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332001 10-29-13

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

<u>A</u>	FOR T	he 2013 calendar year, or tax year beginning JUL 1, 2013 and	ending J	UN 30, 2014	
В	Check applica	of Discourse of Organization		D Employer identifi	cation number
	Add	nge JUSEPH N. HERMANN TOUTH CENTER, INC.			
L	Nan	nge Doing Business As		04-3	264931
	lnitia retu	Number and street (or P 0 box if mail is not delivered to street address)	Room/suite	E Telephone numbe	
	Tern ated	10 BOX 213		978-	682-9000
	retu			G Gross receipts \$	242,447.
L	App	NORTH ANDOVER, HA 01045		H(a) is this a group re	
	pend	F Name and address of principal officer CRRIS TANSON		for subordinates	² Yes X No
			01845	H(b) Are all subordinates in	ncluded? Yes No
		xempt status $X = 501(c)(3) = 501(c)(3)$ (insert no) 4947(a)(1) c	or 527	If "No," attach a	list. (see instructions)
		ite: ► N/A		H(c) Group exemption	
-		of organization X Corporation Trust Association Other	L Year	of formation 1995 N	1 State of legal domicile MA
P	art I	Summary	DA TAL A	COMMINITAN	VOLUMU.
Activities & Governance	1	Briefly describe the organization's mission or most significant activities MAINT CENTER	L'AIN A	COMMUNITY	YOUTH
. E	2	Check this box If the organization discontinued its operations or dispos	ed of more	than 25% of its net as	sets.
Š Š	3	Number of voting members of the governing body (Part VI, line 1a)		3	12
ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	12
tivities & Govern	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)		5	0
į	6	Total number of volunteers (estimate if necessary)		6	30
, įį	7 a	Total unrelated business revenue from Part VIII, column (C), line +2		7a	0.
Act Act	Ь	Net unrelated business taxable income from Form 990-T Pines 4.F IVED		7b	0.
				Prior Year	Current Year
0	8	Contributions and grants (Part VIII, line 1h) NOV 0 7 2014	000	52,645.	32,152.
» enue	9	Program service revenue (Part VIII, line 2g)	기	0.	0.
ମଃଅଟ ଞ Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 70)		49,879.	16,714.
5 L	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 19 gand He)	`l	67,441.	66,893.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A); line 12).		169,965.	115,759.
i	13	Grants and similar amounts paid (Part IX, column (A), lines 1·3)		56,802.	86,970.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ďx	b	Total fundraising expenses (Part IX, column (D), line 25) 1, 16	<u> </u>	0.500	11 104
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		9,588.	11,194.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		66,390.	98,164.
	<u> 19</u>	Revenue less expenses. Subtract line 18 from line 12		103,575.	17,595.
Net Assets or Fund Balances			Beg	inning of Current Year	End of Year
Ssel		Total assets (Part X, line 16)		640,916.	715,164.
ind A	21	Total liabilities (Part X, line 26)	-	0.	715 164
		Net assets or fund balances. Subtract line 21 from line 20		640,916.	715,164.
	rt II		and statemen	ste, and to the heat of my	Unavidadas and hallef it in
	•	lities of perjury, I declare that I have examined this return, including accompanying schedules			knowledge and belief, it is
tiue,	corre	ct, and complete Declaration of preparer (other than officer) is based on all information of whi	cii piepaiei i	Ilas ally kilowiedge	4/14
Sign		Signature of officer		Date	
Here		CHRIS HANSON, TREASURER			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature)	D:	ate / Check	PTIN
Paid		JOHN M PALLONE	10	33250/4 self-employed	₽00063781
Prep	rer	Firm's name SHAHEEN, PALLONE & ASSOCIATES, P	C /	Firm's EIN	04-3173778
Use (Firm's address 861 TURNPIKE STREET			
		NORTH ANDOVER, MA 01845		Phone no (97	78) 686-7200
May	the If	RS discuss this return with the preparer shown above? (see instructions)			Yes No
	1 10-2		ns.		Form 990 (2013)

	art III Statement of Program Service Accomplishments	Page Z
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission	
	MAINTAIN A COMMUNITY YOUTH CENTER	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	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?	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, a	nd
	revenue, if any, for each program service reported	
4a)
	SUPPORT AND MAINTENANCE OF A COMMUNITY YOUTH CENTER	···
1b	(Code) (Expenses \$)
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	· · · · · · · · · · · · · · · · · · ·
ŀc	(Code) (Expenses \$) (Revenue \$)	
		
		
d		
_	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 86,970.	
<u>e</u>	Form 99	0 (2013)

