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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 private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 06/01/13 , and ending 05/31/14

B Check if applicable
- [X] Address change
- [X] Name change
- [ ] Initial return
- [ ] Terminated
- [ ] Amended return
- [ ] Application pending

C Name of organization
THE GRANITE YMCA

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
117 MARKET ST

City or town, state or province, country, and ZIP or foreign postal code
MANCHESTER NH 03101

D Employer identification number
02-0222248

E Telephone number
603-782-2801

G Gross receipts $ 16,555,191

F Name and address of principal officer
HAROLD J. JORDAN
117 MARKET ST
MANCHESTER NH 03101

H(a) Is this a group return for subordinates? [ ] Yes [X] No

H(b) Are all subordinates included? [ ] Yes [ ] No
If "No," attach a list (see instructions)

I Tax-exempt status [X] 501(c)(3) [ ] 501(c) ( ) ◀ (insert no) [ ] 4947(a)(1) or [ ] 527

J Website ▶ www.graniteymca.org

H(c) Group exemption number ▶

K Form of organization [X] 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
See Schedule O

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

3 Number of voting members of the governing body (Part VI, line 1a)	3	25
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	25
5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	933
6 Total number of volunteers (estimate if necessary)	6	1510
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	1,625,038	1,418,783
9 Program service revenue (Part VIII, line 2g)	12,476,705	13,812,087
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	103,479	202,491
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	25,078	18,139
12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	14,230,300	15,451,500
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,505,825	1,532,707
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)	7,395,099	7,941,992
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 192,070		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	4,844,300	5,174,624
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	13,745,224	14,649,323
19 Revenue less expenses Subtract line 18 from line 12	485,076	802,177

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	18,249,597	19,153,036
21 Total liabilities (Part X, line 26)	7,788,629	7,558,060
22 Net assets or fund balances Subtract line 21 from line 20	10,460,968	11,594,976

SCANNED NOV 10 2014

Part II Signature Block

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

Sign Here

▶ Signature of officer — Date

▶ HAROLD J. JORDAN PRESIDENT/CEO 10/9/14
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		09/30/14		P01275600

Firm's name ▶ Hession & Pare, P.C. Firm's EIN ▶ 02-0428003

Firm's address ▶ 62 Stark Street Manchester, NH 03101-1970 Phone no 603-669-5477

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

G18 25

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission

See Schedule O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] 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 [X] 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 $ 6,622,860 including grants of $ 1,082,591) (Revenue $ 6,464,162)

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 FINANCIAL AID AND/OR FREE SERVICES TO OVER 19,977 PEOPLE TO ENSURE ALL WHO NEED HELP,

4b (Code) (Expenses $ 6,357,374 including grants of $ 231,235) (Revenue $ 6,910,858)

HOLISTIC DEVELOPMENT OF CHILDREN AND YOUTH - 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

4c (Code) (Expenses $ 727,670 including grants of $ 372,297) (Revenue $ 437,067)

SOCIAL RESPONSIBILITY - THE Y ACTS AS A COMMUNITY PARTNER WHENEVER POSSIBLE TO ADDRESS CRITICAL COMMUNITY NEEDS. IN THIS CONTEXT, A NUMBER OF OUR COMMUNITIES HAVE EXPERIENCED A SIGNIFICANTLY HIGHER PERCENTAGE OF SCHOOL DROP OUTS AND SCHOOL FAILURES THAN OTHER COMMUNITIES IN THE STATE. THE Y HAS TAKEN THE LEAD TO IMPACT THIS IMPORTANT ISSUE BY OFFERING MANY SPECIAL PROGRAMS TO REDUCE SCHOOL DROPOUTS AND CLOSE THE ACHIEVEMENT GAP FOR YOUTHS 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

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

4e Total program service expenses ▶ 13,707,904

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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
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		X
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		X
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		X
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		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		X
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		X
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	X	
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	X	
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		X
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		X
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	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
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		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	X	
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
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		X
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	X	
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		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
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)

			Yes	No
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than $5,000 of grants or 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	X	
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	X	
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 25a	24a	X	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
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		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
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		X
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		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		X
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		X
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		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
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		X
29	Did the organization receive more than $25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
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		X
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		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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		X
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		X
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	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	63		
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	X	
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	933		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		X
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		X
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5b		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5c		
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?				
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a		X
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		X
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		X
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		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
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?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O				
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		X
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 line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O	1a	25		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	25		
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			X
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			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6		X	
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		X	
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			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
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			X

