIPS AND FRIENDS, BUILD SELF CONFIDENCE, SPEND QUALITY TIME WITH THEIR FAMILIES AND OF COURSE, DEEPEN VALUES

Identifier	Return Reference	Explanation
SECOND ACCOMPLISHMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4B	MORE POSITIVE ASSETS A CHILD HAS, THE LESS LIKELY THEY ARE TO ENGAGE IN HIGH RISK BEHAVIOR THAT MAY LEAD TO NEGATIVE HEALTH HABITS AND ANTI-SOCIAL BEHAVIORS WITH THIS AS A BACKDROP, THE Y IS THE LARGEST PROVIDER OF CHILDCARE PROGRAMS IN THE AREA AND SERVES OVER 1,230 CHILDREN PER DAY A SPECIAL EMPHASIS IS PLACED ON ENSURING ACCESS TO PROGRAMS IN LOW INCOME AREAS BY PROVIDING FINANCIAL ASSISTANCE THROUGH GRANTS, STATE AID AND Y FUND RAISING DURING THE SUMMER MONTHS WHEN CHILDREN ARE NOT IN SCHOOL, THE Y OFFERS EXTENSIVE DAY AND RESIDENT CAMPING PROGRAMS FOR CHILDREN 18 MONTHS TO 15 YEARS OLD AGAIN, THIS PROVIDES MANY OF OUR CENTER-CITY YOUTH WITH A UNIQUE OPPORTUNITY TO PARTICIPATE WITH CHILDREN FROM WITHIN AND OUTSIDE THE STATE AND COUNTRY A MAJOR EMPHASIS OF OUR CAMPING PROGRAM IS TO PROVIDE OPPORTUNITIES FOR YOUTH TO GAIN LEADERSHIP SKILLS BY PROGRESSING FROM A CAMPER TO A LEADER-IN-TRAINING (L I T), TO A COUNSELOR-IN-TRAINING (C I T), TO A JUNIOR COUNSELOR AND FINALLY TO A FULL COUNSELOR EACH YEAR, THE Y EMPLOYS OVER 425 YOUNG ADULTS AND IS ONE OF THE COMMUNITY'S LARGEST YOUTH EMPLOYERS THROUGH OUR YOUTH PROGRAMS, WE ARE ABLE TO PROVIDE OPPORTUNITIES FOR YOUTH DEVELOPMENT 12 MONTHS PER YEAR TO BUILD A HEALTHY SPIRIT, MIND AND BODY

Identifier	Return Reference	Explanation
THIRD ACCOMPLISHMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4C	WITH OVER 150 REFERRALS FOR THE 65 SLOTS, PLUS 150 ALUMNI AND FAMILY MEMBERS THE Y ALSO PROVIDES A SPECIAL PROGRAM CALLED STRIVE, FOR SUSPENDED AND EXPELLED STUDENTS NO PROGRAM CURRENTLY EXISTS IN MANCHESTER TO SUPPORT THEM WHEN THEY ARE OUT OF SCHOOL THE Y RUNS THE PROGRAM (IN COOPERATION WITH THE MANCHESTER SCHOOL DEPARTMENT) IN THE Y FACILITY (DOWNTOWN BRANCH) AND PROVIDES AN OPPORTUNITY FOR STUDENTS TO COMPLETE THEIR SCHOOL WORK TO STAY ON COURSE WITH THEIR STUDIES, RECEIVE TUTORING HELP, PERFORM COMMUNITY SERVICE AND LEARN WAYS TO IMPROVE SOCIAL SKILLS TO AVOID FURTHER PROBLEMS IN SCHOOL OVER 180 YOUTH WERE SERVED THIS YEAR THE Y ALLARD CENTER BRANCH, LOCATED IN GOFFSTOWN, ALSO PARTNERED WITH THE GOFFSTOWN HIGH SCHOOL TO OFFER SPECIAL TEAM BUILDING AND LEADERSHIP PROGRAMS FOR THEIR ALTERNATIVE EDUCATION PROGRAMS WE ALSO ESTABLISHED A COLLABORATION WITH NUMEROUS OTHER GOFFSTOWN NON PROFITS TO RUN AN AFTERSCHOOL PROGRAM FOR AT RISK MIDDLE SCHOOL CHILDREN IN GOFFSTOWN THE Y START PROGRAM OPERATES IN TWO OF OUR CENTER-CITY SCHOOLS AND PROVIDES QUALITY CHILDCARE FOR 145 CHILDREN, 85% OF WHICH ARE BELOW FEDERAL POVERTY GUIDELINES ENGLISH IS A SECOND LANGUAGE FOR THE MAJORITY OF CHILDREN SO THE ADDITIONAL TUTORING AND HOMEWORK HELP IS CRITICAL IN IMPROVING THEIR SUCCESS IN SCHOOL MOST FAMILIES PAY AS LITTLE AS 4 00 PER WEEK THIS KEEPS FAMILIES OFF OF STATE ASSISTANCE AS IT ENABLES PARENTS TO WORK AND KNOW THEIR CHILDREN ARE WELL CARED FOR THE Y ALSO RUNS A TEEN CENTER TO PROVIDE A LONG TERM CONNECTION TO THE Y FOR CHILDREN WHO NEED A POSITIVE PLACE TO COME DURING AFTER SCHOOL HOURS THE CENTER IS RUN BY STAFF TRAINED TO SUPPORT POSITIVE YOUTH DEVELOPMENT IN ORDER TO DEVELOP LEADERSHIP SKILLS IN YOUTH AND ENCOURAGE CIVIL ENGAGEMENT, THE Y RUNS A MODEL LEGISLATURE AT THE NH STATE CAPITAL FOR OVER 355 HIGH SCHOOL STUDENTS THIS IS A COLLABORATIVE PROGRAM WITH LOCAL SCHOOL SYSTEMS AND TIES INTO THE SCHOOL'S CURRICULUM ON GOVERNMENT AND PUBLIC POLICY

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

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

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

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

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

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

Identifier	Return Reference	Explanation
RECONCILIATION OF CHANGES - OTHER	FORM 990, PART XI, LINE 9	RENTAL EXPENSES OFFSETTING RENTAL INCOME ON RETURN 153,649 FUNDRAISING EXPENSES OFFSETTING INCOME ON RETURN 43,731 CHANGE IN BENEFICIAL INTEREST IN TRUST 121,953 UNREALIZED GAIN ON INTEREST RATE SWAP 149,468 FINANCIAL ASSISTANCE OFFSET AGAINST REVENUE IN STATEMENTS -1,638,044 RENT EXPENSE NETTED WITH INCOME ON THE RETURN -153,649 FUNDRAISING EXPENSES OFFSETTING INCOME ON THE RETURN -43,731 FINANCIAL ASSSITANCE OFFSET AGAINST REVENUE IN STATEMENTS 1,638,044