Form 990 (2013) JOSEPH N. HERMANN YOUTH CE
Part IV Checklist of Required Schedules

• •	,,,,		T	$\overline{}$
	504/101 101 101 101 101 101 101 101 101 101		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	1	х	
•	If "Yes," complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
2	Did the organization required to complete scriedule b, scriedule or community. Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	-		
3	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
7	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
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 98-197 If "Yes," complete Schedule C, Part III	5		Х
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		<u>X</u>
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		<u>X</u>
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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			v
	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			X
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	11c		Х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 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			
a	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		$\frac{x}{x}$
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	1.10		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
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
ь	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		<u>X</u>
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		<u>X</u>
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		<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	_	1	17
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40	х	
	1c and 8a? If "Yes," complete Schedule G, Part II	18		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	19	ĺ	Х
	complete Schedule G, Part III	20a		$\frac{x}{x}$
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
D	IT 165 to line 20a, old the organization attach a copy of its addited infalicial statements to this returns		990 (2013)

Form 990 (2013) JOSEPH N. HERMANN

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		v	
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX,			v
	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			Х
	Schedule J	23		
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	ļ		
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	04=		х
	Schedule K. If "No", go to line 25a	24a		Λ.
þ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	245		
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	250		Х
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
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	25b		х
	Schedule L, Part I	250		
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,	26		Х
	complete Schedule L, Part II	20		
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		Х
00	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
28	Instructions for applicable filing thresholds, conditions, and exceptions):			
•	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
a b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			-
Ŭ	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	j	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		ļ	
	Schedule N, Part II	32		<u> X</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		-	
	sections 301.7701-2 and 301 7701-37 If "Yes," complete Schedule R, Part I	33		<u>X</u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		ĺ	
	Part V, line 1	34		<u> X</u>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
ь	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		<u>X</u>
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?		ι,	
	Note. All Form 990 filers are required to complete Schedule O	38	X	
		Form	990 (2013)