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	X	
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	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
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	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
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	X	
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	15b		X
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		X
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 Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

[X] Own website [ ] Another's website [X] 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 117 MARKET ST MANCHESTER NH 03101 603-782-2811

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

Check if Schedule O contains a response or note to any line 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, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

☐ Check this box if neither the organization nor any related organizations compensated any current 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	2.00									
VICE CHAIR	0.00	X		X				0	0	0
(2) DIANE BEAUDRY	2.00									
TRUSTEE	0.00	X						0	0	0
(3) KRAIG BURNHAM	2.00									
SECRETARY	0.00	X		X				0	0	0
(4) VASILIKI CANOTAS	2.00									
TRUSTEE	0.00	X						0	0	0
(5) MARC CULLEROT	2.00									
TRUSTEE	0.00	X						0	0	0
(6) PAMELA DIAMANTIS	2.00									
TRUSTEE	0.00	X						0	0	0
(7) LISA DIBRIGIDA	2.00									
TRUSTEE	0.00	X						0	0	0
(8) JIM FERRO	2.00									
TRUSTEE	0.00	X						0	0	0
(9) PENNY KERN	2.00									
TRUSTEE	0.00	X						0	0	0
(10) DENISE LANGLEY	2.00									
TRUSTEE	0.00	X						0	0	0
(11) JOHN LOMBARDI	2.00									
TRUSTEE	0.00	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			
(12) PEG O'BRIEN TRUSTEE	2.00 0.00	X						0	0	0
(13) DR. ROSHANI PATEL TRUSTEE	2.00 0.00	X						0	0	0
(14) RICHARD PEASE TRUSTEE	2.00 0.00	X						0	0	0
(15) COLEEN PENACHO TRUSTEE	2.00 0.00	X						0	0	0
(16) JODY REESE TRUSTEE	2.00 0.00	X						0	0	0
(17) KELLY REIS TRUSTEE	2.00 0.00	X						0	0	0
(18) WAYNE ROBINSON TRUSTEE	2.00 0.00	X						0	0	0
(19) JOEL ROZEN TRUSTEE	2.00 0.00	X						0	0	0
1b Sub-total ▶										
c Total from continuation sheets to Part VII, Section A ▶								297,595		31,865
d Total (add lines 1b and 1c) ▶								297,595		31,865

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in 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		X
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	X	
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		X

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 ▶ 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			
(12) DON ST. GERMAIN	2.00									
CHAIR	0.00	X		X				0	0	0
(13) TOM TOMAI	2.00									
TRUSTEE	0.00	X						0	0	0
(14) MIAH TROST	2.00									
TRUSTEE	0.00	X						0	0	0
(15) JOHN TUCKER	2.00									
TRUSTEE	0.00	X						0	0	0
(16) WILLIAM TUCKER	2.00									
TREASURER	0.00	X		X				0	0	0
(17) HAL JORDAN	50.00									
PRESIDENT/CEO	0.00			X				190,990	0	18,789
(18) JANIS CLARK	50.00									
VP FINANCE	0.00			X				106,605	0	13,076
(19)										
1b Sub-total ▶								297,595		31,865
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶										

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

		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		
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		
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		

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 or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a	62,091				
	b Membership dues	1b					
	c Fundraising events	1c	327,528				
	d Related organizations	1d					
	e Government grants (contributions)	1e	203,565				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	825,599				
	g Noncash contributions included in lines 1a-1f $ 14,200						
	h Total. Add lines 1a–1f		▶	1,418,783			
Program Service Revenue		Busn Code					
	2a HOLISTIC DEV CHILDREN & YOUTH	624410		6,910,858	6,910,858		
	b HEALTHY LIVING	713940		6,464,162	6,464,162		
	c SOCIAL RESPONSIBILITY	624100		437,067	437,067		
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a–2f		▶	13,812,087			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		▶	63,245			63,245
	4 Income from investment of tax-exempt bond proceeds		▶				
	5 Royalties		▶				
		(i) Real	(ii) Personal				
	6a Gross rents	165,624					
	b Less rental exps	162,928					
	c Rental inc or (loss)	2,696					
	d Net rental income or (loss)		▶	2,696			2,696
	7a Gross amount from sales of assets other than inventory	(i) Securities 1,033,382	(ii) Other				
	b Less cost or other basis & sales exps	894,136					
	c Gain or (loss)	139,246					
	d Net gain or (loss)		▶	139,246	139,246		
	8a Gross income from fundraising events (not including $ 327,528 of contributions reported on line 1c) See Part IV, line 18	a	52,744				
	b Less direct expenses	b	44,397				
	c Net income or (loss) from fundraising events		▶	8,347			8,347
	9a Gross income from gaming activities See Part IV, line 19	a	9,326				
	b Less direct expenses	b	2,230				
	c Net income or (loss) from gaming activities		▶	7,096			7,096
	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	Busn. Code					
	11a						
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a–11d		▶				
	12 Total revenue. See instructions		▶	15,451,500	13,951,333	0	81,384

