See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493229028115

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

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 01-01-2014 , and ending 12-31-2014

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
YOUNG MEN'S CHRISTIAN ASSOCIATION
OF PAWTUCKET INC

Doing business as

Number and street (or P O box if mail is not delivered to street address) 660 ROOSEVELT AVENUE

Room/suite

City or town, state or province, country, and ZIP or foreign postal code
PAWTUCKET, RI 02860

D Employer identification number
05-0259114

E Telephone number
(401) 727-7515

G Gross receipts $ 12,251,454

F Name and address of principal officer
ESSELTON T MCNULTY
660 ROOSEVELT AVENUE
PAWTUCKET, RI 02860

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW GOYMCA COM

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

L Year of formation 1889

M State of legal domicile RI

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO PUT CHRISTIAN PRINCIPLES INTO PRACTICE THROUGH PROGRAMS THAT BUILD CHARACTER & PROMOTE A HEALTHY SPIRIT, MIND & BODY FOR ALL IN CONCERT WITH OUR MISSION STATEMENT, OUR VISION IS ENRICH THE SPIRIT PROVIDE AN EXPERIENCE OF TRADITION & ASSOCIATION, TO ENHANCE A SENSE OF BELONGING & WELL-BEING BUILD HEALTH & CHARACTER PROVIDE AN ENVIRONMENT IN WHICH PEOPLE CAN ENGAGE IN COMPREHENSIVE QUALITY PROGRAMS OF HEALTH, FITNESS AND CHARACTER DEVELOPMENT THAT WILL ENHANCE HEALTHY LIFESTYLES & VALUES DEVELOP LIFETIME SKILLS TEACH & NURTURE SOCIAL, INTERPERSONAL & PHYSICAL SKILLS, WHICH PROVIDE ENJOYMENT AND HELP MEET THE HEALTH, SAFETY AND WELFARE NEEDS OF ALL STRENGTHEN THE FAMILY ENCOURAGE TOGETHERNESS & ENHANCE FAMILY PARTICIPATION & UNITY THROUGH A BROAD RANGE OF SERVICES & PROGRAMS AIMED AT TRADITIONAL & NON-TRADITIONAL FAMILY UNITS STRENGTHEN THE COMMUNITY PROMOTE THE DEVELOPMENT OF LEADERSHIP, VOLUNTEERISM, CULTURAL UNDERSTANDING & ELIMINATE BIAS & BE AN ADVOCATE FOR THOSE IN NEED

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

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	24
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	22
5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	**5**	544
6	Total number of volunteers (estimate if necessary)	**6**	325
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	36,173
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	4,348

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	237,103	402,339
9	Program service revenue (Part VIII, line 2g)	9,981,477	10,793,643
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	193,488	348,519
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	88,417	75,084
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,500,485	11,619,585

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	5,921,933	6,351,388
16a	Professional fundraising fees (Part IX, column (A), line 11e)	15,635	16,900
b	Total fundraising expenses (Part IX, column (D), line 25) ▶163,141		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	4,136,364	4,329,425
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	10,073,932	10,697,713
19	Revenue less expenses Subtract line 18 from line 12	426,553	921,872

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	32,833,487	33,042,389
21	Total liabilities (Part X, line 26)	12,717,905	12,101,658
22	Net assets or fund balances Subtract line 21 from line 20	20,115,582	20,940,731

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

****** 2015-08-15
Signature of officer Date

ESSELTON T MCNULTY EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
JUSTIN DUQUETTE CPA	JUSTIN DUQUETTE CPA	2015-08-03		P01760565

Firm's name ▶ DUQUETTE HURLEY & ASSOCIATES INC
Firm's EIN ▶ 05-0416312
Firm's address ▶ 150 MAIN STREET
PAWTUCKET, RI 02860
Phone no (401) 724-9114

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III . . . . . ☑

1 Briefly describe the organization's mission

TO PUT CHRISTIAN PRINCIPLES INTO PRACTICE THROUGH PROGRAMS THAT BUILD CHARACTER & PROMOTE A HEALTHY SPIRIT, MIND & BODY FOR ALL IN CONCERT WITH OUR MISSION STATEMENT, OUR VISION IS ENRICH THE SPIRIT PROVIDE AN EXPERIENCE OF TRADITION & ASSOCIATION, TO ENHANCE A SENSE OF BELONGING & WELL-BEING BUILD HEALTH & CHARACTER PROVIDE AN ENVIRONMENT IN WHICH PEOPLE CAN ENGAGE IN COMPREHENSIVE QUALITY PROGRAMS OF HEALTH, FITNESS AND CHARACTER DEVELOPMENT THAT WILL ENHANCE HEALTHY LIFESTYLES & VALUES DEVELOP LIFETIME SKILLS TEACH & NURTURE SOCIAL, INTERPERSONAL & PHYSICAL SKILLS, WHICH PROVIDE ENJOYMENT AND HELP MEET THE HEALTH, SAFETY AND WELFARE NEEDS OF ALL STRENGTHEN THE FAMILY ENCOURAGE TOGETHERNESS & ENHANCE FAMILY PARTICIPATION & UNITY THROUGH A BROAD RANGE OF SERVICES & PROGRAMS AIMED AT TRADITIONAL & NON-TRADITIONAL FAMILY UNITS STRENGTHEN THE COMMUNITY PROMOTE THE DEVELOPMENT OF LEADERSHIP, VOLUNTEERISM, CULTURAL UNDERSTANDING & ELIMINATE BIAS & BE AN ADVOCATE FOR THOSE IN NEED

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 6,318,541 including grants of $) (Revenue $ 5,716,281)

CHILDCARE AND CAMPING SERVICES DAY CAMPING OFFERS ADVENTURE AND LEARNING ACTIVITIES THAT PROVIDE CHALLENGE, EDUCATION, AND PROMOTE SPIRITUAL AWARENESS, MENTAL DEVELOPMENT, PHYSICAL WELL BEING, SOCIAL GROWTH, AND SELF-RESPECT OUR CAMPS PROVIDE A REVERENCE FOR NATURE AND RESPECT FOR THE INTER-RELATEDNESS OF ALL LIVING THINGS ON EARTH OUR CAMPS ARE OPEN TO ALL, REGARDLESS OF INCOME OR SPECIAL NEEDS, SO THAT CHILDREN APPRECIATE DIVERSITY, BECOME COMMUNITY LEADERS AND DEVELOP LIFELONG VALUES IN 2014 WE SERVED 3,560 YOUTH DURING 9 WEEKS OF CAMP, PROVIDING 12,300 CAMPER-WEEKS AND FINANCIAL ASSISTANCE TO OVER 1,800 CHILDREN FAMILY AND SPECIALTY CAMPS FOR TEENS AND ATHLETES WERE PROVIDED TO OPEN NEW AVENUES OF UNDERSTANDING WITH THE OUTDOOR ENVIRONMENT WHILE IMMERSED TOGETHER WITH FAMILY MEMBERS OR WITH OTHERS IN COMPETITION OR PERSONAL GROWTH CAMPS ARE AGE SPECIFIC FOR THE EDUCATIONAL BENEFIT OF THE CHILD AND GEOGRAPHICALLY POSITIONED FOR THE CONVENIENCE OF WORKING PARENTS OUR CAMPS ARE LOCATED IN SIX LOCATIONS THROUGHOUT NORTHERN RHODE ISLAND AND COVENTRY AND COLLECTIVELY SERVE CHILDREN AND TEENS UP TO 16 YEARS OF AGE THE PROGRAMMING OF THE CAMPS BUILDS HEALTH AND FITNESS AND TEACHES LIFETIME SKILLS IN ADDITION THE INTERACTION WITH THE OTHER CAMPERS AND WITH THEIR OWN SELF AWARENESS ENRICHES THE SPIRIT THAT INFUSES CHARACTER INTO THE CAMPERS LIVES PROGRAMS CONDUCTED UNDER THIS CATEGORY OF PROGRAM SERVICE ACCOMPLISHMENTS INCLUDE - RUNNING, TRAVEL CAMPS AND FAMILY CAMPGROUNDS - YOUTH & TEEN DAY CAMPS - LEADER DEVELOPMENT CAMPS CHILD CARE PROGRAMS OFFER HIGH QUALITY CHILD CARE ACTIVITIES FOR PRESCHOOL AND SCHOOL AGE CHILDREN FROM ALL SEGMENTS OF OVER EIGHT COMMUNITIES WE SERVE WE OFFER A VARIETY OF STATE LICENSED CHILDCARE PROGRAMS, BOTH FULL AND PART-TIME, WHICH PROVIDE A SAFE AND NURTURING ENVIRONMENT WHERE YOUTH CAN DEVELOP SELF-ESTEEM, GOOD VALUES AND AN APPRECIATION OF CHARITABLE SERVICE WOVEN INTO THE FABRIC OF THE YMCA MISSION IS A COMMITMENT TO STRENGTHENING FAMILIES OUR CHILDCARE PROGRAMS INCLUDE COUNSELING OF TROUBLED YOUTH AND PARENTS, DEALING WITH RUNAWAY TEENAGERS, ASSISTING CHILD VICTIMS OF PHYSICAL AND SEXUAL ABUSE, AND PROGRAMS THAT HELP PARENTS LEARN MORE ABOUT HOW TO RAISE CHILDREN THAT ARE HAPPY AND HEALTHY IN SPIRIT, MIND AND BODY WE PARTNER WITH OTHER COMMUNITY AGENCIES SUCH AS (UNITED WAY, DHS, DEPT OF HEALTH, GATEWAY, AND OTHER GOVERNMENTAL AGENCIES) SO THAT FINANCIAL ASSISTANCE IS AVAILABLE FOR THOSE WHO CANNOT AFFORD TO PAY IN 2014, WE SERVED 2,010 PARTICIPANTS AND PROVIDED FINANCIAL ASSISTANCE IN THE AMOUNT OF 185,630 PROGRAMS CONDUCTED UNDER THIS CATEGORY OF PROGRAM SERVICE ACCOMPLISHMENTS INCLUDE SCHOOL AGE - BEFORE AND AFTER SCHOOL CHILDCARE EARLY CHILDHOOD LEARNING AND EDUCATIONAL KINDERGARTEN PARENTING CLASSES, COUNSELING INTERVENTION AND NUTRITIONAL EDUCATION