1a Enter the number reported in Box 3 of Form 1096 Enter Q-if not applicable b Enter the number of Forms W2G included in line 1a Enter Q-if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) with making withholding rules for reportable payments to vendors and reportable gaming (gambling) with making with providing rules for reportable payments to vendors and reportable gaming (gambling) with making with or within the year covered by this return 2a Enter the number of employees reported on Form W3. Transmittal of Wage and Tax Statements, lead for the celendary year ending with or within the year covered by this return 2b If 1 seat on a reported on line 2a, dot the organization field all required factored employment tax returns? Note. If the sum off lines 1 and 2s is gracet than 250, you may be required to e-the gene instructions) 3b Old the croganization have unrelated business gross income of \$1,000 or more duming the year? 3b If Yes, 1 and the callendar year, did the organization flows an interest in, or a signature or other authority over, a transmical account in a foreign country (such as a bank account, securities account, or other financial accounts b If Yes, 2 meter the name of the foreign country ■ See instructions for filing requirements for Form TD F9 0.22.1, Report of Foreign Bank and Financial Accounts b Uf Yes, 3 and the organization that was or is a party to a prohibited tax sheller transaction? 5c Was the organization have annual gross recepts that are normally greater than \$100,000, and did the organization solicity and prohibited tax sheller transaction and prohibited tax of the prohibited tax of the prohibited tax of the prohibited tax of the prohibited tax of th	Pa	Check if Schedule O contains a response or note to any line in this Part V			Γ
be Enter the number reported in Box 3 of Form 1096. Enter 0-4 find applicable be Enter the number of Forms W262 included in line 1 as Enter-0-4 find applicable condition or organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gamthling) witnings to prize winners? 2 a Enter the number of employees reported on Form W3. Transmittal of Wage and Tax Statements, filled for the calendar year ending with or within the year covered by this return by 1 if at feast one is reported on line 23, and the organization file all required federal employment tax returns? Note: if the sum of lines 1 a and 2 as is greater than 250, you may be required to e-file (see instructions) 3 bid the organization have unreaded business greaters on some of \$1.000 or more dump the year? Note: if the sum of lines 1 a and 2 as is greater than 250, you may be required to e-file (see instructions) 3 bid the organization have made the year? If No. 1 to line 3b, provide an explanation in Schedule O 1 bid Yes, 1 has it field a Form 990-T for this year? If No. 1 to line 3b, provide an explanation in Schedule O 2 bid A at any time dump the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country. See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts Switch the organization and shellow that the year of provided the provided to the organization of Form 80-88-77 Switch in line Sao of Sb, did the organization that it was or is a party to a prohibited tax will be reported to the payor? 5 bid 1 Yes, 1 to line Sao of Sb, did the organization file Form 8868-77 8 bid 1 Yes, 2 did the organization than the will only the did not of the form 820 services provided? 1 bid the organization received deductible exchantable contributions and party for goods and services provided to the payor? 2 bid the organization received a contribution of qualified intellectual property		Officer in contended to contain a responde of field to day line in the fact.		Vac	No
Enter the number of Forms W2G included in line 1s Enter O- in fod applicable Did the organization comply with backup withholding rules for reportable symments to vendors and reportable gamining (gambling) withwinings to prize with new year covered by this return 1c control of the complex	1.	Enter the number reported in Box 3 of Form 1096. Enter Auf not applicable		163	
Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gamming granted to prize within the pear covered by this return 2 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 8 If at least one is reported on the 23, did the organization file all required federal employment tax returns? 8 Note. If the sum of lines 1s and 2 as greater than 250, you may be required to e-file (see instructions) 8 Drit the organization have unrelated business gross income of St 100 or more during the year? 8 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 accounts? 8 If Y'es,' retire the name of the foreign country (such as a bank account, securities account, or other financial accounts? 8 If Y'es,' retire the name of the foreign country (such as a bank account, securities account, or other financial accounts? 9 If Y'es,' retire the name of the foreign country (such as a bank account, securities account, or other financial accounts? 9 If Y'es,' retire the name of the foreign country (such as a bank account, securities account, or other financial accounts? 9 If Y'es,' retire the name of the foreign country (such as a bank account, securities account, or other financial accounts? 9 If Y'es,' retire the name of the foreign country (such as a bank account, securities account, or other financial accounts? 9 If Y'es,' retire the name of the foreign country (such as a bank account, securities accounts?) 9 If Y'es,' retire the manual goos receipts that are normally greater than \$100,000, and did the organization solution and part than a security or a security o		the the humber reported in box of Form 1000 Effect of thot applicable			
gambling) winnings to prize winners? a Enter the number of employees reported on Form W-3, Transmitts of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return b I at least one is reported on line 2a, did the organization file all required feeleral employment tax returns? Note: If the sum of lines 1 and 2 are greater than 250, you may be required to e-file (see instructions) 3 Did the organization have unrelated business gross income of \$1,000 are during the year? 3 Export of the search of the search of the search 17%, 7 for line 36, porvide an explanation in Schedule 0 3 Did 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)? 4 A At any time during the calendar year, did the organization have an interest in, or a segnature or other authority over, a financial account in a foreign country (such as a bank account; securities account, or other financial account)? 5 B I I Yes, and the calendar year, did the organization have an interest in, or a segnature or other authority over, a financial accountry of the security of the programation is partly to a prohibited tax shelter transaction? 5 B I W set the organization a partly to a prohibited tax shelter transaction? 5 B I Yes, and the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicities any contributions that were not tax deductibles a charitable contributions? 5 B I Yes, and the organization shell were yes solicitation an express statement that such contributions or gifts were not tax deductibles a charitable contribution. 5 B I Yes, and the organization shell were partly and the organization shell the payor? 6 B I Yes, and the organization shell were payored to the payor and partly six organizations. British and partly six organizations are payored to tax shelt		Effect the flumber of Forms W 20 molecular limiter to Effect of in flot applicable			
the for the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, 2a 0 b if at least one is reported on line 2a, and the organization file all required federal employment tax returns? b if if a tleast one is reported on line 2a, and the organization file all required federal employment tax returns? 3b Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X 3b If Yes,* has if filed a Form 990-T for this year? If Yes,* if a line 3b, provide an explanation in Schedule O 3a At any time during the calendary 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)? 5b If Yes,* the first the name of the foreign country 5c in Yes,* to line 3b or 5b, did the organization have that it was or is a party to a prohibited tax sheller transaction at any time during the tax year? 5b If Yes,* to line 5a or 5b, did the organization had it was or is a party to a prohibited tax sheller transaction? 5c If Yes,* to line 5a or 5b, did the organization had it was or is a party to a prohibited tax sheller transaction? 5c If Yes,* to line 5a or 5b, did the organization had it was or is a party to a prohibited tax sheller transaction? 5c If Yes,* to line 5a or 5b, did the organization more aparty to a prohibited tax sheller transaction? 5d If Yes,* to line 5a or 5b, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c If Yes,* to line 5a or 5b, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c If Yes,* to line 5a or 5b, did the organization include with every solicitation and party to good and services provided? 6c If Yes,* to line 5a or 5b, did the organization necesses at a party as a contribution and party to go	·		10	i	
tiled for the calendar year ending with or within the year covered by this return bif at least one is reported on line 2a, did the organization that list required federal employment tax returns? Note. If the sum of lines 1 and 2a is greater than 250, you may be required to e-file (see instructions) 3b. Did the organization have unrelated business gross income of \$1,000 or more during the year? 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountly over, a financial account in a foreign country (which as a bank account, securities account in a foreign country (which as a bank account, early organization counts (so the file organization counts) (which as a bank account, early the organization and interest in, or a signature or other authority over, a financial accountry (so the security) (which is a signature) (which is a bank account, or other financial accountry) (so the interest in the foreign country (which is a bank account, or other financial accountry) (so the organization party to a prohibited tax shelfer transaction? 5a Was the organization party to a prohibited tax shelfer transaction? 5b Was the organization have annual gross recepts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 5c Was the organization receive a payment in excess of \$75 made party to a porthorizer than \$100,000, and did the organization solicit any contributions that may receive deductible contributions under section 170(c). 5c Under the organization receive a payment in excess of \$75 made party as a contribution of contribution of contributions or of the value of the goods or services provided? 7c Under the organization may be very a payment in excess of \$75 made party as a contribution of contribution of contribution of contributions or ordinary to the organization ordinary that the organization ordinary that the organization ordinar	22				
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e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization make any taxable distributions under section 4966? Did the organization make any taxable distributions under section 4966? Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter a Gross income from embers or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11a		to file Form 8282?	7c		<u>X</u>
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			14a		_X_
			14b	1	

