

Return of Organization Exempt from Income Tax

2004

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

Open to Public
Inspection

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2004 calendar year, or tax year beginning , 2004, and ending

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return
 Amended return
 Application pending

Please use IRS label or print or type. See specific instructions.
ROCKLAND COUNTY YMCA
35 SOUTH BROADWAY
NYACK, NY 10960

D Employer Identification Number
13-1740513

E Telephone number
845-358-0245

F Accounting method: Cash Accrual
 Other (specify) _____

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations

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

H (b) If 'Yes,' enter number of affiliates _____

H (c) Are all affiliates included? Yes No
(If 'No,' attach a list. See instructions.)

H (d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Group Exemption Number _____

M Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

G Web site: N/A

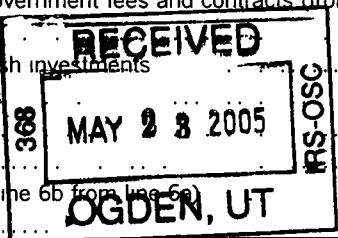
J Organization type (check only one) ... 501(c) 3 (insert no) 4947(a)(1) or 527

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 **3,908,410.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Instructions)

1 Contributions, gifts, grants, and similar amounts received:			
a Direct public support	1a	58,640.	
b Indirect public support	1b	21,174.	
c Government contributions (grants)	1c	101,045.	
d Total (add lines 1a through 1c) (cash \$ 180,859. noncash \$ _____)	1d		180,859.
2 Program service revenue including government fees and contracts (from Part VII, line 93)	2		3,550,239.
3 Membership dues and assessments	3		
4 Interest on savings and temporary cash investments	4		
5 Dividends and interest from securities	5		3,040.
6a Gross rents	6a	131,064.	
b Less: rental expenses	6b	101,315.	
c Net rental income or (loss) (subtract line 6b from line 6a)	6c		29,749.
7 Other investment income (describe _____)	7		
8a Gross amount from sales of assets other than inventory	(A) Securities		(B) Other
b Less: cost or other basis and sales expenses	8a		
c Gain or (loss) (attach schedule)	8b		
d Net gain or (loss) (combine line 8c, columns (A) and (B))	8c		
9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>	8d		
a Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a	35,162.	
b Less: direct expenses other than fundraising expenses	9b	14,088.	
c Net income or (loss) from special events (subtract line 9b from line 9a)	9c	STATEMENT 1	21,074.
10a Gross sales of inventory, less returns and allowances	10a	5,645.	
b Less: cost of goods sold	10b	2,042.	
c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c	STATEMENT 2	3,603.
11 Other revenue (from Part VII, line 103)	11		2,401.
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		3,790,965.
13 Program services (from line 44, column (B))	13		3,235,986.
14 Management and general (from line 44, column (C))	14		416,122.
15 Fundraising (from line 44, column (D))	15		7,330.
16 Payments to affiliates (attach schedule)	16		
17 Total expenses (add lines 16 and 44, column (A))	17		3,659,438.
18 Excess or (deficit) for the year (subtract line 17 from line 12)	18		131,527.
19 Net assets or fund balances at beginning of year (from line 73, column (A))	19		967,494.
20 Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 3	20		2,584.
21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21		1,101,605.



SCANNED JUL 13 05

Handwritten initials: EB

Part II Statement of Functional Expenses All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (att sch) (cash \$ _____ non-cash \$ _____)	22			
23	Specific assistance to individuals (att sch)	23			
24	Benefits paid to or for members (att sch)	24			
25	Compensation of officers, directors, etc	25	98,485.	98,485.	
26	Other salaries and wages	26	2,239,296.	2,048,671.	190,625.
27	Pension plan contributions	27	99,417.	78,163.	21,254.
28	Other employee benefits	28	98,162.	95,591.	2,571.
29	Payroll taxes	29	224,010.	198,399.	25,611.
30	Professional fundraising fees	30			
31	Accounting fees	31	6,500.		6,500.
32	Legal fees	32			
33	Supplies	33	189,477.	181,641.	4,547.
34	Telephone	34	26,403.	24,908.	1,495.
35	Postage and shipping	35	5,405.	4,320.	1,085.
36	Occupancy	36	138,269.	123,920.	14,349.
37	Equipment rental and maintenance	37	69,461.	61,020.	8,309.
38	Printing and publications	38			132.
39	Travel	39	4,695.	4,418.	277.
40	Conferences, conventions, and meetings	40	39,819.	31,680.	6,709.
41	Interest	41	39,406.	39,406.	1,430.
42	Depreciation, depletion, etc (attach schedule)	42	82,122.	73,910.	8,212.
43	Other expenses not covered above (itemize):				
a	SEE STATEMENT 4	43a	298,511.	269,939.	26,093.
b	-----	43b			
c	-----	43c			
d	-----	43d			
e	-----	43e			
44	Total functional expenses (add lines 22 - 43). Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	44	3,659,438.	3,235,986.	416,122.