4b (Code) (Expenses $ 3,303,967 including grants of $) (Revenue $ 5,083,126)

ADULT, YOUTH AND FAMILY SERVICES THE YMCA VIEWS HEATH HOLISTICALLY A HEALTHY PERSON HAS UNITY OF BODY, MIND AND SPIRIT THE YMCA HAS IDENTIFIED THE GROWING NATIONAL OBESITY RATES IN THIS COUNTRY AS A CRITICAL SOCIAL ISSUE THAT MUST BE ADDRESSED AND OUR HEALTH AND WELL BEING PROGRAMS ARE DESIGNED TO HELP PEOPLE DEVELOP NEW SKILLS AND GROW IN SPIRIT MIND AND BODY BY SETTING REALISTIC GOALS FOR SELF IMPROVEMENT AND DISEASE PREVENTION THROUGH AN ACTIVE LIFESTYLE, PROPER NUTRITION, STRESS MANAGEMENT, AND HEALTH EDUCATION YMCA PROGRAMS PROMOTE INTERACTION, TEAMWORK, AND DEVELOPMENT OF MORAL AND ETHICAL BEHAVIOR, SOCIAL SKILLS AND SELF ESTEEM THE YMCA ALSO VIEWS THE FAMILY UNIT AS VITAL TO THE PROPER GROWTH AND DEVELOPMENT OF CHILDREN AND THE HEALTH AND WELLBEING OF THE ADULT MEMBERS OF THE FAMILY THE PARTICIPATION COLLECTIVELY AND INDIVIDUALLY IN ACTIVE PHYSICAL ACTIVITIES AND EDUCATIONALLY STIMULATING CLASSES BUILDS KNOWLEDGE, CONFIDENCE AND BONDS THE FAMILY MEMBER TO ONES SELF AND EACH OTHER THE RESULT IS THE GROWTH OF POTENTIAL IN INDIVIDUALS THAT SERVES THE SPIRIT, OTHERS AND ONES PLACE IN SOCIETY WE SERVE ALL AGES, ABILITIES, RACES, NATIONALITIES AND RELIGIONS AND PROVIDE FINANCIAL ASSISTANCE TO THOSE WHO NEED IT IN 2014, WE SERVED 36,190 PERSONS IN OUR COMMUNITY AND PROVIDED FINANCIAL ASSISTANCE IN THE AMOUNT OF 271,850 PROGRAMS CONDUCTED UNDER THIS CATEGORY OF PROGRAM SERVICE ACCOMPLISHMENTS INCLUDE - MEMBERSHIP SERVICE FITNESS, WELLNESS, SOCIAL, EDUCATIONAL AND VOLUNTEERISM - AQUATIC SAFETY - LIFETIME SKILLS EDUCATION - YOUTH DEVELOPMENT - OUTDOOR RECREATION YOUTH AND FAMILY - FITNESS & WELLNESS

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

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

4e Total program service expenses ▶ 9,622,508

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**		No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	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 "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response 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	0		
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			No
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	544		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	3a		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .	3b		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			No
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .	9b			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	14b			

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

Check if Schedule O contains a response or note to any line in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	24		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	22		
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**		Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	**3**			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	**4**			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	**5**			No
6	Did the organization have members or stockholders?	**6**			No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	**7a**			No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	**7b**			No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	**8a**		Yes	
b	Each committee with authority to act on behalf of the governing body?	**8b**		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	**9**			No

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

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

Section C. Disclosure

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

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

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

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶ESSELTON MCNULTY

660 ROOSEVELT AVENUE
PAWTUCKET, RI 02860 (401)727-7515

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-Total . . . . . ▶										
c Total from continuation sheets to Part VII, Section A . . . . ▶										
d Total (add lines 1b and 1c) . . . . . ▶								292,510		

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

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

Check if Schedule O contains a response 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				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations . . .	1d				
	e	Government grants (contributions)	1e	24,197			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	378,142			
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f . . . . . ▶		402,339			
Program Service Revenue			Business Code				
	2a	CHILD CARE SERVICES		5,713,230	5,713,230		
	b	ADULT, YOUTH & FAMILY ACTIVIT		5,080,413	5,080,413		
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f . . . . . ▶		10,793,643			
	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		124,154			124,154
	4	Income from investment of tax-exempt bond proceeds . . ▶					
	5	Royalties . . . . . ▶					
			(i) Real	(ii) Personal			
	6a	Gross rents	171,039				
	b	Less rental expenses	135,031				
	c	Rental income or (loss)	36,008				
	d	Net rental income or (loss) . . . . . ▶			36,008		36,173 -165
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	705,023	16,180			
	b	Less cost or other basis and sales expenses	496,838				
	c	Gain or (loss)	208,185	16,180			
	d	Net gain or (loss) . . . . . ▶			224,365	16,180	208,185
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . a		30,460			
	b	Less direct expenses . . . b					
	c	Net income or (loss) from fundraising events . . ▶			30,460		30,460
	9a	Gross income from gaming activities See Part IV, line 19 . . . a					
	b	Less direct expenses . . . b					
	c	Net income or (loss) from gaming activities . . ▶					
	10a	Gross sales of inventory, less returns and allowances . a					
	b	Less cost of goods sold . . b					
	c	Net income or (loss) from sales of inventory . . ▶					
		Miscellaneous Revenue	Business Code				
	11a	BNH REVENUE		8,616	8,616		
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d . . . . . ▶		8,616			
	12	**Total revenue.** See Instructions . . . . . ▶		11,619,585	10,818,439	36,173	362,634

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 domestic organizations and domestic governments See Part IV, line 21				
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals 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)	165,620		132,496	33,124
7 Other salaries and wages	4,913,413	4,697,355	187,187	28,871
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	810,486	685,334	107,820	17,332
10 Payroll taxes	461,869	433,193	23,958	4,718
11 Fees for services (non-employees)				
a Management				
b Legal	210		210	
c Accounting	23,612		23,612	
d Lobbying				
e Professional fundraising services See Part IV, line 17	16,900			16,900
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)	528,577	285,290	243,287	
12 Advertising and promotion	104,768	62,029	34,626	8,113
13 Office expenses	81,100	68,185	10,102	2,813
14 Information technology	45,353	39,366	3,425	2,562
15 Royalties				
16 Occupancy	1,008,947	975,547	4,127	29,273
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	28,712	19,806	8,906	
20 Interest	257,855	149,064	108,791	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,144,816	1,135,628		9,188
23 Insurance	277,081	267,139		9,942
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	551,965	548,584	3,381	
b TRANSPORTATION & VEHICLE	112,214	109,585	2,324	305
c YMCA OF USA DUES	79,569	79,569		
d REPAIRS AND MAINTENANCE	61,255	60,948	307	
e All other expenses	23,391	5,886	17,505	
25 **Total functional expenses.** Add lines 1 through 24e	10,697,713	9,622,508	912,064	163,141
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		752,912	1	1,454,008
	2	Savings and temporary cash investments		2,400,388	2	2,535,554
	3	Pledges and grants receivable, net		300	3	300
	4	Accounts receivable, net		124,232	4	23,913
	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		2,500	8	2,930
	9	Prepaid expenses and deferred charges		77,249	9	57,116
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 36,765,717			
	b	Less accumulated depreciation	10b 11,556,707	25,895,467	10c	25,209,010
	11	Investments—publicly traded securities		2,701,792	11	2,906,350
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets		219,220	14	205,768
	15	Other assets See Part IV, line 11		659,427	15	647,440
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		32,833,487	16	33,042,389
Liabilities	17	Accounts payable and accrued expenses		400,656	17	340,956
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		11,236,590	20	10,823,728
	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		930,557	23	826,250
	24	Unsecured notes and loans payable to unrelated third parties		150,102	24	110,724
	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		12,717,905	26	12,101,658
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		17,901,496	27	18,795,699
	28	Temporarily restricted net assets		1,462,967	28	1,399,807
	29	Permanently restricted net assets		751,119	29	745,225
		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		20,115,582	33	20,940,731
	34	Total liabilities and net assets/fund balances		32,833,487	34	33,042,389

Part XI Reconcilliation 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	11,619,585
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,697,713
3	Revenue less expenses Subtract line 2 from line 1	3	921,872
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	20,115,582
5	Net unrealized gains (losses) on investments	5	-93,846
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	-2,877
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	20,940,731

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

Additional Data

Software ID:
Software Version:
EIN: 05-0259114
Name: YOUNG MEN'S CHRISTIAN ASSOCIATION OF PAWTUCKET INC

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DOUGLAS BROWN DIRECTOR	1 00	X						0	0	0
(1) PATRICK CAREY DIRECTOR	1 00	X						0	0	0
(2) PETER BAZIOTIS MD DIRECTOR	1 00	X						0	0	0
(3) JEANNE COLA DIRECTOR	1 00	X						0	0	0
(4) KEVIN BURNS TREASURER	5 00	X						0	0	0
(5) EDNA POULIN DIRECTOR	1 00	X						0	0	0
(6) BINTOU CHATTERTON DIRECTOR	1 00	X						0	0	0
(7) MARILYN SHANNON MCCONAGHY DIRECTOR	1 00	X						0	0	0
(8) KAREN DASILVA DIRECTOR	1 00	X						0	0	0
(9) DANA NEWBROOK DIRECTOR	1 00	X						0	0	0
(10) FREDERICK HALL DIRECTOR	1 00	X						0	0	0
(11) KEVIN TRACY DIRECTOR	1 00	X						0	0	0
(12) MARTIN TURSKY DIRECTOR	1 00	X						0	0	0
(13) ROBERT OSTER DIRECTOR	1 00	X						0	0	0
(14) ROBERT SHERMAN DIRECTOR	1 00	X						0	0	0
(15) STEWART STEFFEY JR DIRECTOR	1 00	X						0	0	0
(16) ELISEO NOGUERAS DIRECTOR	1 00	X						0	0	0
(17) WILLIAM HUNT DIRECTOR	1 00	X						0	0	0
(18) REVERAND GEORGE PETERS DIRECTOR	1 00	X						0	0	0
(19) FRANK MARINI DIRECTOR	1 00	X						0	0	0
(20) DEBRA FOLEY DIRECTOR	1 00	X						0	0	0
(21) JOSHUA GIRALDO DIRECTOR	1 00	X						0	0	0
(22) MARK HOUSE DIRECTOR	1 00	X						0	0	0
(23) MARY VARR DIRECTOR	1 00	X						0	0	0
(24) JOHN WARD DIRECTOR	1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(26) SUSAN REED ..... PAST PRESIDE	1 00			X				0	0	0
(1) REBECCA E BOOK ..... VICE PRESIDE	1 00			X				0	0	0
(2) ANTHONY PIRES ..... PRESIDENT	1 00			X				0	0	0
(3) FREDERICK REINHARDT ..... VICE PRESIDE	1 00			X				0	0	0
(4) CATHERINE EASTWOOD ..... TREASURER	5 00			X				0	0	0
(5) MARC DUPUIS ..... VICE PRESIDE	1 00			X				0	0	0
(6) ESSELTON MCNULTY ..... EXECUTIVE DI	45 00				X			166,677	0	0
(7) JIM STEWART ..... BRANCH DIREC	45 00					X		125,833	0	0