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 or note to any line 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 U S See Part IV, line 21	362,495	362,495		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	1,170,212	1,170,212		
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	315,240	43,143	172,571	99,526
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	6,463,578	6,225,195	182,792	55,591
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	206,701	180,631	17,839	8,231
9 Other employee benefits	309,790	278,186	23,158	8,446
10 Payroll taxes	646,683	606,389	27,520	12,774
11 Fees for services (non-employees)				
a Management				
b Legal	7,082		7,082	
c Accounting	16,640		16,640	
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)	250,883	217,269	33,614	
12 Advertising and promotion	266,479	255,077	8,966	2,436
13 Office expenses	216,677	200,598	15,662	417
14 Information technology	197,298	136,470	58,805	2,023
15 Royalties				
16 Occupancy	1,661,836	1,542,453	119,383	
17 Travel	101,849	101,849		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	155,978	135,135	19,429	1,414
20 Interest	228,223	223,605	4,486	132
21 Payments to affiliates	129,890	127,394	1,791	705
22 Depreciation, depletion, and amortization	816,171	783,642	32,529	
23 Insurance	148,667	146,329	2,271	67
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	766,258	763,423	2,835	
b FINANCIAL ASSISTANCE	153,416	153,416		
c PROVISION FOR BAD DEBT	31,164	31,164		
d DUES	19,711	17,677	1,976	58
e All other expenses	6,402	6,152		250
25 Total functional expenses. Add lines 1 through 24e	14,649,323	13,707,904	749,349	192,070
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 or note to any line in this Part X ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest bearing		364,145	1	1,107,092
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		231,635	3	355,327
	4	Accounts receivable, net		428,994	4	131,326
	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		300,757	9	178,395
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 23,607,771			
	b	Less accumulated depreciation	10b 11,772,960	11,910,379	10c	11,834,811
	11	Investments—publicly traded securities		3,588,378	11	4,047,492
	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		1,425,309	15	1,498,593
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		18,249,597	16	19,153,036
Liabilities	17	Accounts payable and accrued expenses		710,978	17	712,983
	18	Grants payable			18	
	19	Deferred revenue		1,968,698	19	1,927,858
	20	Tax-exempt bond liabilities		2,535,000	20	2,415,000
	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		1,635,009	23	2,097,090
	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		938,944	25	405,129
	26	**Total liabilities.** Add lines 17 through 25		7,788,629	26	7,558,060
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		7,753,371	27	8,930,930
	28	Temporarily restricted net assets		1,674,294	28	1,601,601
	29	Permanently restricted net assets		1,033,303	29	1,062,445
		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		10,460,968	33	11,594,976
	34	Total liabilities and net assets/fund balances		18,249,597	34	19,153,036

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI [X]

1	Total revenue (must equal Part VIII, column (A), line 12)	1	15,451,500
2	Total expenses (must equal Part IX, column (A), line 25)	2	14,649,323
3	Revenue less expenses Subtract line 2 from line 1	3	802,177
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	10,460,968
5	Net unrealized gains (losses) on investments	5	183,630
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	148,201
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	11,594,976

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII [ ]

			Yes	No
1	Accounting method used to prepare the Form 990 [ ] Cash [X] 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? 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	2a		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both [X] Separate basis [ ] Consolidated basis [ ] Both consolidated and separate basis	2b	X	
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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	X	
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		X
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		

SCHEDULE A (Form 990 or 990-EZ)

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.**

▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization

THE GRANITE YMCA

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
11g(i) (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(ii) (ii) A family member of a person described in (i) above?		
11g(iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above?		