JOSEPH N. HERMANN YOUTH CENTER, INC. 04 - 3264931Form 990 (2013) 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 Section A. Governing Body and Management No 12 1a Enter the number of voting members of the governing body at the end of the tax year 1a 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 12 **b** Enter the number of voting members included in line 1a, above, who are independent 1b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision Х of officers, directors, or trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Х 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X 7ь persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8a Х a The governing body? X 8b **b** Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the Х organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No Х 10a 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, 10b and branches to ensure their operations are consistent with the organization's exempt purposes? 11a 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 Х 12b b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe Х 12c in Schedule O how this was done 13 13 Did the organization have a written whistleblower policy? 14 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a a The organization's CEO, Executive Director, or top management official 15b **b** Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х 16a taxable entity during the year? 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 16b exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ►MA 18 Section 6104 requires an organization to make its 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 Upon request X Another's website J Other (explain in Schedule O) Own website 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. State the name, physical address, and telephone number of the person who possesses the books and records of the organization CHRIS HANSON - 978-682-9000

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JOSEPH N. HERMANN YOUTH CENTER, INC.

04-3264931

Page **7**

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

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

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

(A) Name and Title	(B) Average hours per	box	(C Posit (do not check n box, unless per officer and a dir			than	th an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) JAY CAPORALE PRESIDENT	2.00	x						0.	0.	0.
(2) FRANK KNNEALLY	2.00	1			-				3.0	
VICE PRESIDENT		Х				}		0.	0.	0.
(3) CHRIS HANSON	2.00									
TREASURER		Х						0.	0.	0.
(4) LORI HOWE	2.00	 								0
SECRETARY	2.00	X						0.	0.	0.
(5) TRACY BEAUDOIN DIRECTOR	2.00	x	ļ	j				0.	0.	0.
(6) KEN CONNOLLY	2.00	^								
DIRECTOR	2000	х	İ					0.	0.	0.
(7) ERIC EISENBERG	2.00									
DIRECTOR		Х						0.	0.	0.
(8) RICK GREEN	2.00							_		_
DIRECTOR	2 00	Х						0.	0.	0.
(9) SUSAN LUCY	2.00	J		i				0	0.	0
DIRECTOR (10) PETER RADULSKI	2.00	Х	-	\dashv				0.	0.	0.
DIRECTOR	2.00	х		l				0.	0.	0.
(11) DON ROMANO	2.00									
DIRECTOR		Х		1				0.	0.	0.
(12) HOLLIE WILLIAMS	2.00									
DIRECTOR		Х			\dashv			0.	0.	0.
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Pa	rt VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d H	ighe	st C	Compensated Employe	es (continued)				
	(A) Name and title	(B) Average hours per week	box	(C) Position do not check more than one ox, unless person is both a officer and a director/trustee				th an	(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estimated amount of other		
<u> </u>		(list any hours for related organizations below line)	Individual trustee or director	Institutional frustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC	2)	com fr org and	ipensa rom the ianizat d relat anizati	e Ion ed
														