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493229028115

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
YOUNG MEN'S CHRISTIAN ASSOCIATION OF PAWTUCKET INC

Employer identification number
05-0259114

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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations . . . . . _____

g 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 listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 VI)						
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 2014 (line 6, column (f) divided by line 11, column (f))	**14**
15	Public support percentage for 2013 Schedule A, Part II, line 14	**15**

16a **33 1/3% support test—2014.** 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—2013.** 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—2014.** 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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2013.** 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 VI 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	177,381	752,921	329,017	237,103	402,339	1,898,761
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	7,017,299	6,935,776	7,711,447	9,994,231	10,802,259	42,461,012
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5	7,194,680	7,688,697	8,040,464	10,231,334	11,204,598	44,359,773
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		469,100				469,100
c Add lines 7a and 7b		469,100				469,100
8 **Public support** (Subtract line 7c from line 6)						43,890,673

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6	7,194,680	7,688,697	8,040,464	10,231,334	11,204,598	44,359,773
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	363,599	356,346	292,725	291,358	117,808	1,421,836
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	363,599	356,346	292,725	291,358	117,808	1,421,836
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)			10,926	12,754		23,680
13 **Total support.** (Add lines 9, 10c, 11, and 12)	7,558,279	8,045,043	8,344,115	10,535,446	11,322,406	45,805,289

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 2014 (line 8, column (f) divided by line 13, column (f))	15	95 820 %
16	Public support percentage from 2013 Schedule A, Part III, line 15	16	94 600 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2014** (line 10c, column (f) divided by line 13, column (f))	17	3 000 %
18	Investment income percentage from **2013** Schedule A, Part III, line 17	18	4 000 %

19a **33 1/3% support tests—2014.** 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—2013.** 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 Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. . . .*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990) .*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part II of Schedule L (Form 990).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).*	10b		
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI.*	11c		

Part IV Supporting Organizations (continued)

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.*	2		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	1		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard.*	3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

- **a** ☐ The organization satisfied the Activities Test Complete **line 2** below
- **b** ☐ The organization is the parent of each of its supported organizations Complete **line 3** below
- **c** ☐ The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructions)

			Yes	No
2	Activities Test **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		
3	Parent of Supported Organizations **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*	3b		

Part V – Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income

			(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

Section B - Minimum Asset Amount

			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (explain in detail in Part VI) _____			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount

				Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)			

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009.			
b From 2010.			
c From 2011.			
d From 2012.			
e From 2013.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 $ _____			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2015.** Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010.			
b From 2011.			
c From 2012.			
d From 2013.			
e From 2014.			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation
PART III, LINE 12	OTHER INCOME 23,680

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493229028115

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

2014

Open to Public Inspection

Name of the organization
YOUNG MEN'S CHRISTIAN ASSOCIATION OF PAWTUCKET INC

Employer identification number
05-0259114

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 value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(i) Revenue 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 Revenue 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, for escrow or custodial account liability? ☐ Yes ☐ No

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

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

	(a) Current year	(b) Prior year	b (c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	3,469,549	3,068,668	2,242,409	2,249,843	2,030,675
b Contributions	35,201	1,297	492,765	1,878	1,161
c Net investment earnings, gains, and losses	99,354	400,222	339,606	-2,165	250,248
d Grants or scholarships					
e Other expenditures for facilities and programs	607	638	6,112	7,147	32,241
f Administrative expenses					
g End of year balance	3,603,497	3,469,549	3,068,668	2,242,409	2,249,843

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

- a Board designated or quasi-endowment ▶ 81 000 %
- b Permanent endowment ▶ 18 000 %
- c Temporarily restricted endowment ▶ 1 000 %

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

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

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

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

Part VI Land, Buildings, and Equipment. 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	483,620	416,525		900,145
b Buildings				
c Leasehold improvements				
d Equipment				
e Other	1,185,019	34,680,553	11,556,707	24,308,865
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				25,209,010

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

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
Federal income taxes	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	

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	11,660,769
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a	-93,846		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	135,030		
e	Add lines **2a** through **2d**			2e	41,184
3	Subtract line **2e** from line **1**			3	11,619,585
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	11,619,585

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	10,835,620
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d	137,907		
e	Add lines **2a** through **2d**			2e	137,907
3	Subtract line **2e** from line **1**			3	10,697,713
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	10,697,713

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

Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XI, LINE 2D	RENTAL EXPENSES NETTED IN INCOME 135,031 FRACTIONS/ROUNDING -1
SCHEDULE D, PAGE 4, PART XII, LINE 2D	RENTAL EXPENSES NETTED AGAINST GROSS REVENUE 135,031 990T TAX DEPRE V F/S BOOK DEPRE 2,877 ROUNDING/FRACTIONS -1

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493229028115

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

2014

Open to Public Inspection

Name of the organization
YOUNG MEN'S CHRISTIAN ASSOCIATION
OF PAWTUCKET INC

Employer identification number
05-0259114

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 fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
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 GOLF OUTING (event type)	(b) Event #2 ALL STAR (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	16,320	14,140		30,460
	2 Less Contributions				
	3 Gross income (line 1 minus line 2)	16,320	14,140		30,460
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				( )
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				30,460

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

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

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

a Is the organization licensed to conduct 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 conduct 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 activities conducted in

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

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

Name ▶ .....

Address ▶ .....

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

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

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

Name ▶ .....

Address ▶ .....

16 Gaming manager information

Name ▶ .....

Gaming manager compensation ▶ $ .....

Description of services provided ▶ .....

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

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

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

Part IV **Supplemental Information.** 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 provide any additional information (see instructions).

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493229028115

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.**

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
YOUNG MEN'S CHRISTIAN ASSOCIATION OF PAWTUCKET INC

Employer identification number
05-0259114

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☑ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☑ Compensation committee	☐ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☑ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) 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**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 ESSELTON MCNULTY, EXECUTIVE DIRECTOR	(i)	166,677				28,587	166,677	
	(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

Return Reference	Explanation
SCHEDULE J, PAGE 1, PART I, LINE 1A	MEMBERSHIP IN THE PAWTUCKET ROTARY CLUB

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493229028115

Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
YOUNG MEN'S CHRISTIAN ASSOCIATION OF PAWTUCKET INC

Employer identification number
05-0259114

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	RI ECONOMIC DEVELOPMENT CORP- (2004	05-0356994	762233AH7	10-16-2006	8,000,000	FACILITY RENOVATION		X		X		X
B	RI ECONOMIC DEVELOPMENT CORP (2011)	05-0356994		10-25-2011	5,000,000	FACILITY CONSTRUCTION		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	1,815,000	361,272		
2	Amount of bonds legally defeased				
3	Total proceeds of issue				
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds				
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds				
11	Other spent proceeds				
12	Other unspent proceeds				
13	Year of substantial completion	2008	2012		

		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		X				
15	Were the bonds issued as part of an advance refunding issue?		X		X				
16	Has the final allocation of proceeds been made?		X		X				
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		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		X				
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		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		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		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		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		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		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		X				
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X		X				
b	Exception to rebate?		X	X					
c	No rebate due?	X			X				
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X		X					
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X				
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV Arbitrage *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		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		X				
7	Has the organization established written procedures to monitor the requirements of section 148?		X		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?								

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

Return Reference	Explanation
SCHEDULE K - DATE REBATE COMPUTATION PERFORMED	RI ECONOMIC DEVELOPMENT CORP- (2004) 07/21/15

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493229028115

Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
YOUNG MEN'S CHRISTIAN ASSOCIATION OF PAWTUCKET INC

Employer identification number
05-0259114

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)

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

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	No

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II Loans to and/or From Interested Persons.

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

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

Part III Grants or Assistance Benefiting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) WILIAM HUNT	DIRECTOR		PRINC OF INS AGENCY		No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493229028115

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

2014

Open to Public Inspection

Name of the organization	Employer identification number
YOUNG MEN'S CHRISTIAN ASSOCIATION OF PAWTUCKET INC	05-0259114

Return Reference	Explanation
FORM 990 - ORGANIZATION'S MISSION	TO PUT CHRISTIAN PRINCIPLES INTO PRACTICE THROUGH PROGRAMS THAT BUILD CHARACTER & PROMOTE A HEALTHY SPIRIT, MIND & BODY FOR ALL IN CONCERT WITH OUR MISSION STATEMENT, OUR VISION IS ENRICH THE SPIRIT PROVIDE AN EXPERIENCE OF TRADITION & ASSOCIATION, TO ENHANCE A SENSE OF BELONGING & WELL-BEING BUILD HEALTH & CHARACTER PROVIDE AN ENVIRONMENT IN WHICH PEOPLE CAN ENGAGE IN COMPREHENSIVE QUALITY PROGRAMS OF HEALTH, FITNESS AND CHARACTER DEVELOPMENT THAT WILL ENHANCE HEALTHY LIFESTYLES & VALUES DEVELOP LIFETIME SKILLS TEACH & NURTURE SOCIAL, INTERPERSONAL & PHYSICAL SKILLS, WHICH PROVIDE ENJOYMENT AND HELP MEET THE HEALTH, SAFETY AND WELFARE NEEDS OF ALL STRENGTHEN THE FAMILY ENCOURAGE TOGETHERNESS & ENHANCE FAMILY PARTICIPATION & UNITY THROUGH A BROAD RANGE OF SERVICES & PROGRAMS AIMED AT TRADITIONAL & NON-TRADITIONAL FAMILY UNITS STRENGTHEN THE COMMUNITY PROMOTE THE DEVELOPMENT OF LEADERSHIP, VOLUNTEERISM, CULTURAL UNDERSTANDING & ELIMINATE BIAS & BE AN ADVOCATE FOR THOSE IN NEED