Joint Costs. Check if you are following SOP 98-2
 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If 'Yes,' enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____; (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? <input type="checkbox"/> TO ADVANCE CHRISTIAN PRINCIPLES	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others)
a <u>GENERAL YMCA PROGRAM ACTIVITIES INCLUDING AQUATIC FITNESS, DANCE, CHILDREN'S SERVICES AND IMPROVING THE WELL BEING OF APPROXIMATELY 18,500 INDIVIDUALS IN ROCKLAND COUNTY.</u> (Grants and allocations \$ _____)	3,235,986.
b ----- (Grants and allocations \$ _____)	
c ----- (Grants and allocations \$ _____)	
d ----- (Grants and allocations \$ _____)	
e Other program services (Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	3,235,986.

Part IV Balance Sheets (See Instructions)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year	
ASSETS	45 Cash – non-interest-bearing	291,318.	45	263,035.	
	46 Savings and temporary cash investments	366,887.	46	431,090.	
	47a Accounts receivable	36,443.			
	b Less: allowance for doubtful accounts		47c	36,443.	
	48a Pledges receivable				
	b Less: allowance for doubtful accounts		48c		
	49 Grants receivable		49		
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50		
	51a Other notes & loans receivable (attach sch.)				
	b Less: allowance for doubtful accounts		51c		
	52 Inventories for sale or use		52		
	53 Prepaid expenses and deferred charges	36,197.	53	29,437.	
	54 Investments – securities (attach schedule) SEE ATTACHED <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	33,798.	54	37,503.	
	55a Investments – land, buildings, & equipment: basis	169,358.			
	b Less: accumulated depreciation (attach schedule) STATEMENT 5	108,507.	55c	60,851.	
	56 Investments – other (attach schedule)		56		
	57a Land, buildings, and equipment: basis	2,460,596.			
	b Less: accumulated depreciation (attach schedule) STATEMENT 6	1,482,132.	57c	978,464.	
	58 Other assets (describe ▶ SEE STATEMENT 7)	7,514.	58	6,677.	
59 Total assets (add lines 45 through 58) (must equal line 74)	1,808,093.	59	1,843,500.		
LIABILITIES	60 Accounts payable and accrued expenses	83,357.	60	17,857.	
	61 Grants payable		61		
	62 Deferred revenue	126,288.	62	134,463.	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63		
	64a Tax-exempt bond liabilities (attach schedule)		64a		
	b Mortgages and other notes payable (attach schedule) SEE ATTACHED	614,583.	64b	576,389.	
	65 Other liabilities (describe ▶ SEE STATEMENT 8)	16,371.	65	13,186.	
66 Total liabilities (add lines 60 through 65)	840,599.	66	741,895.		
ORGANIZATIONS THAT FOLLOW SFAS 117, CHECK HERE <input checked="" type="checkbox"/> AND COMPLETE LINES 67 THROUGH 69 AND LINES 73 AND 74.	67 Unrestricted	702,743.	67	815,706.	
	68 Temporarily restricted	2,300.	68		
	69 Permanently restricted	262,451.	69	285,899.	
	ORGANIZATIONS THAT DO NOT FOLLOW SFAS 117, CHECK HERE <input type="checkbox"/> AND COMPLETE LINES 70 THROUGH 74.	70 Capital stock, trust principal, or current funds		70	
		71 Paid-in or capital surplus, or land, building, and equipment fund		71	
		72 Retained earnings, endowment, accumulated income, or other funds		72	
		73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19; column (B) must equal line 21)	967,494.	73	1,101,605.
	74 Total liabilities and net assets/fund balances (add lines 66 and 73)	1,808,093.	74	1,843,500.	