											_			
											\dashv			
	Sub-total						L		0.		0.			0.
	Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A						▶	0.		0.			0.
2	Total number of individuals (including but no compensation from the organization	ot limited to the	ose	liste	d ab	oove	e) wh	o re	eceived more than \$100	,000 of reportable			. 1	0
3	Did the organization list any former officer,		stee	, ke	y em	olqr	yee,	or t	nighest compensated er	nployee on			Yes	No
4	line 1a? If "Yes," complete Schedule J for so For any individual listed on line 1a, is the su	m of reportable								he organization		3		X
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a	ccrue compen	satio	on fr	om .	any	unre			dual for services		4		X
	rendered to the organization? If "Yes," comp tion B. Independent Contractors									***************************************		5		
1	Complete this table for your five highest cor the organization. Report compensation for t								the organization's tax y		ensa 			
	(A) Name and business	address	NO	NE]			_	(B) Description of s	ervices	Co	(C omper	s) nsation	1
								-						
								+						
								+			·			
						<u></u>		+					••	
2	Total number of independent contractors (in	ncluding but no	ot lim		i to t	thos	e lis	ted	above) who received m	ore than				
	\$100,000 of compensation from the organiz	-	•			0								

Form **990** (2013)

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue excluded from tax under (B) (C) Related or Unrelated Total revenue exempt function business sections 512 - 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a 1b **b** Membership dues 1¢ c Fundraising events 1d d Related organizations e Government grants (contributions) 1e f All other contributions, gifts, grants, and 32,152. similar amounts not included above Noncash contributions included in lines 1a-1f \$ 32,152. h Total. Add lines 1a-1f Business Code Program Service Revenue 2 a f All other program service revenue g Total. Add lines 2a-2f \triangleright Investment income (including dividends, interest, and 9,813. 9,813. other similar amounts) Income from investment of tax-exempt bond proceeds 4 Royalties (i) Real (II) Personal 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) (II) Other 7 a Gross amount from sales of (i) Securities 123,440. assets other than inventory b Less: cost or other basis 116,539. and sales expenses 6,901. c Gain or (loss) 6,901. \blacktriangleright 6,901. d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See 77,042 Part IV, line 18 10,149 b Less: direct expenses 66,893. 66,893. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses ▶ c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** Miscellaneous Revenue 11 a d All other revenue e Total. Add lines 11a-11d 6,901. 115,759. 76,706. Total revenue. See instructions

Part IX Statement of Functional Expenses

360	tion 50 (C)(5) and 50 (C)(4) organizations must com			impiete column (A)	· · · · · · · · · · · · · · · · · · ·
	Check if Schedule O contains a respon	ise or note to any line in (A)	this Part IX (B)	(C)	(D)
	o not include amounts reported on lines 6b, , Àb, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and		схренаез	general expenses	СХРСПОСС
	organizations in the United States See Part IV, line 21	86,970.	86,970.		
2	Grants and other assistance to individuals in				
	the United States See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				· · · · · · · · · · · · · · · · · · ·
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				
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				·
11	Fees for services (non-employees)				
	Management				., .,
D	Legal	1,500.		1,500.	
ن بہ	Accounting Lobbying	1,300.		1/300.	
	Professional fundraising services See Part IV, line 17				
f					
	Other. (If line 11g amount exceeds 10% of line 25,			·	
9	column (A) amount, list line 11g expenses on Sch O)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	160		4.00	
23	Insurance	468.		468.	
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) INVESTMENT FEES	5,600.		5,600.	
Ţ.	POSTAGE, PRINTING, SHIP	1,563.		403.	1,160.
	BANK & CREDIT CARD CHAR	1,132.		1,132.	1,100.
ď	SUPPLIES	738.		738.	·
	All other expenses	193.		193.	·
25	Total functional expenses. Add lines 1 through 24e	98,164.	86,970.	10,034.	1,160.
:6	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)				