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4A	IMMERSED TOGETHER WITH FAMILY MEMBERS OR WITH OTHERS IN COMPETITION OR PERSONAL GROWTH CAMPS ARE AGE SPECIFIC FOR THE EDUCATIONAL BENEFIT OF THE CHILD AND GEOGRAPHICALLY POSITIONED FOR THE CONVENIENCE OF WORKING PARENTS OUR CAMPS ARE LOCATED IN SIX LOCATIONS THROUGHOUT NORTHERN RHODE ISLAND AND COVENTRY AND COLLECTIVELY SERVE CHILDREN AND TEENS UP TO 16 YEARS OF AGE THE PROGRAMMING OF THE CAMPS BUILDS HEALTH AND FITNESS AND TEACHES LIFETIME SKILLS IN ADDITION THE INTERACTION WITH THE OTHER CAMPERS AND WITH THEIR OWN SELF AWARENESS ENRICHES THE SPIRIT THAT INFUSES CHARACTER INTO THE CAMPERS LIVES PROGRAMS CONDUCTED UNDER THIS CATEGORY OF PROGRAM SERVICE ACCOMPLISHMENTS INCLUDE - RUNNING, TRAVEL CAMPS AND FAMILY CAMPGROUNDS - YOUTH & TEEN DAY CAMPS - LEADER DEVELOPMENT CAMPS CHILD CARE PROGRAMS OFFER HIGH QUALITY CHILD CARE ACTIVITIES FOR PRESCHOOL AND SCHOOL AGE CHILDREN FROM ALL SEGMENTS OF OVER EIGHT COMMUNITIES WE SERVE WE OFFER A VARIETY OF STATE LICENSED CHILDCARE PROGRAMS, BOTH FULL AND PART-TIME, WHICH PROVIDE A SAFE AND NURTURING ENVIRONMENT WHERE YOUTH CAN DEVELOP SELF-ESTEEM, GOOD VALUES AND AN APPRECIATION OF CHARITABLE SERVICE WOVEN INTO THE FABRIC OF THE YMCA MISSION IS A COMMITMENT TO STRENGTHENING FAMILIES OUR CHILDCARE PROGRAMS INCLUDE COUNSELING OF TROUBLED YOUTH AND PARENTS, DEALING WITH RUNAWAY TEENAGERS, ASSISTING CHILD VICTIMS OF PHYSICAL AND SEXUAL ABUSE, AND PROGRAMS THAT HELP PARENTS LEARN MORE ABOUT HOW TO RAISE CHILDREN THAT ARE HAPPY AND HEALTHY IN SPIRIT, MIND AND BODY WE PARTNER WITH OTHER COMMUNITY AGENCIES SUCH AS (UNITED WAY, DHS, DEPT OF HEALTH, GATEWAY, AND OTHER GOVERNMENTAL AGENCIES) SO THAT FINANCIAL ASSISTANCE IS AVAILABLE FOR THOSE WHO CANNOT AFFORD TO PAY IN 2014, WE SERVED 2,010 PARTICIPANTS AND PROVIDED FINANCIAL ASSISTANCE IN THE AMOUNT OF 185,630 PROGRAMS CONDUCTED UNDER THIS CATEGORY OF PROGRAM SERVICE ACCOMPLISHMENTS INCLUDE SCHOOL AGE - BEFORE AND AFTER SCHOOL CHILDCARE EARLY CHILDHOOD LEARNING AND EDUCATIONAL KINDERGARTEN PARENTING CLASSES, COUNSELING INTERVENTION AND NUTRITIONAL EDUCATION

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4B	WELLBEING OF THE ADULT MEMBERS OF THE FAMILY THE PARTICIPATION COLLECTIVELY AND INDIVIDUALLY IN ACTIVE PHYSICAL ACTIVITIES AND EDUCATIONALLY STIMULATING CLASSES BUILDS KNOWLEDGE, CONFIDENCE AND BONDS THE FAMILY MEMBER TO ONES SELF AND EACH OTHER THE RESULT IS THE GROWTH OF POTENTIAL IN INDIVIDUALS THAT SERVES THE SPIRIT, OTHERS AND ONES PLACE IN SOCIETY WE SERVE ALL AGES, ABILITIES, RACES, NATIONALITIES AND RELIGIONS AND PROVIDE FINANCIAL ASSISTANCE TO THOSE WHO NEED IT IN 2014, WE SERVED 36,190 PERSONS IN OUR COMMUNITY AND PROVIDED FINANCIAL ASSISTANCE IN THE AMOUNT OF 271,850 PROGRAMS CONDUCTED UNDER THIS CATEGORY OF PROGRAM SERVICE ACCOMPLISHMENTS INCLUDE - MEMBERSHIP SERVICE FITNESS, WELLNESS, SOCIAL, EDUCATIONAL AND VOLUNTEERISM - AQUATIC SAFETY - LIFETIME SKILLS EDUCATION - YOUTH DEVELOPMENT - OUTDOOR RECREATION YOUTH AND FAMILY - FITNESS & WELLNESS

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 2	ANTONIO PIRES INS AGENT COMBINED INSURANCE AGENCIES WILLIAM HUNT INS AGENT COMBINED INSURANCE AGENCIES

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 11B	A COPY OF THE FORM 990 IS PROVIDED TO EACH MEMBER OF THE GOVERNING BOARD, AFTER THE RETURN IS FILED A DETAILED REVIEW WILL BE CONDUCTED UPON REQUEST

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 12C	OFFICERS AND DIRECTORS COMPLETE A CONFLICT OF INTEREST POLICY ANNUALLY WHICH ACCORDING TO THE POLICY IS REVIEWED BY THE EXECUTIVE COMMITTEE.

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15A	THE EXECUTIVE COMPENSATION COMMITTEE IS CHARGED BY THE BOARD OF DIRECTORS TO ANNUALLY REVIEW THE PERFORMANCE AND SUCCESS OF THE EXECUTIVE DIRECTOR AND THE TOP 4 EXECUTIVES OF THE ASSOCATION IN MEETING ASSOCIATION GOALS AND JOB DESCCRIPTION EXPECTATIONS, AND ALSO COMPARING THEM TO REGIONAL AND NATIONAL STANDARDS THE RESULTS ARE REPORTED TO TEH BOARD BY THE COMMITTEE AS WELL AS RECOMMENDED CHANGES TO THE COMPENSATION PACKAGES

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15B	THE EXECUTIVE COMPENSATION COMMITTEE IS CHARGED BY THE BOARD OF DIRECTORS TO ANNUALLY REVIEW THE PERFORMANCE AND SUCCESS OF THE EXECUTIVE DIRECTOR AND THE TOP 4 EXECUTIVES OF THE ASSOCATION IN MEETING ASSOCIATION GOALS AND JOB DESCCRIPTION EXPECTATIONS, AND ALSO COMPARING THEM TO REGIONAL AND NATIONAL STANDARDS THE RESULTS ARE REPORTED TO TEH BOARD BY THE COMMITTEE AS WELL AS RECOMMENDED CHANGES TO THE COMPENSATION PACKAGES

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 18	THE FORM 1023 AND 990 ARE AVAILABLE FOR PUBLIC INSPECTION AT ITS CORPORATE OFFICE

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC AT ITS CORPORATE OFFICE.

Return Reference	Explanation
FORM 990, PART XI, LINE 9	RENTAL EXPENSES NETTED IN INCOME 135,031 FRACTIONS/ROUNDING -1 RENTAL EXPENSES NETTED AGAINST GROSS REVENUE -135,031 990T TAX DEPRE V F/S BOOK DEPRE -2,877 ROUNDING/FRACTIONS 1

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493229028115

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
YOUNG MEN'S CHRISTIAN ASSOCIATION
OF PAWTUCKET INC

Employer identification number
05-0259114

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) BREAKNECK HILL SATION 660 ROOSEVELT AVE PAWTUCKET, RI 02860 46-2307044	221300	RI	YMCA OF PAWTUCKET INC	C CORP	-11,734	203,408	100 000 %	Yes	

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

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

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

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

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493229028115

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

▶ **Attach to your tax return.**

▶ **Information about Form 4562 and its separate instructions is at *www.irs.gov/form4562.***

OMB No 1545-0172

2014

Attachment Sequence No **179**

Name(s) shown on return	Business or activity to which this form relates	**Identifying number**
YOUNG MEN'S CHRISTIAN ASSOCIATION OF PAWTUCKET INC	INDIRECT DEPRECIATION	05-0259114

Part I **Election To Expense Certain Property Under Section 179**

Note: *If you have any listed property, complete Part V before you complete Part I.*

1	Maximum amount (see instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4	Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	

6	**(a)** Description of property	**(b)** Cost (business use only)	**(c)** Elected cost

7	Listed property Enter the amount from line 29	7		
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7		8	
9	Tentative deduction Enter the **smaller** of line 5 or line 8		9	
10	Carryover of disallowed deduction from line 13 of your 2013 Form 4562		10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)		11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11		12	
13	Carryover of disallowed deduction to 2015 Add lines 9 and 10, less line 12 ▶	13		

Note: *Do not use Part II or Part III below for listed property. Instead, use Part V.*

Part II **Special Depreciation Allowance and Other Depreciation (Do not** include listed property **)** (See instructions)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	876,600

Part III **MACRS Depreciation (Do not** include listed property.**)** (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2014	17	254,770
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B—Assets Placed in Service During 2014 Tax Year Using the General Depreciation System

(a) Classification of property	**(b)** Month and year placed in service	**(c)** Basis for depreciation (business/investment use only—see instructions)	**(d)** Recovery period	**(e)** Convention	**(f)** Method	**(g)** Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2014 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV **Summary** (see instructions.)