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See instructions.)

a	Total revenue, gains, and other support per audited financial statements	a	3,954,596.
b	Amounts included on line a but not on line 12, Form 990:		
(1)	Net unrealized gains on investments . . . \$ 2,584.		
(2)	Donated services and use of facilities . . . \$ 54,970.		
(3)	Recoveries of prior year grants . . . \$		
(4)	Other (specify):		
	SEE STM 9 \$ 106,077.		
	Add amounts on lines (1) through (4)	b	163,631.
c	Line a minus line b	c	3,790,965.
d	Amounts included on line 12, Form 990 but not on line a :		
(1)	Investment expenses not included on line 6b, Form 990 . . . \$		
(2)	Other (specify):		
	----- \$		
	Add amounts on lines (1) and (2)	d	
e	Total revenue per line 12, Form 990 (line c plus line d)	e	3,790,965.

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements	a	3,820,484.
b	Amounts included on line a but not on line 17, Form 990:		
(1)	Donated services and use of facilities . . . \$ 54,970.		
(2)	Prior year adjustments reported on line 20, Form 990 . . . \$		
(3)	Losses reported on line 20, Form 990 . . . \$		
(4)	Other (specify):		
	SEE STMT 10 \$ 106,076.		
	Add amounts on lines (1) through (4)	b	161,046.
c	Line a minus line b	c	3,659,438.
d	Amounts included on line 17, Form 990 but not on line a :		
(1)	Investment expenses not included on line 6b, Form 990 . . . \$		
(2)	Other (specify):		
	----- \$		
	Add amounts on lines (1) and (2)	d	
e	Total expenses per line 17, Form 990 (line c plus line d)	e	3,659,438.

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
BARBARA FOLKEMER SUFFERN, NY	EXECUTIVE DIREC 35	98,485.	12,248.	0.
SEE ATTACHED LIST	1-2/WEEK	0.	0.	0.

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? Yes No
If 'Yes,' attach schedule -- see instructions

Part VI Other Information (See instructions.)

76 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity
77 Were any changes made in the organizing or governing documents but not reported to the IRS?
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?
78b If 'Yes,' has it filed a tax return on Form 990-T for this year?
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year?
80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?
80b If 'Yes,' enter the name of the organization
81a Enter direct and indirect political expenditures. See line 81 instructions
81b Did the organization file Form 1120-POL for this year?
82a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?
82b If 'Yes,' you may indicate the value of these items here
83a Did the organization comply with the public inspection requirements for returns and exemption applications?
83b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?
84a Did the organization solicit any contributions or gifts that were not tax deductible?
84b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?
85 501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?
85b Did the organization make only in-house lobbying expenditures of \$2,000 or less?
85c Dues, assessments, and similar amounts from members
85d Section 162(e) lobbying and political expenditures
85e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices
85f Taxable amount of lobbying and political expenditures (line 85d less 85e)
85g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?
85h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?
86 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12
86b Gross receipts, included on line 12, for public use of club facilities
87 501(c)(12) organizations. Enter: a Gross income from members or shareholders
87b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them)
88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?
89a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911, section 4912, section 4955
89b 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year?
90a List the states with which a copy of this return is filed
90b Number of employees employed in the pay period that includes March 12, 2004
91 The books are in care of
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041

Part VII Analysis of Income-Producing Activities (See instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a MEMBERSHIP FEES					739,173.
b PROGRAM FEES					2,811,066.
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies . . .					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts					
96 Dividends & interest from securities.			14	3,040.	
97 Net rental income or (loss) from real estate:					
a debt-financed property	531120	29,749.			
b not debt-financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events			1	21,074.	
102 Gross profit or (loss) from sales of inventory			3	3,603.	
103 Other revenue. a					
b OTHER REVENUE			1	2,401.	
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		29,749.		30,118.	3,550,239.
105 Total (add line 104, columns (B), (D), and (E))					3,610,106.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	SEE STATEMENT 11

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See instructions.)

a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions)

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.

Please Sign **Charles R. Mage** Date **5/16/05**
Signature of officer

Chief Executive Officer

Date **5/16/05** Check if self-employed Preparer's SSN or PTIN (See General Instruction W) **P00106728**

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Organization Exempt Under
Section 501(c)(3)**

**(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust**
Supplementary Information — (See separate instructions.)

OMB No 1545-0047

2004

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.**

Name of the organization

ROCKLAND COUNTY YMCA

Employer identification number

13-1740513

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See instructions. List each one. If there are none, enter 'None'.)