Pa	ırt 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
	1	Cash · non-interest-bearing	110,323.	1	116,914.
	2	Savings and temporary cash investments	73,363.	2	95,721.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,	71		
		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	ľ		
		employers and sponsoring organizations of section 501(c)(9) voluntary	'		
s		employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a		•		
		basis. Complete Part VI of Schedule D 10a			
	h	Less: accumulated depreciation 10b		10c	
	11	Investments · publicly traded securities	457,230.	11	502,529.
	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		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	640,916.	16	715,164.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ç	22	Loans and other payables to current and former officers, directors, trustees,			
Liabilities		key employees, highest compensated employees, and disqualified persons.			
abil		Complete Part II of Schedule L		22	
تَ	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24) Complete Part X of			
		Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0.	26	0.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
S		complete lines 27 through 29, and lines 33 and 34.			545 464
JE E	27	Unrestricted net assets	640,916.	27	715,164.
3ak	28	Temporarily restricted net assets		28	····
٦	29	Permanently restricted net assets		29	
균		Organizations that do not follow SFAS 117 (ASC 958), check here			
9		and complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds	(40 016	32	715 164
Z	33	Total net assets or fund balances	640,916.	33	715,164.
	34	Total liabilities and net assets/fund balances	640,916.	34	715,164.

Forn	n 990 (2013) JOSEPH N. HERMANN YOUTH CENTER, INC.	04-	-3264931	Pag	e 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
	· ·				
1	Total revenue (must equal Part VIII, column (A), line 12)	_1	115	75	<u> 9</u> .
2	Total expenses (must equal Part IX, column (A), line 25)	2	98	3,16	<u>4.</u>
3	Revenue less expenses Subtract line 2 from line 1	3		,59	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		91	
5	Net unrealized gains (losses) on investments	5	56	, 65	<u> 3.</u>
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			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,	İ			
	column (B))	10	715	, 16	<u>. 4</u>
Pa	rt XII Financial Statements and Reporting			,	$\overline{}$
	Check if Schedule O contains a response or note to any line in this Part XII			<u> </u>	<u></u>
				Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>X</u>
	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.			- 1	
	Separate basis Consolidated basis Both consolidated and separate basis			1	
þ	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis	·, []		
	consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit	,	1	
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	edule C			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	gle Au	ıdıt	1	
	Act and OMB Circular A·133?		3a		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red au			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2013)

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

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.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

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

Employer identification number

				N. HERMANN						0	4 - 3264	1931	
Pε	rt I	Reason	for Public Cha	rity Status (All organi	zations mu	ıst comple	te this par	t.) See ins	tructions				
The	organ	ization is not	a private foundation	because it is (For lines	1 through	11, check	only one t	oox)					
1		A church, co	onvention of churche	es, or association of chui	rches desc	ribed in se	ection 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 re	search organization	operated in conjunction	with a hos	spital desc	ribed in se	ection 170)(b)(1)(A)(i	ii). Enter	the hospita	l's name	e,
-		city, and sta		•		•				•			
5				benefit of a college or u	niversity o	wned or o	perated by	a govern	mental un	it describ	oed in		
•		-)(b)(1)(A)(iv). (Comp	-	•	•	•						
6				nent or governmental uni	it describe	d in sectio	n 170(b)(1)(A)(v).					
7		•	· -	ceives a substantial part					or from the	e general	public desc	cribed in	1
•			(b)(1)(A)(vi). (Comple		0 00pp		geronn			9	,		
8				section 170(b)(1)(A)(vi).	(Complete	Part II.)							
	X		•	ceives (1) more than 33		· ·	rom contr	ibutions n	nembershi	n fees a	ind aross re	ceiots f	rom
9	لغف	_		inctions - subject to certa									
			· · · · · · · · · · · · · · · · · · ·	taxable income (less sec									
			509(a)(2). (Complet	·	tion of the	<i>x</i>) 110111 bc	31103303	acquired L	y the orga	21112411011	artor borro	30, 101	•
40				perated exclusively to te	et for publ	ic safety !	See sec tio	n 509(a)(4)				
10 11	一	-	-	perated exclusively for the	-	•				v out the	nurnoses e	of one o	or
• •		-		ations described in secti									•
		-		organization and compl				_,		-/(-/-			
		a Type		· •	ype III - Fu	-		۱ ،	ayT 🔲 typ	e III - No	n-functional	llv intea	rated
е	\Box	• •		at the organization is not			_						
C				than one or more publicly									
f				tten determination from						- (/(-/		(/, /	
•		•	rganization, check t			· · · · · · · · · · · · · · · · · ·	,, -,,	., , ,					
g			-	organization accepted ar	nv aift or c	ontribution	from anv	of the follo	owing pers	sons?			
9				directly controls, either al							'.	Yes	No
				upported organization?					,,		11g(i)		
				n described in (i) above?							11g(ii)		
				a person described in (i) o		e?					11g(iii)		
h				about the supported or									
•••				• • • •	•	` '							
/i)	Nama	of supported	(ii) EłN	(III) Type of organization	(iv) Is the c	rganization	(v) Did you	notify the	(vi) Is	the	(vii) Amoun	t of mone	etarv
(1)		nization	(11) = 114	(described on lines 1-9	in col (I) lis		organizat	ion in col	organizátic (I) organiz	on in col ed in the		port	,
	U.gu			above or IRC section	governing	document?	(ı) of you	r support?	US	2			
				(see instructions))	Yes	No	Yes	No	Yes	No			
													