21	Listed property Enter amount from line 28	21	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions	22	1,131,370
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V **Listed Property** (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)

Note: *For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete* ***only*** *24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.*

Section A—Depreciation and Other Information (Caution: *See the instructions for limits for passenger automobiles.***)**

24a Do you have evidence to support the business/investment use claimed? ☐ **Yes** ☐ **No** | **24b** If "Yes," is the evidence written? ☐ **Yes** ☐ **No**

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation/ deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)						**25**		
26 Property used more than 50% in a qualified business use								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1						**28**		
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1							**29**	

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person
If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
30 Total business/investment miles driven during the year (**do not** include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal(noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
	Yes	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons (see instructions)

	Yes	**No**
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)		

Note: *If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.*

Part VI **Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2014 tax year (see instructions)					
43 Amortization of costs that began before your 2014 tax year				**43**	13,449
44 Total. Add amounts in column (f) See the instructions for where to report				**44**	13,449

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493229028115

Form **4562**
Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

▶ **Attach to your tax return.**

▶ **Information about Form 4562 and its separate instructions is at *www.irs.gov/form4562.***

OMB No 1545-0172

2014

Attachment Sequence No **179**

Name(s) shown on return	Business or activity to which this form relates	**Identifying number**
YOUNG MEN'S CHRISTIAN ASSOCIATION OF PAWTUCKET INC	SUMMER STREET	05-0259114

Part I **Election To Expense Certain Property Under Section 179**

Note: *If you have any listed property, complete Part V before you complete Part I.*

1	Maximum amount (see instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4	Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	

6	**(a)** Description of property	**(b)** Cost (business use only)	**(c)** Elected cost

7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2013 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2015 Add lines 9 and 10, less line 12 ▶	13	

Note: *Do not use Part II or Part III below for listed property. Instead, use Part V.*

Part II **Special Depreciation Allowance and Other Depreciation (Do not** include listed property **)** (See instructions)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	2,260

Part III **MACRS Depreciation (Do not** include listed property.**)** (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2014	17	12,269
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B—Assets Placed in Service During 2014 Tax Year Using the General Depreciation System

(a) Classification of property	**(b)** Month and year placed in service	**(c)** Basis for depreciation (business/investment use only—see instructions)	**(d)** Recovery period	**(e)** Convention	**(f)** Method	**(g)** Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2014 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV **Summary** (see instructions.)

21	Listed property Enter amount from line 28	21	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions	22	14,529
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V **Listed Property** (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)

Note: *For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete* ***only*** *24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.*

Section A—Depreciation and Other Information (Caution: *See the instructions for limits for passenger automobiles.***)**

24a Do you have evidence to support the business/investment use claimed? ☐ **Yes** ☐ **No** | **24b** If "Yes," is the evidence written? ☐ **Yes** ☐ **No**

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation/ deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)						**25**		
26 Property used more than 50% in a qualified business use								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1						**28**		
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1							**29**	

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person
If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
30 Total business/investment miles driven during the year (**do not** include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal(noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
	Yes	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons (see instructions)

	Yes	**No**
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)		

Note: *If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.*

Part VI **Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2014 tax year (see instructions)					
43 Amortization of costs that began before your 2014 tax year				**43**	
44 Total. Add amounts in column (f) See the instructions for where to report				**44**	

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493229028115

Form **4562**
Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

▶ **Attach to your tax return.**

▶ **Information about Form 4562 and its separate instructions is at *www.irs.gov/form4562.***

OMB No 1545-0172

2014

Attachment Sequence No **179**

Name(s) shown on return	Business or activity to which this form relates	**Identifying number**
YOUNG MEN'S CHRISTIAN ASSOCIATION OF PAWTUCKET INC	UNION & MAIN STREET	05-0259114

Part I **Election To Expense Certain Property Under Section 179**

Note: *If you have any listed property, complete Part V before you complete Part I.*

1	Maximum amount (see instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4	Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	

6	**(a)** Description of property	**(b)** Cost (business use only)	**(c)** Elected cost

7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2013 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2015 Add lines 9 and 10, less line 12 ▶	13	

Note: *Do not use Part II or Part III below for listed property. Instead, use Part V.*

Part II **Special Depreciation Allowance and Other Depreciation (Do not** include listed property **)** (See instructions)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	4,316

Part III **MACRS Depreciation (Do not** include listed property.**)** (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2014	17	28,156
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B—Assets Placed in Service During 2014 Tax Year Using the General Depreciation System

	(a) Classification of property	**(b)** Month and year placed in service	**(c)** Basis for depreciation (business/investment use only—see instructions)	**(d)** Recovery period	**(e)** Convention	**(f)** Method	**(g)** Depreciation deduction
19a	3-year property						
b	5-year property						
c	7-year property						
d	10-year property						
e	15-year property						
f	20-year property						
g	25-year property			25 yrs		S/L	
h	Residential rental property			27 5 yrs	MM	S/L	
				27 5 yrs	MM	S/L	
i	Nonresidential real property			39 yrs	MM	S/L	
					MM	S/L	

Section C—Assets Placed in Service During 2014 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year		12 yrs		S/L	
c	40-year		40 yrs	MM	S/L	

Part IV **Summary** (see instructions.)

21	Listed property Enter amount from line 28	21	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions	22	32,472
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V **Listed Property** (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)

Note: *For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete* ***only*** *24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.*

Section A—Depreciation and Other Information (Caution: *See the instructions for limits for passenger automobiles.***)**

24a Do you have evidence to support the business/investment use claimed? ☐ **Yes** ☐ **No** | **24b** If "Yes," is the evidence written? ☐ **Yes** ☐ **No**

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation/ deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)						**25**		
26 Property used more than 50% in a qualified business use								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1						**28**		
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1							**29**	

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person
If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
30 Total business/investment miles driven during the year (**do not** include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal(noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
	Yes	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons (see instructions)

	Yes	**No**
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)		

Note: *If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.*

Part VI **Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2014 tax year (see instructions)					
43 Amortization of costs that began before your 2014 tax year				**43**	
44 Total. Add amounts in column (f) See the instructions for where to report				**44**	

TY 2014 GeneralDependencySmall

Name: YOUNG MEN'S CHRISTIAN ASSOCIATION OF PAWTUCKET INC

EIN: 05-0259114

Business Name or Person Name:

Taxpayer Identification Number:

Form, Line or Instruction Reference:

Regulations Reference:

Description: OUT OF BONUS DEPR-ALL PROP

Attachment Information: YEAR ENDED: DECEMBER 31, 2014 05-0259114 YOUNG MEN'S CHRISTIAN ASSOCIATION OF PAWTUCKET, INC. 660 ROOSEVELT AVENUE PAWTUCKET, RI 02860 ELECTING OUT OF BONUS DEPRECIATION ALLOWANCE FOR ALL ELIGIBLE DEPRECIABLE PROPERTY THE TAXPAYER ELECTS OUT OF FIRST-YEAR BONUS DEPRECIATION ALLOWANCE UNDER IRC SECTION 168(K) FOR ALL ELIGIBLE ASSET CLASSES OF DEPRECIABLE PROPERTY ACQUIRED AFTER DECEMBER 31, 2007. THIS ELECTION APPLIES TO ALL ELIGIBLE DEPRECIABLE PROPERTY PLACED IN SERVICE DURING THE TAX YEAR.

2014 Tax Information Statement

Payer's Name and Address:
CITIZENS BANK, N.A.
10 TRIPPS LANE RTL 115
RIVERSIDE, RI 02915-7995

Account Number: 1050059013
Recipient's Tax ID Number: XX-XXX9114
Payer's Federal ID Number: 20-2635739
Payer's State ID Number:
State: RI

☐ Corrected ☐ 2nd TIN notice

Recipient's Name and Address:
PAWTUCKET YMCA
660 ROOSEVELT AVENUE
ATTN: ESSELTON T. MCNULTY
PAWTUCKET, RI 02860

2014 Form 1099-B: Proceeds from Broker and Barter Exchange Transactions

OMB No. 1545-0715

Reported to the IRS is proceeds less commissions and option premiums.
Covered (Box 5 is not checked)

Description of property *(Box 1a)*

Cusip Number	Date Sold or Disposed *(Box 1c)*	Date Acquired *(Box 1b)*	Form 8949 Checkbox	Proceeds *(Box 1d)*	Cost or Other Basis *(Box 1e)*	Code if any *(Box 1f)*	Adjustments *(Box 1g)*	Net Gain or Loss	Federal Income Tax Withheld *(Box 4)*	State Tax Withheld *(Box 16)*
Short Term Sales Reported on 1099-B										
55.0	HARMAN INT'L INDUSTRIES INC									
413086109	04/07/2014	09/16/2013	A	5,573.35	3,700.80		0.00	1,872.55	0.00	0 00
395.0	MORGAN STANLEY DEAN WITTER									
617446448	05/02/2014	11/05/2013	A	12,127.65	11,528.15		0.00	599.50	0.00	0.00
325.0	NETAPP INC COM									
64110D104	05/08/2014	08/05/2013	A	11,007.76	13,486.01		0.00	-2,478.25	0.00	0.00
100.0	CISCO SYSTEMS									
17275R102	05/20/2014	06/18/2013	A	2,406.95	2,502.01		0.00	-95.06	0.00	0.00
50.0	DAVITA HEALTHCARE PARTNERS INC									
23918K108	05/20/2014	02/19/2014	A	3,361.93	3,313.04		0.00	48.89	0.00	0.00
100.0	MARSH & MCLENNAN COMPANIES,									
571748102	05/20/2014	07/16/2013	A	4,900.90	4,173.55		0.00	727.35	0.00	0 00
50.0	CHARLES SCHWAB CORP NEW									
808513105	05/20/2014	11/05/2013	A	1,233.98	1,165.41		0.00	68.57	0.00	0 00
100.0	TIME WARNER INC									
887317303	05/20/2014	09/05/2013	A	6,875.02	6,208.22		0.00	666.80	0.00	0.00

This is important tax information and is being furnished to the Internal Revenue Service (except as indicated). If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported. The taxpayer is ultimately responsible for the accuracy of their own tax return.