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
MARCELA DELORETO ----- CHESTER, NY 10918	CFO 40	63,989.	8,799.	0.
LUCY REEDY ----- CONGERS, NY	PROGRAM DIR 40	61,117.	8,512.	0.
PHILOMENA KANASKY ----- SUFFERN NY	PROGRAM DIR 40	51,138.	7,514.	0.
HEDA GOLDBERG ----- NEW CITY, NY	PERSONELL ADMIN 32	50,519.	7,452.	0.
----- ----- -----				
Total number of other employees paid over \$50,000 ▶	0			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See instructions. List each one (whether individuals or firms). If there are none, enter 'None'.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
PRECISE RENOVATION ----- 4951 BROADWAY , NEW YORK, NY	BUILING RENOVATION	50,500.
----- ----- -----		
----- ----- -----		
----- ----- -----		
Total number of others receiving over \$50,000 for professional services ▶	0	

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2004

Part III Statements About Activities (See instructions)

1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities . . . \$ N/A

Table with 2 columns: Yes, No. Row 1: Yes (blank), No (X)

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.

2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions)

Table with 2 columns: Yes, No. Row 2: Yes (blank), No (X)

a Sale, exchange, or leasing of property?

Table with 2 columns: Yes, No. Row 2a: Yes (blank), No (X)

b Lending of money or other extension of credit?

Table with 2 columns: Yes, No. Row 2b: Yes (blank), No (X)

c Furnishing of goods, services, or facilities?

Table with 2 columns: Yes, No. Row 2c: Yes (blank), No (X)

SEE FORM 990, PART V

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?

Table with 2 columns: Yes, No. Row 2d: Yes (X), No (blank)

e Transfer of any part of its income or assets?

Table with 2 columns: Yes, No. Row 2e: Yes (blank), No (X)

3a Do you make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how you determine that recipients qualify to receive payments.)

Table with 2 columns: Yes, No. Row 3a: Yes (blank), No (X)

b Do you have a section 403(b) annuity plan for your employees?

Table with 2 columns: Yes, No. Row 3b: Yes (blank), No (X)

4a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?

Table with 2 columns: Yes, No. Row 4a: Yes (blank), No (X)

b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?

Table with 2 columns: Yes, No. Row 4b: Yes (blank), No (X)

Part IV Reason for Non-Private Foundation Status (See instructions)

The organization is not a private foundation because it is: (Please check only ONE applicable box.)

5 [] A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)

6 [] A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)

7 [] A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).

8 [] A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).

9 [] A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state

10 [] An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv). (Also complete the Support Schedule in Part IV-A.)

11a [] An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)

11b [] A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)

12 [X] 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 charitable, etc, 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) (Also complete the Support Schedule in Part IV-A.)

13 [] An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations (See instructions.)

Table with 2 columns: (a) Name(s) of supported organization(s), (b) Line number from above

14 [] An organization organized and operated to test for public safety. Section 509(a)(4). (See instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) *Use cash method of accounting.*

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	99,213.	121,367.	148,472.	186,110.	555,162.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	3,515,734.	3,226,942.	3,280,816.	3,234,786.	13,258,278.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	5,646.	5,111.	11,959.	18,342.	41,058.
19 Net income from unrelated business activities not included in line 18	19,601.	7,619.	10,447.	26,852.	64,519.
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets SEE STMT 12	1,965.	537.	7,545.	4,668.	14,715.
23 Total of lines 15 through 22	3,642,159.	3,361,576.	3,459,239.	3,470,758.	13,933,732.
24 Line 23 minus line 17...	126,425.	134,634.	178,423.	235,972.	675,454.
25 Enter 1% of line 23	36,422.	33,616.	34,592.	34,708.	

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 .. N/A ▶ **26a**

b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts

c Total support for section 509(a)(1) test: Enter line 24, column (e)

d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____

e Public support (line 26c minus line 26d total)

f **Public support percentage (line 26e (numerator) divided by line 26c (denominator))**

27 Organizations described on line 12:

a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person' Do not file this list with your return. Enter the sum of such amounts for each year.
 (2003) _____ 0. (2002) _____ 0. (2001) _____ 0. (2000) _____ 0.

b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:
 (2003) _____ 0. (2002) _____ 0. (2001) _____ 0. (2000) _____ 0.

c Add: Amounts from column (e) for lines: 15 _____ 555,162. 16 _____ 17 _____ 13,258,278. 20 _____ 21 _____

d Add: Line 27a total _____ 0. and line 27b total _____ 0.

e Public support (line 27c total minus line 27d total)

f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) ▶ **27f** | 13,933,732.

g **Public support percentage (line 27e (numerator) divided by line 27f (denominator))** ..

h **Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))** ..