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	
(A)									
(B)									
(C)									
(D)									
(E)									
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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) 14 %

15 Public support percentage from 2012 Schedule A, Part II, line 14 15 %

16a **33 1/3% support test—2013.** 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—2012.** 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—2013.** 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—2012.** 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	1,058,636	849,935	1,250,383	1,625,038	1,418,783	6,202,775
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	9,647,989	10,021,256	11,187,570	12,476,705	13,812,087	57,145,607
3 Gross receipts from activities that are not an unrelated trade or business under section 513			53,587	55,580	52,744	161,911
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5	10,706,625	10,871,191	12,491,540	14,157,323	15,283,614	63,510,293
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)						63,510,293

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6	10,706,625	10,871,191	12,491,540	14,157,323	15,283,614	63,510,293
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	44,171	50,393	233,314	228,506	228,869	785,253
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	44,171	50,393	233,314	228,506	228,869	785,253
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	7,096	25,513
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)	10,750,796	10,921,584	12,740,080	14,389,020	15,519,579	64,321,059

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	98.74 %
16	Public support percentage from 2012 Schedule A, Part III, line 15	16	98.88 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f))	17	1 %
18	Investment income percentage from **2012** Schedule A, Part III, line 17	18	1 %

19a **33 1/3% support tests—2013.** *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—2012.** 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.** 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).

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.
▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization

THE GRANITE YMCA

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

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 Tax 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	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	2,707,597	2,293,714	2,425,450	2,426,619	2,429,140
b Contributions	1,323,069	920,976	238,017	380,599	499,325
c Net investment earnings, gains, and losses	504,648	406,377	-52,086	452,479	270,444
d Grants or scholarships					
e Other expenditures for facilities and programs	-1,841,357	-888,033	-294,204	-812,555	-746,877
f Administrative expenses	-29,911	-25,437	-23,463	-21,692	-25,413
g End of year balance	2,664,046	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 ▶ 60.12 %
- b Permanent endowment ▶ 39.88 %
- 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)	X	
(ii) related organizations 3a(ii)		X

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.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a 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		18,906,868	9,752,918	9,153,950
c Leasehold improvements				
d Equipment		2,974,997	2,020,042	954,955
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ▶				11,834,811

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. 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		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶		

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d See Form 990, Part X, line 15.

	(a) Description	(b) Book value
(1)	BENEFICIAL INTEREST IN TRUSTS	1,351,791
(2)	DEFERRED FINANCING COSTS	146,802
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶		1,498,593

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) INTEREST RATE SWAP IN LOSS POSITION	405,129
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	405,129

2. Liability for uncertain tax positions 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.
Complete if the organization answered "Yes" to Form 990, Part IV, line 12a

1	Total revenue, gains, and other support per audited financial statements			1	14,324,388
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	183,630		
b	Donated services and use of facilities	2b	17,625		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	357,756		
e	Add lines 2a through 2d			2e	559,011
3	Subtract line 2e from line 1			3	13,765,377
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	1,686,123		
c	Add lines 4a and 4b			4c	1,686,123
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	15,451,500

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.
Complete if the organization answered "Yes" to Form 990, Part IV, line 12a

1	Total expenses and losses per audited financial statements			1	13,190,380
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	17,625		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d	209,555		
e	Add lines 2a through 2d			2e	227,180
3	Subtract line 2e from line 1			3	12,963,200
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	1,686,123		
c	Add lines 4a and 4b			4c	1,686,123
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	14,649,323

Part XIII Supplemental Information

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

Part V, Line 4 - Intended Uses for Endowment Funds

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.

Part XI, Line 2d - Revenue Amounts Included in Financials - Other

RENTAL EXPENSES OFFSETTING RENTAL INCOME ON RETURN	$	162,928
FUNDRAISING EXPENSES OFFSETTING INCOME ON RETURN	$	46,627
CHANGE IN BENEFICIAL INTEREST IN TRUST	$	84,089
UNREALIZED GAIN ON INTEREST RATE SWAP	$	67,631
CHANGE IN ANNUITY	$	-3,519

Part XI, Line 4b - Revenue Amounts Included on Return - Other

FINANCIAL ASSISTANCE OFFSET AGAINST REVENUE IN STATEMENTS	$	1,686,123

Part XIII Supplemental Information (continued)

Part XII, Line 2d - Expense Amounts Included in Financials - Other

RENT EXPENSE NETTED WITH INCOME ON THE RETURN	$	162,928
FUNDRAISING EXPENSES OFFSETTING INCOME ON THE RETURN	$	46,627

Part XII, Line 4b - Expense Amounts Included on Return - Other

FINANCIAL ASSSITANCE OFFSET AGAINST REVENUE IN STATEMENTS	$	1,686,123

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www irs gov/form990

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization

THE GRANITE YMCA

Employer identification number

02-0222248

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17 Form 990-EZ filers are not required to complete this part