2014 Tax Information Statement

Payer's Name and Address:
CITIZENS BANK, N.A.
10 TRIPPS LANE RTL 115
RIVERSIDE, RI 02915-7995

Account Number: 1050059013
Recipient's Tax ID Number: XX-XXX9114
Payer's Federal ID Number: 20-2635739
Payer's State ID Number:
State: RI

☐ **Corrected** ☐ **2nd TIN notice**

Recipient's Name and Address:
PAWTUCKET YMCA
660 ROOSEVELT AVENUE
ATTN: ESSELTON T. MCNULTY
PAWTUCKET, RI 02860

2014 Form 1099-B: Proceeds from Broker and Barter Exchange Transactions

OMB No. 1545-0715

Reported to the IRS is proceeds less commissions and option premiums.
Covered (Box 5 is not checked)

Description of property *(Box 1a)*

Cusip Number	Date Sold or Disposed *(Box 1c)*	Date Acquired *(Box 1b)*	Form 8949 Checkbox	Proceeds *(Box 1d)*	Cost or Other Basis *(Box 1e)*	Code if any *(Box 1f)*	Adjustments *(Box 1g)*	Net Gain or Loss	Federal Income Tax Withheld *(Box 4)*	State Tax Withheld *(Box 16)*
0.125	TIME INC NEW									
887228104	06/26/2014	09/05/2013	A	3.03	2.46		0.00	0.57	0.00	0.00
50.0	HERSHEY FOODS CORP.									
427866108	07/17/2014	05/20/2014	A	4,608.20	4,871.00		0.00	-262.80	0.00	0.00
40.193	LEGG MASON CLEARBRIDGE SMCAP GR Y									
52470H765	07/29/2014	12/12/2013	A	1,143.09	1,115.77		0.00	27.32	0.00	0.00
48.651	T ROWE PRICE SMALL-CAP STOCK FUND									
779572106	07/29/2014	12/13/2013	A	2,162.54	2,061.34		0.00	101.20	0.00	0.00
50.0	PROCTER & GAMBLE CO									
742718109	09/09/2014	05/20/2014	A	4,143.06	4,014.41		0.00	128.65	0.00	0.00
260.0	SOUTHWESTERN ENERGY CO									
845467109	10/30/2014	05/02/2014	A	8,145.38	12,235.37		0.00	-4,089.99	0.00	0.00
0.125	HALYARD HEALTH INC USD1.25									
40650V100	11/17/2014	05/08/2014	A	4.63	4.61		0.00	0.02	0.00	0.00
18.0	HALYARD HEALTH INC USD1.25									
40650V100	11/18/2014	Various	A	681.74	660.93		0.00	20.81	0.00	0.00

This is important tax information and is being furnished to the Internal Revenue Service (except as indicated). If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported. The taxpayer is ultimately responsible for the accuracy of their own tax return.

2014 Tax Information Statement

Payer's Name and Address:
CITIZENS BANK, N.A.
10 TRIPPS LANE RTL 115
RIVERSIDE, RI 02915-7995

Account Number: 1050059013
Recipient's Tax ID Number: XX-XXX9114
Payer's Federal ID Number: 20-2635739
Payer's State ID Number:
State: RI

☐ **Corrected** ☐ **2nd TIN notice**

Recipient's Name and Address:
PAWTUCKET YMCA
660 ROOSEVELT AVENUE
ATTN: ESSELTON T. MCNULTY
PAWTUCKET, RI 02860

2014 Form 1099-B: Proceeds from Broker and Barter Exchange Transactions

OMB No. 1545-0715

Reported to the IRS is proceeds less commissions and option premiums.
Covered (Box 5 is not checked)

Description of property *(Box 1a)*

Cusip Number	Date Sold or Disposed *(Box 1c)*	Date Acquired *(Box 1b)*	Form 8949 Checkbox	Proceeds *(Box 1d)*	Cost or Other Basis *(Box 1e)*	Code if any *(Box 1f)*	Adjustments *(Box 1g)*	Net Gain or Loss	Federal Income Tax Withheld *(Box 4)*	State Tax Withheld *(Box 16)*
Total Short Term Sales Reported on 1099-B				**68,379.21**	**71,043.08**		**0.00**	**-2,663.87**	**0.00**	**0.00**
Report on Form 8949, Part I, with Box A checked										
Long Term Sales Reported on 1099-B										
310.0	ACTUANT CORP									
00508X203	01/10/2014	Various	D	11,122.26	9,101.30		0.00	2,020.96	0.00	0.00
175.0	MONSANTO CO NEW									
61166W101	01/10/2014	Various	D	19,612.28	12,536.02		0.00	7,076.26	0.00	0.00
190.0	CITIGROUP INC									
172967424	02/04/2014	04/12/2011	D	8,985.05	8,835.00		0.00	150.05	0.00	0.00
110.0	CITIGROUP INC									
172967424	02/11/2014	Various	D	5,398.01	3,599.20		0.00	1,798.81	0.00	0.00
10.0	CIGNA									
125509109	02/19/2014	03/02/2011	D	771.83	425.90		0.00	345.93	0.00	0.00
290.0	COCA-COLA CO.									
191216100	02/19/2014	Various	D	10,795.87	10,167.00		0.00	628.87	0.00	0.00

This is important tax information and is being furnished to the Internal Revenue Service (except as indicated). If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported. The taxpayer is ultimately responsible for the accuracy of their own tax return.

2014 Tax Information Statement

Payer's Name and Address:
CITIZENS BANK, N.A.
10 TRIPPS LANE RTL 115
RIVERSIDE, RI 02915-7995

Account Number: 1050059013
Recipient's Tax ID Number: XX-XXX9114
Payer's Federal ID Number: 20-2635739
Payer's State ID Number:
State: RI

☐ **Corrected** ☐ **2nd TIN notice**

Recipient's Name and Address:
PAWTUCKET YMCA
660 ROOSEVELT AVENUE
ATTN: ESSELTON T. MCNULTY
PAWTUCKET, RI 02860

2014 Form 1099-B: Proceeds from Broker and Barter Exchange Transactions

OMB No. 1545-0715

Reported to the IRS is proceeds less commissions and option premiums.
Covered (Box 5 is not checked)

Description of property *(Box 1a)*

Cusip Number	Date Sold or Disposed	Date Acquired	Form 8949 Checkbox	Proceeds	Cost or Other Basis	Code if any	Adjustments	Net Gain or Loss	Federal Income Tax Withheld	State Tax Withheld
	(Box 1c)	*(Box 1b)*		*(Box 1d)*	*(Box 1e)*	*(Box 1f)*	*(Box 1g)*		*(Box 4)*	*(Box 16)*
110.0	CIGNA									
125509109	03/06/2014	03/02/2011	D	8,741.04	4,684.84		0.00	4,056.20	0.00	0 00
65.0	WAL-MART STORES									
931142103	03/06/2014	08/16/2011	D	4,844.19	3,399.25		0.00	1,444.94	0.00	0.00
217.0	CITIGROUP INC									
172967424	03/13/2014	Various	D	10,371.23	6,155.77		0.00	4,215.46	0.00	0.00
35.0	AFFILIATED MANAGERS GROUP INC									
008252108	03/26/2014	07/22/2011	D	6,459.80	3,633.90		0.00	2,825.90	0.00	0.00
40.0	ISHARES NASDAQ BIOTECHNOLOGY ETF									
464287556	04/07/2014	06/26/2012	D	9,194.63	5,137.05		0.00	4,057.58	0.00	0.00
8.0	PRICELINE GROUP INC									
741503403	04/07/2014	03/11/2013	D	9,325.95	5,793.76		0.00	3,532.19	0.00	0.00
80.0	ALLERGAN, INC									
018490102	04/23/2014	03/26/2013	D	13,134.19	8,924.68		0.00	4,209.51	0.00	0.00
70.0	ABBOTT LABORATORIES									
002824100	05/20/2014	10/11/2011	D	2,760.16	1,767.83		0.00	992.33	0.00	0.00

This is important tax information and is being furnished to the Internal Revenue Service (except as indicated). If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported. The taxpayer is ultimately responsible for the accuracy of their own tax return.

2014 Tax Information Statement

Payer's Name and Address:
CITIZENS BANK, N.A.
10 TRIPPS LANE RTL 115
RIVERSIDE, RI 02915-7995

Account Number: 1050059013
Recipient's Tax ID Number: XX-XXX9114
Payer's Federal ID Number: 20-2635739
Payer's State ID Number:
State: RI

☐ **Corrected** ☐ **2nd TIN notice**

Recipient's Name and Address:
PAWTUCKET YMCA
660 ROOSEVELT AVENUE
ATTN: ESSELTON T. MCNULTY
PAWTUCKET, RI 02860

2014 Form 1099-B: Proceeds from Broker and Barter Exchange Transactions

OMB No. 1545-0715

Reported to the IRS is proceeds less commissions and option premiums.
Covered (Box 5 is not checked)

Description of property *(Box 1a)*

Cusip Number	Date Sold or Disposed *(Box 1c)*	Date Acquired *(Box 1b)*	Form 8949 Checkbox	Proceeds *(Box 1d)*	Cost or Other Basis *(Box 1e)*	Code if any *(Box 1f)*	Adjustments *(Box 1g)*	Net Gain or Loss	Federal Income Tax Withheld *(Box 4)*	State Tax Withheld *(Box 16)*
100.0	AMETEK INC NEW									
031100100	05/20/2014	12/02/2011	D	5,139.96	2,879.35		0.00	2,260.61	0.00	0.00
100.0	BB&T CORP									
054937107	05/20/2014	10/25/2011	D	3,682.93	2,324.70		0.00	1,358.23	0 00	0.00
200.0	BANK OF AMERICA CORP NEW									
060505104	05/20/2014	12/07/2012	D	2,886.93	2,134.90		0.00	752.03	0.00	0.00
100.0	CINTAS CORPORATION									
172908105	05/20/2014	09/28/2012	D	6,039.38	4,162.05		0.00	1,877.33	0.00	0.00
50.0	COLGATE-PALMOLIVE CO.									
194162103	05/20/2014	04/12/2011	D	3,325.51	2,067.95		0.00	1,257.56	0.00	0.00
50.0	DANAHER CORP.									
235851102	05/20/2014	03/11/2013	D	3,733.42	3,115.50		0.00	617.92	0.00	0.00
150.0	GENWORTH FINL INCCL A									
37247D106	05/20/2014	02/14/2013	D	2,611.46	1,388.01		0.00	1,223.45	0.00	0.00
100.0	HANESBRANDS INC									
410345102	05/20/2014	11/09/2012	D	8,119.82	3,367.34		0.00	4,752.48	0.00	0.00

This is important tax information and is being furnished to the Internal Revenue Service (except as indicated). If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported. The taxpayer is ultimately responsible for the accuracy of their own tax return.