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Part V Private School Questionnaire (See instructions.)
 (To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement)		
32	Does the organization maintain the following:		
32a	a Records indicating the racial composition of the student body, faculty, and administrative staff?		
32b	b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
32c	c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
32d	d Copies of all material used by the organization or on its behalf to solicit contributions?		
	If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement)		
33	Does the organization discriminate by race in any way with respect to:		
33a	a Students' rights or privileges?		
33b	b Admissions policies?		
33c	c Employment of faculty or administrative staff?		
33d	d Scholarships or other financial assistance?		
33e	e Educational policies?		
33f	f Use of facilities?		
33g	g Athletic programs?		
33h	h Other extracurricular activities?		
	If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.)		
34a	Does the organization receive any financial aid or assistance from a governmental agency?		
34b	Has the organization's right to such aid ever been revoked or suspended? If you answered 'Yes' to either 34a or b, please explain using an attached statement.		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' attach an explanation.		

Part VI-A Lobbying Expenditures by Electing Public Charities (See instructions.)
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

N/A

Check **a** if the organization belongs to an affiliated group. Check **b** if you checked 'a' and 'limited control' provisions apply.

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term 'expenditures' means amounts paid or incurred.)			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount. Enter the amount from the following table —		
	If the amount on line 40 is —		
	Not over \$500,000		
	Over \$500,000 but not over \$1,000,000		
	Over \$1,000,000 but not over \$1,500,000		
	Over \$1,500,000 but not over \$17,000,000		
	Over \$17,000,000		
	The lobbying nontaxable amount is —		
	20% of the amount on line 40		
	\$100,000 plus 15% of the excess over \$500,000		
	\$175,000 plus 10% of the excess over \$1,000,000	41	
	\$225,000 plus 5% of the excess over \$1,500,000		
	\$1,000,000		
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
 See the instructions for lines 45 through 50)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots non-taxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See instructions)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h.)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (add lines c through h.)

Yes	No	Amount

If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities

5/12/05

10:10AM

**STATEMENT 1
FORM 990, PART I, LINE 9
NET INCOME (LOSS) FROM SPECIAL EVENTS**

SPECIAL EVENTS	GROSS RECEIPTS	LESS CONTRI-BUTIONS	GROSS REVENUE	LESS DIRECT EXPENSES	NET INCOME (LOSS)
COMMITTEE	35,162.	0.	35,162.	14,088.	21,074.
TOTAL	<u>\$ 35,162.</u>	<u>\$ 0.</u>	<u>\$ 35,162.</u>	<u>\$ 14,088.</u>	<u>\$ 21,074.</u>

**STATEMENT 2
FORM 990, PART I, LINE 10
GROSS PROFIT (LOSS) FROM SALES OF INVENTORY**

SWIM AND DANCE SUPPLIES	\$	5,645.
GROSS SALES	\$	5,645.
LESS RETURNS & ALLOWANCES		0.
NET SALES	\$	5,645.
LESS COST OF GOODS SOLD		2,042.
GROSS PROFIT FROM SALES OF INVENTORY	\$	<u>3,603.</u>

**STATEMENT 3
FORM 990, PART I, LINE 20
OTHER CHANGES IN NET ASSETS OR FUND BALANCES**

UNREALIZED GAINS ON INVESTMENTS	\$	2,584.
TOTAL	\$	<u>2,584.</u>

**STATEMENT 4
FORM 990, PART II, LINE 43
OTHER EXPENSES**

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
ADVERTISING	19,734.	13,218.	6,516.	
ALLOATED TO RENT	-101,315.	-85,565.	-15,750.	
CAMPAIGN COSTS	1,705.	1,705.		
CONTRACTUL WORKERS	26,238.	26,238.		
FINANCING	50,298.	50,816.	-503.	-15.
INSURANCE	73,215.	68,100.	5,115.	
MISCELLANEOUS	887.	223.	664.	
NATIONAL MEMBERSHIP	66,270.	66,075.	195.	
PROFESSIONAL FEES	28,265.	13,528.	14,737.	
PUBLIC POLICY MEMBERSHIP	3,928.		3,928.	
REAL ESTATE TAXES	16,219.	16,219.		
REPAIRS & MAINTENANCE	112,692.	99,007.	11,191.	2,494.
STATE FEES AND TAXES	375.	375.		
TOTAL	<u>\$ 298,511.</u>	<u>\$ 269,939.</u>	<u>\$ 26,093.</u>	<u>\$ 2,479.</u>