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 fund-raiser have custody or control of contributions? Yes	(iii) 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
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total				▶			

3 List all states in which the organization is registered or licensed to solicit contributions 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 YGL EVENT (event type)	(c) Other events 2 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	279,727	39,260	61,285	380,272
	2 Less Contributions	237,768	35,334	54,426	327,528
	3 Gross income (line 1 minus line 2)	41,959	3,926	6,859	52,744
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	8,000	700	745	9,445
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	17,562	6,186	11,204	34,952
	10 Direct expense summary Add lines 4 through 9 in column (d)			▶	44,397
	11 Net income summary Subtract line 10 from line 3, column (d)			▶	8,347

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 Noncash 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 Subtract line 7 from line 1, column (d)			▶	

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

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

b If "No," explain

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

b If "Yes," explain

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

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

13 Indicate the percentage of gaming activity operated in

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

14 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 to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV **Supplemental Information.** 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).

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.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization

THE GRANITE YMCA

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? [X] 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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC 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
(1) BIG BROTHER/BIG SISTER PROGRAM 25 LOWELL STREET #201 MANCHESTER NH 03101	51-0180586	3	69,496		FMV	MEMBERSHIP	FEES
(2) COMMUNITY RESOURCE JUSTICE 1492 ELM STREET MANCHESTER NH 03101	04-3461434	GOV	23,136		FMV	MEMBERSHIP	FEES
(3) CROSS ROADS 600 LAFAYETTE RD PORTSMOUTH NH 03801	22-2549963	3	18,660		FMV	MEMBERSHIP	FEES
(4) CROTCHED MOUNTAIN RESIDENTIAL 16 RT 111 BROOKSTONE PK STE 3 DERRY NH 03038	22-2849875	3	7,638		FMV	MEMBERSHIP	FEES
(5) EASTER SEALS - ZACHARY ROAD 555 AUBURN STREET MANCHESTER NH 03103	02-0272825	3	50,422		FMV	MEMBERSHIP	FEES
(6) HELPING HANDS-PINE STREET 140-142 CENTRAL STREET MANCHESTER NH 03103	02-0418983	3	10,411		FMV	MEMBERSHIP	FEES
(7) INDEPENDENT SERVICES NETWORK 117 MARKET ST MANCHESTER NH 03105	02-0437298	3	15,038		FMV	MEMBERSHIP	FEES
(8) MANCHESTER HEALTH CENTER - GO TEAM 1555 ELM STREET MANCHESTER NH 03101	02-0258994	3	10,990		FMV	MEMBERSHIP	FEES
(9) MOORE CENTER 195 MCGREGOR STREET UNIT #400 MANCHESTER NH 03102	02-0261136	3	49,679		FMV	MEMBERSHIP	FEES

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 16

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

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.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization

THE GRANITE YMCA

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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC 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
(1) OFFICE OF YOUTH SERVICES 1045 ELM STREET SUITE 204 MANCHESTER NH 03101	02-6000517	3	28,833		FMV	MEMBERSHIP	FEES
(2) PALACE THEATRE 80 HANOVER STREET MANCHESTER NH 03101	23-7356019	3	8,676		FMV	MEMBERSHIP	FEES
(3) ROBINSON HOUSE 49 MANCHESTER STREET MANCHESTER NH 03101	02-2068285	3	19,087		FMV	MEMBERSHIP	FEES
(4) VETERNS AFFAIRS 718 SMYTH ROAD MANCHESTER NH 03104		GOV	7,946		FMV	MEMBERSHIP	FEES
(5) WEST BRIDGE 1361 ELM STREET MANCHESTER NH 03101	52-2324227	3	17,352		FMV	MEMBERSHIP	FEES
(6) LIVING INNOVATIONS SUPPORT SERVICES 47 TIDE MILLE RD GREENLAND NH 03840	02-0505172	3	16,078		FMV	MEMBERSHIP	FEES
(7) SALVATION ARMY 121 CEDAR STREET MANCHESTER NH 03101	13-5562351	3	9,053		FMV	MEMBERSHIP	FEES
(8)							
(9)							

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

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

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 FINANCIAL ASSISTANCE	11186	660,204		FMV	MEMBERSHIP ASST
2 FINANCIAL ASSISTANCE	8305	137,711		FMV	PROGRAM ASST
3 FINANCIAL ASSISTANCE	486	372,297		FMV	PROGRAM ASST
4					
5					
6					
7					

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Part I, Line 2 - Procedures for Monitoring the Use of Grant Funds

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.