2014 Tax Information Statement

Payer's Name and Address:
CITIZENS BANK, N.A.
10 TRIPPS LANE RTL 115
RIVERSIDE, RI 02915-7995

Account Number: 1050059013
Recipient's Tax ID Number: XX-XXX9114
Payer's Federal ID Number: 20-2635739
Payer's State ID Number:
State: RI

☐ **Corrected** ☐ **2nd TIN notice**

Recipient's Name and Address:
PAWTUCKET YMCA
660 ROOSEVELT AVENUE
ATTN: ESSELTON T. MCNULTY
PAWTUCKET, RI 02860

2014 Form 1099-B: Proceeds from Broker and Barter Exchange Transactions

OMB No. 1545-0715

Reported to the IRS is proceeds less commissions and option premiums.
Covered (Box 5 is not checked)

Description of property *(Box 1a)*

Cusip Number	Date Sold or Disposed	Date Acquired	Form 8949 Checkbox	Proceeds	Cost or Other Basis	Code if any	Adjustments	Net Gain or Loss	Federal Income Tax Withheld	State Tax Withheld
	(Box 1c)	*(Box 1b)*		*(Box 1d)*	*(Box 1e)*	*(Box 1f)*	*(Box 1g)*		*(Box 4)*	*(Box 16)*
50.0	ISHARES US OIL EQUIP & SVCS ETF									
464288844	05/20/2014	Various	D	3,466.43	2,786.83		0.00	679.60	0.00	0 00
100.0	MICROSOFT CORP									
594918104	05/20/2014	02/09/2011	D	3,957.92	2,814.96		0.00	1,142.96	0.00	0.00
50.0	QUALCOMM CORP									
747525103	05/20/2014	01/10/2012	D	3,993.92	2,799.31		0.00	1,194.61	0.00	0.00
100.0	TJX COMPANIES									
872540109	05/20/2014	10/11/2011	D	5,403.89	2,887.16		0.00	2,516.73	0.00	0 00
50.0	VERIZON COMMUNICATIONS									
92343V104	05/20/2014	09/22/2011	D	2,433.55	1,773.51		0.00	660.04	0.00	0.00
50.0	TE CONNECTIVITY LTD									
H84989104	05/20/2014	05/14/2013	D	2,835.95	2,242.30		0.00	593.65	0.00	0.00
125.0	THERMO ELECTRON									
883556102	05/27/2014	10/26/2012	D	14,367.18	7,644.61		0.00	6,722.57	0.00	0.00
210.0	THE CHUBB CORP									
171232101	06/10/2014	Various	D	19,712.61	12,952.08		0.00	6,760.53	0.00	0.00

This is important tax information and is being furnished to the Internal Revenue Service (except as indicated). If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported. The taxpayer is ultimately responsible for the accuracy of their own tax return.

2014 Tax Information Statement

Payer's Name and Address:
CITIZENS BANK, N.A.
10 TRIPPS LANE RTL 115
RIVERSIDE, RI 02915-7995

Account Number: 1050059013
Recipient's Tax ID Number: XX-XXX9114
Payer's Federal ID Number: 20-2635739
Payer's State ID Number:
State: RI

☐ Corrected ☐ 2nd TIN notice

Recipient's Name and Address:
PAWTUCKET YMCA
660 ROOSEVELT AVENUE
ATTN: ESSELTON T. MCNULTY
PAWTUCKET, RI 02860

2014 Form 1099-B: Proceeds from Broker and Barter Exchange Transactions

OMB No. 1545-0715

Reported to the IRS is proceeds less commissions and option premiums.
Covered (Box 5 is not checked)

Description of property *(Box 1a)*

Cusip Number	Date Sold or Disposed	Date Acquired	Form 8949 Checkbox	Proceeds	Cost or Other Basis	Code if any	Adjustments	Net Gain or Loss	Federal Income Tax Withheld	State Tax Withheld
	(Box 1c)	*(Box 1b)*		*(Box 1d)*	*(Box 1e)*	*(Box 1f)*	*(Box 1g)*		*(Box 4)*	*(Box 16)*
316.516	OPPENHEIMER DEVELOPING MKTS CL Y									
683974505	06/18/2014	02/24/2012	D	12,524.54	10,562.13		0.00	1,962.41	0.00	0.00
470.743	VOYA MIDCAP OPPORTUNITIES I									
92913K850	06/18/2014	10/10/2012	D	12,441.74	10,229.25		0.00	2,212.49	0.00	0.00
110.0	LOWE'S COMPANIES INC									
548661107	06/20/2014	03/18/2011	D	5,027.42	2,911.68		0.00	2,115.74	0.00	0.00
235.0	GENWORTH FINL INCCL A									
37247D106	07/10/2014	02/14/2013	D	3,986.91	2,174.56		0.00	1,812.35	0.00	0.00
85.0	ALLERGAN, INC									
018490102	07/29/2014	Various	D	14,501.91	8,732.85		0.00	5,769.06	0.00	0.00
30.366	LEGG MASON CLEARBRIDGE SMCAP GR Y									
52470H765	07/29/2014	12/13/2012	D	863.61	617.65		0.00	245.96	0.00	0.00
300.0	OPPENHEIMER DEVELOPING MKTS CL Y									
683974505	07/29/2014	Various	D	12,105.00	10,005.85		0.00	2,099.15	0.00	0 00
70.395	T ROWE PRICE SMALL-CAP STOCK FUND									
779572106	07/29/2014	12/14/2012	D	3,129.06	2,330.76		0.00	798.30	0.00	0.00

This is important tax information and is being furnished to the Internal Revenue Service (except as indicated). If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported. The taxpayer is ultimately responsible for the accuracy of their own tax return.

2014 Tax Information Statement

Payer's Name and Address:
CITIZENS BANK, N.A.
10 TRIPPS LANE RTL 115
RIVERSIDE, RI 02915-7995

Account Number: 1050059013
Recipient's Tax ID Number: XX-XXX9114
Payer's Federal ID Number: 20-2635739
Payer's State ID Number:
State: RI

☐ **Corrected** ☐ **2nd TIN notice**

Recipient's Name and Address:
PAWTUCKET YMCA
660 ROOSEVELT AVENUE
ATTN: ESSELTON T. MCNULTY
PAWTUCKET, RI 02860

2014 Form 1099-B: Proceeds from Broker and Barter Exchange Transactions

OMB No. 1545-0715

Reported to the IRS is proceeds less commissions and option premiums.
Covered (Box 5 is not checked)

Description of property *(Box 1a)*

Cusip Number	Date Sold or Disposed	Date Acquired	Form 8949 Checkbox	Proceeds	Cost or Other Basis	Code if any	Adjustments	Net Gain or Loss	Federal Income Tax Withheld	State Tax Withheld
	(Box 1c)	*(Box 1b)*		*(Box 1d)*	*(Box 1e)*	*(Box 1f)*	*(Box 1g)*		*(Box 4)*	*(Box 16)*
675.0	GENWORTH FINL INCCL A									
37247D106	08/12/2014	02/14/2013	D	8,699.67	6,246.06		0.00	2,453.61	0.00	0.00
90.0	PROCTER & GAMBLE CO									
742718109	09/09/2014	03/02/2011	D	7,457.51	5,633.09		0.00	1,824.42	0.00	0.00
230.0	AMETEK INC NEW									
031100100	11/18/2014	12/02/2011	D	11,686.26	6,622.52		0.00	5,063.74	0.00	0.00
28.0	TIME INC NEW									
887228104	11/18/2014	Various	D	626.55	573.96		0.00	52.59	0.00	0.00
Total Long Term Sales Reported on 1099-B				**306,277.53**	**208,142.42**		**0.00**	**98,135.11**	**0.00**	**0.00**

Report on Form 8949, Part II, with Box D checked

This is important tax information and is being furnished to the Internal Revenue Service (except as indicated). If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported. The taxpayer is ultimately responsible for the accuracy of their own tax return.

2014 Tax Information Statement

Payer's Name and Address:
CITIZENS BANK, N.A.
10 TRIPPS LANE RTL 115
RIVERSIDE, RI 02915-7995

Account Number: 1050059013
Recipient's Tax ID Number: XX-XXX9114
Payer's Federal ID Number: 20-2635739
Payer's State ID Number:
State: RI

☐ **Corrected** ☐ **2nd TIN notice**

Recipient's Name and Address:
PAWTUCKET YMCA
660 ROOSEVELT AVENUE
ATTN: ESSELTON T. MCNULTY
PAWTUCKET, RI 02860

2014 Form 1099-B: Proceeds from Broker and Barter Exchange Transactions

OMB No. 1545-0715

Reported to the IRS is proceeds less commissions and option premiums.
For noncovered securities (Box 5 is checked) shown on this statement, cost basis information is not being reported to the IRS.
Cost or Other Basis amounts shown with a "U" are unknown or unsubstantiated.