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			li										
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Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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 (e) 2013 (f) Total Calendar year (or fiscal year beginning in) (a) 2009 **(b)** 2010 (c) 2011 (d) 2012 7 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 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 12 Gross receipts from related activities, etc. (see instructions) 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 15 Public support percentage from 2012 Schedule A, Part II, line 14 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

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.)

Se	ction A. Public Support	elow, please comp	Diete Fart II)				
_	endar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Gifts, grants, contributions, and	(0) 2000	10, 2010	<u> </u>	1-7-2-1-	19/ = 3 + 5	17
•	membership fees received (Do not						
	include any "unusual grants ")	96,944.	67,279.	30,732.	52,645.	32,152.	279,752.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose					•	
3	Gross receipts from activities that						
3	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ- ization'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	96,944.	67,279.	30,732.	52,645.	32,152.	279,752.
7 <i>a</i>	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c	Add lines 7a and 7b						0.
8	Public support (Subtract line 7c from line 6)						279,752.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 6	96,944.	67,279.	30,732.	52,645.	32,152.	279,752.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4,746.	2,026.	9,171.	49,879.	16,713.	82,535.
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	4,746.	2,026.	9,171.	49,879.	16,713.	82,535.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital						
13	assets (Explain in Part IV) Total support (Add lines 9, 10c, 11, and 12)	101,690.	69,305.	39,903.	102,524.	48,865.	362,287.
	First five years. If the Form 990 is for	the organization's	first, second, third	, fourth, or fifth ta	x year as a section	501(c)(3) organiz	ation,
	check this box and stop here						▶□_
Sec	tion C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2013 (li			olumn (f))		15	77.22 %
16	Public support percentage from 2012	Schedule A, Part I	II, line 15			16	81.33 %
Sec	tion D. Computation of Inves	tment Income	Percentage				
17	Investment income percentage for 20	13 (line 10c, colum	n (f) divided by line	13, column (f))		17	22.78 %
	Investment income percentage from 2					18	18.67 %
	33 1/3% support tests - 2013. If the			n line 14, and line	15 is more than 3	3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box an 33 1/3% support tests - 2012. If the	d stop here . The	organization qualifi	es as a publicly s	upported organiza	ition	$\triangleright X$
	line 18 is not more than 33 1/3%, chec						▶□
	Private foundation. If the organization						▶ □
<u> </u>							

Schedule A	(Form 990 or 990-E	Z) 2013 JOS	EPH N.	HERMANN	YOUTH	CENTER,	INC.	04-326493	1 Page 4
Part IV	(Form 990 or 990-E Supplemental	Information	n. Provide th	ne explanations	required by F	Part II, line 10, F	Part II, line 17a o	r 17b, and Part III, lin	e 12
	Also complete this								
	•								
									
						 			
			-					 	~· · · · · · · · · · · · · · · · · ·
									
				······································	 				
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SCHEDULE G

Department of the Treasury

(Form 990 or 990-EZ)

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.

OMB No 1545-0047

Open To Public

Internal Revenue Service

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

Inspection

JOSEPH	N. HERMANN YOUTH C	ENT	ER,	INC.	04-3264	931
	Complete if the organization answer		_		ne 17. Form 990-EZ	filers are not
 Indicate whether the organization rai a Mail solicitations b Internet and email solicitation c Phone solicitations d In-person solicitations 2 a Did the organization have a written key employees listed in Form 990, F b If "Yes," list the ten highest paid indicompensated at least \$5,000 by the 	e Solicitat f Solicitat g Special or oral agreement with any individual Part VII) or entity in connection with p lividuals or entities (fundraisers) pursi	tion of tion of fundra (includerofess	non-g gover using ding o ional t	overnment grants nment grants events fficers, directors, true fundraising services?	stees or Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundri have cu or con contribu	istody trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
					:	
		1. 1	_			
otal 3 List all states in which the organizatio or licensing	n is registered or licensed to solicit c	contribi	utions	or has been notified	I it is exempt from re	gistration