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, line 23.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

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2013

Open to Public Inspection

Name of the organization

THE GRANITE YMCA

Employer identification number

02-0222248

Part I Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax indemnification 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 on 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 directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? — 2		
3	Indicate which, if any, of the following the filing organization uses 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		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan? — 4b		X
c	Participate in, or receive payment from, an equity-based compensation arrangement? — 4c		X
	If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III		
	Only section 501(c)(3) and 501(c)(4) organizations 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		X
b	Any related organization? — 5b		X
	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		X
b	Any related organization? — 6b		X
	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		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III — 8		X
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				
HAL JORDAN	(i)	190,990	0	0	16,835	1,954	209,779	0
1 PRESIDENT/CEO	(ii)	0	0	0	0	0	0	0
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

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

SCHEDULE K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

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Open to Public Inspection

Name of the organization

THE GRANITE YMCA

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) Pooled financing	
							Yes	No	Yes	No	Yes	No
A	NH HEALTH & ED FACILITIES AUTHORITY	02-0279866	64461RFW3	10/04/07	3,800,000	PROPERTY AND CAPITAL		X		X		X
B												
C												
D												

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?								
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, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		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 the 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
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. Provide additional information for responses to questions on Schedule K (see instructions).

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions) (Continued)

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 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization

THE GRANITE YMCA

Employer Identification number

02-0222248

Form 990 - Organization's Mission

THE GRANITE YMCA IS A NON-PROFIT 501(C)3 VOLUNTEER-DRIVEN ORGANIZATION THAT IS COMMITTED TO SERVING ALL OF OUR COMMUNITY'S YOUTH, WOMEN AND MEN BY PROVIDING A GREAT VARIETY OF PROGRAMS PROMOTING HOLISTIC HEALTH OF SPIRIT, MIND AND BODY FOR PEOPLE OF ALL INCOMES, RACES, RELIGIONS, AGES AND ABILITIES. THE YMCA'S MISSION STATEMENT IS AS FOLLOWS: 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.

Form 990, Part III, Line 4a - First Accomplishment

RECEIVE HELP. THE VALUE OF ASSISTANCE IS OVER $1.68 MILLION DOLLARS. OF THIS NUMBER, 9,150 RECEIVED FREE OR DISCOUNTED MEMBERSHIP AT THE Y AND 2,984 RECEIVED FINANCIAL ASSISTANCE ENABLING THEM TO PARTICIPATE IN A Y PROGRAM.

AS A PART OF THIS COMMITMENT, THE Y PROVIDES FREE MEMBERSHIP TO OVER 64 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.

WE ARE LAUNCHING THREE NEW SIGNATURE PROGRAMS THIS YEAR WHICH WILL BE FREE TO COMMUNITY MEMBERS SUFFERING FROM CHRONIC DISEASES.

Name of the organization	Employer identification number
THE GRANITE YMCA	02-0222248

1. MOVE WELL IS A PROGRAM TAILORED FOR INDIVIDUALS WHO ARE DIABETIC OR PRE-DIABETIC AND ARE SEEKING TO REDUCE OR ELIMINATE THEIR DEPENDENCY ON DRUGS.

2. LIVESTRONG IS A SPECIAL PROGRAM FOR INDIVIDUALS RECOVERING FROM CANCER WHO ARE TRYING TO IMPROVE THEIR ABILITY TO FUNCTION NORMALLY AND LOWER THEIR RISK OF THE CANCER RECURRING.

3. PRESCRIBE THE Y IS A PHYSICIAN REFERRED PROGRAM FOR CHILDREN AND THEIR FAMILIES WHO ARE SUFFERING FROM OBESITY AND THE RISKS ASSOCIATED WITH IT.

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 CHILD CARE 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. AS A PART OF FAMILY TIME, THE YMCA PROVIDES FREE CARE FOR CHILDREN SO PARENTS CAN WORK OUT KNOWING THEIR CHILDREN ARE WELL CARED FOR. 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, AMERICA ON THE MOVE WEEK, HOST FAMILY OUTINGS AND OFFER SPECIAL RATES TO FAMILIES AS WELL AS OUR SENIORS. WE MAINTAIN A BROAD DEFINITION OF FAMILIES TO ENSURE THAT TRADITIONAL AND NONTRADITIONAL FAMILIES CAN PARTICIPATE.