Description of property *(Box 1a)*

CUSIP Number	Date Sold or Disposed *(Box 1c)*	Date Acquired *(Box 1b)*	Form 8949 Checkbox	Proceeds *(Box 1d)*	Cost or Other Basis *(Box 1e)*	Code if any *(Box 1f)*	Adjustments *(Box 1g)*	Net Gain or Loss	Federal Income Tax Withheld *(Box 4)*	State Tax Withheld *(Box 16)*
Long Term Sales Reported on 1099-B										
375.0	GENERAL ELECTRIC CO.									
369604103	02/04/2014	09/19/1991	E	9,178.82	2,198.44		0.00	6,980.38	0.00	0.00
65.0	BOEING CO.									
097023105	02/11/2014	09/15/2009	E	8,326.07	3,404.40		0.00	4,921.67	0.00	0.00
100.0	CIGNA									
125509109	02/19/2014	04/21/2010	E	7,718.35	3,445.34		0.00	4,273.01	0.00	0.00
75.0	COCA-COLA CO.									
191216100	02/19/2014	04/15/2009	E	2,792.04	1,679.90		0.00	1,112.14	0.00	0.00
100.0	WAL-MART STORES									
931142103	03/06/2014	Various	E	7,452.60	5,108.64		0.00	2,343.96	0.00	0.00
45.0	BOEING CO.									
097023105	03/13/2014	09/15/2009	E	5,595.22	2,356.89		0.00	3,238.33	0.00	0.00
33.0	AFFILIATED MANAGERS GROUP INC									
008252108	03/26/2014	03/04/2010	E	6,090.66	2,532.60		0.00	3,558.06	0.00	0.00

This is important tax information and is being furnished to the Internal Revenue Service (except as indicated). If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported. For noncovered securities shown on this statement, cost basis information is not being reported to the Internal Revenue Service. The taxpayer is ultimately responsible for the accuracy of their own tax return.

2014 Tax Information Statement

Payer's Name and Address:
CITIZENS BANK, N.A.
10 TRIPPS LANE RTL 115
RIVERSIDE, RI 02915-7995

Account Number: 1050059013
Recipient's Tax ID Number: XX-XXX9114
Payer's Federal ID Number: 20-2635739
Payer's State ID Number:
State: RI

☐ **Corrected** ☐ **2nd TIN notice**

Recipient's Name and Address:
PAWTUCKET YMCA
660 ROOSEVELT AVENUE
ATTN: ESSELTON T. MCNULTY
PAWTUCKET, RI 02860

Reported to the IRS is proceeds less commissions and option premiums.
For noncovered securities (Box 5 is checked) shown on this statement, cost basis information is not being reported to the IRS.
Cost or Other Basis amounts shown with a "U" are unknown or unsubstantiated.

Description of property *(Box 1a)*

CUSIP Number	Date Sold or Disposed *(Box 1c)*	Date Acquired *(Box 1b)*	Form 8949 Checkbox	Proceeds *(Box 1d)*	Cost or Other Basis *(Box 1e)*	Code if any *(Box 1f)*	Adjustments *(Box 1g)*	Net Gain or Loss	Federal Income Tax Withheld *(Box 4)*	State Tax Withheld *(Box 16)*
14.0	APPLE COMPUTER INC.									
037833100	04/07/2014	12/28/2009	E	7,385.48	2,968.70		0.00	4,416.78	0.00	0.00
50.0	AT&T INC									
00206R102	05/20/2014	Various	E	1,775.12	1,327.48		0.00	447.64	0.00	0 00
30.0	ABBOTT LABORATORIES									
002824100	05/20/2014	09/13/2005	E	1,182.93	652.99		0.00	529.94	0.00	0.00
100.0	CONOCOPHILLIPS									
20825C104	05/20/2014	08/31/2010	E	7,822.99	3,970.90		0.00	3,852.09	0.00	0.00
50.0	EXXON MOBIL CORP									
30231G102	05/20/2014	12/09/1987	E	5,035.39	363.41		0.00	4,671.98	0.00	0.00
100.0	GENERAL ELECTRIC CO.									
369604103	05/20/2014	09/19/1991	E	2,612.05	586.25		0.00	2,025.80	0.00	0.00
50.0	LOWE'S COMPANIES INC									
548661107	05/20/2014	03/04/2010	E	2,272.95	1,192.18		0.00	1,080.77	0.00	0.00
100.0	PFIZER INC									
717081103	05/20/2014	04/15/2009	E	2,920.94	1,383.80		0.00	1,537.14	0.00	0.00
50.0	SELECT SEC SPDR MATLS									
81369Y100	05/20/2014	08/31/2010	E	2,387.56	1,547.99		0.00	839.57	0.00	0.00

This is important tax information and is being furnished to the Internal Revenue Service (except as indicated). If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported. For noncovered securities shown on this statement, cost basis information is not being reported to the Internal Revenue Service. The taxpayer is ultimately responsible for the accuracy of their own tax return.

2014 Tax Information Statement

Payer's Name and Address:
CITIZENS BANK, N.A.
10 TRIPPS LANE RTL 115
RIVERSIDE, RI 02915-7995

Account Number: 1050059013
Recipient's Tax ID Number: XX-XXX9114
Payer's Federal ID Number: 20-2635739
Payer's State ID Number:
State: RI

☐ **Corrected** ☐ **2nd TIN notice**

Recipient's Name and Address:
PAWTUCKET YMCA
660 ROOSEVELT AVENUE
ATTN: ESSELTON T. MCNULTY
PAWTUCKET, RI 02860

Reported to the IRS is proceeds less commissions and option premiums.
For noncovered securities (Box 5 is checked) shown on this statement, cost basis information is not being reported to the IRS.
Cost or Other Basis amounts shown with a "U" are unknown or unsubstantiated.

Description of property *(Box 1a)*

CUSIP Number	Date Sold or Disposed *(Box 1c)*	Date Acquired *(Box 1b)*	Form 8949 Checkbox	Proceeds *(Box 1d)*	Cost or Other Basis *(Box 1e)*	Code if any *(Box 1f)*	Adjustments *(Box 1g)*	Net Gain or Loss	Federal Income Tax Withheld *(Box 4)*	State Tax Withheld *(Box 16)*
100.0	WELLS FARGO & CO NEW									
949746101	05/20/2014	04/15/2009	E	4,883.06	1,882.73		0.00	3,000.33	0.00	0.00
276.917	LEGG MASON CLEARBRIDGE SMCAP GR Y									
52470H765	06/18/2014	11/30/2010	E	8,000.13	4,671.59		0.00	3,328.54	0.00	0.00
98.577	T ROWE PRICE SMALL-CAP STOCK FUND									
779572106	06/18/2014	03/31/2010	E	4,553.27	2,910.97		0.00	1,642.30	0.00	0.00
195.0	LOWE'S COMPANIES INC									
548661107	06/20/2014	03/04/2010	E	8,912.25	4,649.49		0.00	4,262.76	0.00	0 00
140.0	HERSHEY FOODS CORP.									
427866108	07/17/2014	09/17/2009	E	12,902.96	5,468.19		0.00	7,434.77	0.00	0.00
50000.0	FED HOME LN MTG CORP 1.000% 10/25/16									
3134G4DR6	07/25/2014	07/09/2013	E	50,000.00	50,000.00		0.00	0.00	0 00	0.00
1229.441	LEGG MASON CLEARBRIDGE SMCAP GR Y									
52470H765	07/29/2014	11/30/2010	E	34,965.30	20,740.66		0.00	14,224.64	0.00	0.00
780.954	T ROWE PRICE SMALL-CAP STOCK FUND									
779572106	07/29/2014	Various	E	34,713.41	23,595.46		0.00	11,117.95	0.00	0.00
78.0	SPDR S&P MIDCAP 400 ETF TR									
78467Y107	07/29/2014	04/11/2006	E	19,879.42	11,278.02		0.00	8,601.40	0.00	0.00

This is important tax information and is being furnished to the Internal Revenue Service (except as indicated). If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported. For noncovered securities shown on this statement, cost basis information is not being reported to the Internal Revenue Service. The taxpayer is ultimately responsible for the accuracy of their own tax return.

2014 Tax Information Statement

Payer's Name and Address:
CITIZENS BANK, N.A.
10 TRIPPS LANE RTL 115
RIVERSIDE, RI 02915-7995

Account Number: 1050059013
Recipient's Tax ID Number: XX-XXX9114
Payer's Federal ID Number: 20-2635739
Payer's State ID Number:
State: RI

☐ **Corrected** ☐ **2nd TIN notice**

Recipient's Name and Address:
PAWTUCKET YMCA
660 ROOSEVELT AVENUE
ATTN: ESSELTON T. MCNULTY
PAWTUCKET, RI 02860

Reported to the IRS is proceeds less commissions and option premiums.
For noncovered securities (Box 5 is checked) shown on this statement, cost basis information is not being reported to the IRS.
Cost or Other Basis amounts shown with a "U" are unknown or unsubstantiated.

Description of property *(Box 1a)*

CUSIP Number	Date Sold or Disposed	Date Acquired	Form 8949 Checkbox	Proceeds	Cost or Other Basis	Code if any	Adjustments	Net Gain or Loss	Federal Income Tax Withheld	State Tax Withheld
	(Box 1c)	*(Box 1b)*		*(Box 1d)*	*(Box 1e)*	*(Box 1f)*	*(Box 1g)*		*(Box 4)*	*(Box 16)*
759.094	TEMPLETON FOREIGN EQUITIES SER									
880210505	07/29/2014	Various	E	17,732.43	13,340.22		0.00	4,392.21	0.00	0.00
80.0	PROCTER & GAMBLE CO									
742718109	09/09/2014	05/16/2005	E	6,628.90	4,401.60		0.00	2,227.30	0.00	0.00
50000.0	JPMORGAN CHASE 5.125% 9/15/14									
46625HBV1	09/15/2014	12/31/2004	E	50,000.00	50,586.50		0.00	-586.50	0.00	0.00
65.0	CONOCOPHILLIPS									
20825C104	09/24/2014	08/31/2010	E	5,053.38	2,581.09		0.00	2,472.29	0.00	0.00
190.0	GENERAL ELECTRIC CO.									
369604103	11/04/2014	Various	E	4,882.28	2,895.14		0.00	1,987.14	0.00	0.00
170.0	PFIZER INC									
717081103	11/04/2014	04/15/2009	E	5,089.23	2,352.46		0.00	2,736.77	0.00	0.00
50000.0	FED HOME LN BK 0.450% 11/14/14									
3133X9DC1	11/14/2014	02/02/2005	E	50,000.00	49,956.50		0.00	43.50	0.00	0.00
Total Long Term Sales Reported on 1099-B				**398,745.19**	**286,030.53**		**0.00**	**112,714.66**	**0.00**	**0.00**

Report on Form 8949, Part II, with Box E checked

This is important tax information and is being furnished to the Internal Revenue Service (except as indicated). If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported. For noncovered securities shown on this statement, cost basis information is not being reported to the Internal Revenue Service. The taxpayer is ultimately responsible for the accuracy of their own tax return.