	nedu art	II Fundraising Events. Complete if to of fundraising event contributions and g	he organization answered	d "Yes" to Form 990, Par	t IV, line 18, or reported		
		or rundraising event contributions and g	(a) Event #1 SPRING EVENT (event type)	(b) Event #2 WALK FOR	(c) Other events NONE (total number)	(d) Total events (add col (a) through col (c))	
Revenue	1	Gross receipts	73,159.	3,883.		77,042.	
	2	Less: Contributions					
	3	Gross income (line 1 minus line 2)	. 73,159.	3,883.		77,042.	
	4	Cash prizes					
S	5	Noncash prizes					
xpens	6	Rent/facility costs					
Direct Expenses	7	Food and beverages	3,063.		·	3,063.	
	8	Entertainment	3,000.			3,000.	
	9	Other direct expenses	3,000. 4,086.			4,086.	
	10	Direct expense summary Add lines 4 throug	h 9 ın column (d)		>	10,149.	
		Net income summary. Subtract line 10 from			<u> </u>	66,893.	
Pa	ırt l		answered "Yes" to Form	990, Part IV, line 19, or r	eported more than		
		\$15,000 on Form 990-EZ, line 6a				107.1	
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))	
Re	1	Gross revenue					
ses	2	Cash prizes					
Expenses	3	Noncash prizes			<u>-</u>		
Direct	4	Rent/facility costs					
	5	Other direct expenses					
	6	Volunteer labor	☐ Yes % ☐ No	Yes %	Yes % No		
	7	Direct expense summary. Add lines 2 through	n 5 ın column (d)		•		
		Not coming income gummany Subtract line 7	from line 1 column (d)		•		
	8	Net gaming income summary. Subtract line 7	rom line 1, column (a)			<u> </u>	
	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 *N	No," explain					
		re any of the organization's gaming licenses re			ear [?]	Yes No	
	_						

<u>Sch</u>	nedule G (Form 990 or 990-EZ) 2013 JOSEPH N. HERMANN YOUTH CENTER, INC. 04-	<u> 3264931</u>	Page 3
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 Yes	L No
13	Indicate the percentage of gaming activity operated in		
	The organization's facility	13a	%
	o 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 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 > \$		
С	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:		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	No
	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 🕨 \$		
Par	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (III) and (v), and Part III, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions)	lines 9, 9b, 10)b, 15b,
-		-	
			

Schedule G	(Form 990 or 990-EZ) _	JOSEPH N.	HERMANN	YOUTH	CENTER,	INC.	04-3264931	Page 4
Part IV	(Form 990 or 990-EZ) Supplemental Inform	mation (continued)						
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SCHEDULE 1 (Form 990) Department of the Treasury Internal Revenue Service

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

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

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

OMB No 1545-0047	2013

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2 Employer identification number SUPPORT AND 04-3264931 (h) Purpose of grant or assistance X Yes SCHOLARSHIPS, 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 YOUTH CENTER IMPROVEMENTS 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 (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) o (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (d) Amount of cash grant 86,970 INC. YOUTH CENTER, (c) IRC section if applicable JOSEPH N. HERMANN 04-6001245 General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization or government NORTH ANDOVER, MA 01845 TOWN OF NORTH ANDOVER Name of the organization 120 MAIN STREET Parti Part #

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) (2013)

332101 10-29-13

Schedule ! (Form 990) (2013) (f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) 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. Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance 332102 10-29-13 Part III

Page 2

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JOSEPH N. HERMANN YOUTH CENTER, INC.

Schedule I (Form 990) (2013)

SCHEDULE O (Form 990 or 990-EZ)

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.

Employer identification number

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

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JOSEPH N. HERMANN YOUTH CENTER, INC.	04-3264931
FORM 990, PART VI, SECTION B, LINE 11:	
THE FORM 990 IS REVIEWED BY THE BOARD OF DIRECTORS BEFORE	
FILING.	
FORM 990, PART VI, SECTION B, LINE 12C:	
ORGANIZATION REVIEWS AND UPDATES CONFLICT OF INTEREST POL	ICY
ANNUALLY.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND	
FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.	
	