Name of the organization: THE GRANITE YMCA

Employer identification number: 02-0222248

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.

IN COLLABORATION WITH THE YMCA OF THE USA, OUR Y ALSO OFFERS FREE FAMILY MEMBERSHIPS TO ANY FAMILY WHO HAS AN ACTIVE MILITARY SERVICE MAN OR WOMAN ABROAD AS WELL AS FREE CHILD CARE FOR THE FAMILY.

DUE TO THE Y'S LONG STANDING INVOLVEMENT IN AQUATICS, AND CONCERN FOR KEEPING CHILDREN SAFE AROUND OCEANS, PONDS, LAKES, STREAMS, RIVERS AND SWIMMING POOLS, WE PROVIDE A FREE AQUATIC SAFETY PROGRAM THAT SERVES 1,250 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.

Form 990, Part III, Line 4b - Second Accomplishment

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 1,255 CHILDREN PER DAY AT 24 SITES STATE WIDE. 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.

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 PROGRAMS AND INCLUDES FAMILY PARTICIPATION AS A WAY TO BRING FAMILIES CLOSER TOGETHER.

DURING THE SUMMER MONTHS WHEN CHILDREN ARE NOT IN SCHOOL, THE Y OFFERS EXTENSIVE DAY AND RESIDENT CAMPING PROGRAMS AT SIX MAJOR CAMPING FACILITIES FOR CHILDREN 18 MONTHS TO 15 YEARS OLD AND SERVES OVER 1,425 CHILDREN PER DAY. AGAIN, THIS PROVIDES MANY OF OUR CENTER-CITY AND LOW-INCOME 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 CAMPING AND YOUTH PROGRAMS, WE ARE ABLE TO PROVIDE OPPORTUNITIES FOR YOUTH DEVELOPMENT 12 MONTHS PER YEAR TO BUILD A HEALTHY SPIRIT, MIND AND BODY.

Form 990, Part III, Line 4c - Third Accomplishment

GEARED AT BUILDING ACADEMIC COMPETENCY, SOCIAL SKILLS AND A STRONG

Name of the organization: THE GRANITE YMCA

Employer identification number: 02-0222248

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 MANCHESTER 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 200 YOUTH WERE SERVED THIS YEAR.

THE YMCA ALLARD CENTER BRANCH, LOCATED IN GOFFSTOWN, NH, ALSO PARTNERED WITH THE GOFFSTOWN HIGH SCHOOL TO OFFER SPECIAL TEAMBUILDING 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 YMCA OF THE SEACOAST RUNS A COLLABORATIVE PROGRAM WITH THE LISTER SCHOOL IN PORTSMOUTH, NH FOR YOUTH AT RISK OF DROP OUT. THE Y START PROGRAM OPERATES IN TWO OF MANCHESTER'S CENTER CITY SCHOOLS AND PROVIDES QUALITY CHILDCARE FOR 115 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 $6.00 PER WEEK AND MANY RECEIVE FULL SUBSIDY MADE POSSIBLE THROUGH OUR FUNDRAISING AND GRANT ACTIVITIES. THIS REDUCES THE NUMBER OF FAMILIES ON 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. THE CENTER IS OPEN AS A FREE SERVICE TO ALL MIDDLE AND HIGH SCHOOL STUDENTS.

THE YMCA UTILIZES OVER 1,510 POLICY AND PROGRAM VOLUNTEERS TO SUPPORT OUR MISSION WORK AND GUIDE OUR ORGANIZATION TO ENSURE IT SERVES OUR COMMUNITIES NEEDS. THE YMCA RAN SIX COMMUNITY FORUMS IN THE SIX COMMUNITIES WHERE OUR FACILITY BRANCHES ARE LOCATED TO ENSURE OUR SERVICES ALIGN WITH THE UNIQUE NEEDS OF EACH COMMUNITY.

Form 990, Part VI, Line 6 - Classes of Members or Stockholders
THE ORGANIZATION IS A PUBLIC CHARITY THAT OFFERS FINANCIAL ASSISTANCE BASED ON INCOME AND 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.