CLIENT 2000-3

ROCKLAND COUNTY YMCA

13-1740513

5/12/05

10 10AM

**STATEMENT 5
FORM 990, PART IV, LINE 55B
INVESTMENTS - LAND, BUILDINGS, AND EQUIPMENT**

CATEGORY	BASIS	ACCUM. DEPREC.	BOOK VALUE
BUILDINGS	\$ 169,358.	\$ 108,507.	\$ 60,851.
TOTAL	\$ 169,358.	\$ 108,507.	\$ 60,851.

**STATEMENT 6
FORM 990, PART IV, LINE 57
LAND, BUILDINGS, AND EQUIPMENT**

CATEGORY	BASIS	ACCUM. DEPREC.	BOOK VALUE
BUILDINGS	\$ 2,460,596.	\$ 1,482,132.	\$ 978,464.
TOTAL	\$ 2,460,596.	\$ 1,482,132.	\$ 978,464.

**STATEMENT 7
FORM 990, PART IV, LINE 58
OTHER ASSETS**

MORTGAGE CLOSING COSTS. NET			\$ 6,677.
		TOTAL	\$ 6,677.

**STATEMENT 8
FORM 990, PART IV, LINE 65
OTHER LIABILITIES**

COMPENSATED ABSENCES			\$ 7,796.
DEPOSITS			5,390.
		TOTAL	\$ 13,186.

**STATEMENT 9
FORM 990, PART IV-A, LINE B(4)
OTHER AMOUNTS**

DONATED SUPPLIES			\$ 4,762.
RENTAL EXPENSES			101,315.
		TOTAL	\$ 106,077.

CLIENT 2000-3

ROCKLAND COUNTY YMCA

13-1740513

5/12/05

10:10AM

STATEMENT 10
FORM 990, PART IV-B, LINE B(4)
OTHER AMOUNTS

DONATED SUPPLIES		\$	4,762.
RENTAL EXPENSES			101,315.
ROUNDING			-1.
	TOTAL	\$	<u>106,076.</u>

STATEMENT 11
FORM 990, PART VIII
RELATIONSHIP OF ACTIVITIES TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE #	EXPLANATION OF ACTIVITIES
93	THE SPIRITUAL, MENTAL, SOCIAL AND PHYSICAL WELL BEING OF INDIVIDUAL IS IMPROVED BY THES SUPPORT AND MAIN TENANCE OF LECTURE ROOMS, MTG ROOMS AND PROVIDING PROGRAMS SUCH AS AQUATIC, FITNESS, DANCE, AND OPERATION OF DAY CARE CENTERS AND NURSERY.
103	INCOME IS REIMBURSEMENT OF PROGRAM EXPENDITURES

ROCKLAND COUNTY YOUNG MEN'S CHRISTIAN ASSOCIATION
 13-1740513
 12/31/2004

FORM 990, PART IV, LINE 54 - INVESTMENTS

	12/31/04 FMV	12/31/04 COST
MUTUAL FUNDS	37,503	53,317
TOTAL	<u>37,503</u>	<u>53,317</u>

FORM 990, PART IV, LINE 57 - LAND, BUILDING, AND EQUIPMENT

	12/31/04
LAND	158,213
BUILDINGS & IMPROVEMENTS	1,878,031
FURNITURE & EQUIPMENT	<u>593,711</u>
TOTAL ASSETS	2,629,955
ACCUMULATED DEPRECIATION	<u>(1,590,640)</u>
NET BOOK VALUE	<u>1,039,315</u>

FORM 990, PART IV, LINE 64b - MORTGAGES AND OTHER NOTES PAYABLE

LENDER: PROVIDENT BANK

DATE OF LOAN: 9/5/03

PURPOSE: REFINANCE BUILDING LOAN

SECURITY PROVIDED: BUILDING

TERMS: 10 YEARS

INTEREST RATE: 7.09%

ORIGINAL AMOUNT: 625,000

12/31/04 BALANCE: 576,389