Form 990, Part VI, Line 7a - Election of Members and Their Rights
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.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990
THE FINANCE COMMITTEE, THE AUDIT COMMITTEE AND THE BOARD ALL REVIEW THE

Name of the organization: THE GRANITE YMCA

Employer identification number: 02-0222248

FORM 990 AND APPROVE THE FORM PRIOR TO THE FILING OF THE RETURN.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

EACH YEAR THE Y SENDS AND COLLECTS CONFLICT OF INTEREST FORMS TO ALL OFFICERS AND DIRECTORS. THE FORMS ARE PRESENTED AT A REGULARLY SCHEDULED BOARD OF TRUSTEE MEETING, ARE REVIEWED AND VOTED ON BY THE REMAINING MEMBERS WHO ARE NOT IN CONFLICT. THE Y ALSO PUBLISHES IN THE LOCAL NEWSPAPER NAMES OF ANY INDIVIDUALS WHO HAS A RELATIONSHIP OF OVER $5,000. THIS IS DONE ANNUALLY.

Form 990, Part VI, Line 15a - Compensation Process for Top Official

THE Y 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.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

COPIES OF THE Y'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE PROVIDED BY THE Y BUSINESS OFFICE TO ANYONE WHO REQUESTS THEM. THE FORM 990 IS ALSO AVAILABLE ON THE Y'S WEBSITE.

Form 990, Part XI, Line 9 - Reconciliation of Changes - Other

RENTAL EXPENSES OFFSETTING RENTAL INCOME ON RETURN	$	162,928
FUNDRAISING EXPENSES OFFSETTING INCOME ON RETURN	$	46,627
CHANGE IN BENEFICIAL INTEREST IN TRUST	$	84,089
UNREALIZED GAIN ON INTEREST RATE SWAP	$	67,631
CHANGE IN ANNUITY	$	-3,519

Name of the organization: THE GRANITE YMCA

Employer identification number: 02-0222248

FINANCIAL ASSISTANCE OFFSET AGAINST REVENUE IN STATEMENTS	$	-1,686,123
RENT EXPENSE NETTED WITH INCOME ON THE RETURN	$	-162,928
FUNDRAISING EXPENSES OFFSETTING INCOME ON THE RETURN	$	-46,627
FINANCIAL ASSSITANCE OFFSET AGAINST REVENUE IN STATEMENTS	$	1,686,123

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Date Filed: 11/27/2013
Business ID: 61724
William M. Gardner
Secretary of State

State of New Hampshire

Recording fee: $25.00
Use black print or type.

Form NP-3
RSA 292:7

AFFIDAVIT OF AMENDMENT
OF

YMCA of Greater Manchester
A NEW HAMPSHIRE NONPROFIT CORPORATION

I, Don St. Germain, the undersigned, being the Chair (Note 1) of the above named New Hampshire nonprofit corporation, do hereby certify that a meeting was held on November 26, 2013, in Manchester, NH (Note 2), for the purpose of amending the articles of agreement and the following amendment(s) were approved by a majority vote of the corporation's Trustees (Note 3)

Wayne Robinson moved that we change the YMCA of Greater Manchester's legal name to The Granite YMCA. John Lombardi seconded. All vote in favor.

[If more space is needed, attach additional sheet(s).]

A true record, attest: _____
(Signature)

Print or type name: Don St. Germain

Title: Board Chair

Date signed: 11/26/2013

Notes: 1. Clerk, secretary or other officer.
2. Town/city and state.
3. Enter either "Board of Directors" or "Trustees".

'on become public records and will be available for

n Division, Department of State, 107 North Main Street,
ıt, 3rd Floor, Concord, NH 03301.

business.

T1333605041

STATE OF NEW HAMPSHIRE

DEPARTMENT OF JUSTICE
CHARITABLE TRUSTS DIVISION

CERTIFICATE OF REGISTRATION

THE GRANITE YMCA

MANCHESTER, NH

is registered as a charitable trust with the Department of the Attorney General, Division of Charitable Trusts pursuant to Chapter 7 Section 19 of the Revised Statutes Annotated of the State of New Hampshire.

Year of Issuance: *1973*

Registration number: *2977*

Joseph A. Foster
Attorney General

Terry M. Knowles
Assistant Director of Charitable Trusts

Cg/processed name change 2/13/14
NOTE. THIS CERTIFICATE OF REGISTRATION IS ISSUED TO CHARITABLE TRUSTS IN COMPLIANCE WITH RSA 7.19 RELATIVE TO REGISTRATION REQUIREMENTS. CHARITABLE TRUSTS MUST ALSO COMPLY WITH PERIODIC REPORTING REQUIREMENTS AND OTHER LAWS CURRENT INFORMATION MAY BE OBTAINED FROM THE REGISTER.