

Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

2006

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2006 calendar year, or tax year beginning 01-01-2006 and ending 12-31-2006

- 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.

C Name of organization: ROCKLAND COUNTY YMCA. Number and street (or P O box if mail is not delivered to street address): 35 SOUTH BROADWAY. City or town, state or country, and ZIP + 4: 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).

G Web site: N/A

J Organization type (check only one): 501(c)(3)

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than 25,000

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12: 4,532,204

H and I are not applicable to section 527 organizations. H(a) Is this a group return for affiliates? H(b) If "Yes" enter number of affiliates. H(c) Are all affiliates included? H(d) Is this a separate return filed by an organization covered by a group ruling? I Group Exemption Number. M Check if the organization is not required to attach Sch B

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

Table with columns for Revenue, Expenses, and Net Assets. Rows include Contributions, Program service revenue, Membership dues, Interest on savings, Dividends, Gross rents, Other investment income, Gross amount from sales of assets, Special events and activities, Gross sales of inventory, Other revenue, Total revenue, Program services, Management and general, Fundraising, Payments to affiliates, Total expenses, Excess or (deficit) for the year, Net assets or fund balances at beginning of year, Other changes in net assets, Net assets or fund balances at end of year.

**Part III 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 (See the instructions.)

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 |
|---|------------|----------------------|----------------------------|-----------------|
| <b>22a</b> Grants paid from donor advised funds (attach Schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>                  | <b>22a</b> |                      |                            |                 |
| <b>22b</b> Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>                          | <b>22b</b> |                      |                            |                 |
| <b>23</b> Specific assistance to individuals (attach schedule)  | <b>23</b>  |                      |                            |                 |
| <b>24</b> Benefits paid to or for members (attach schedule)   | <b>24</b>  |                      |                            |                 |
| <b>25a</b> Compensation of current officers, directors, key employees etc Listed in Part V-A (attach schedule)  | <b>25a</b> | 136,707              | 136,707                    |                 |
| <b>b</b> Compensation of former officers, directors, key employees etc listed in Part V-B (attach schedule)   | <b>25b</b> |                      |                            |                 |
| <b>c</b> Compensation and other distributions not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule) | <b>25c</b> |                      |                            |                 |
| <b>26</b> Salaries and wages of employees not included on lines 25a, b and c  | <b>26</b>  | 2,523,643            | 2,302,449                  | 36,216          |
| <b>27</b> Pension plan contributions not included on lines 25a, b and c   | <b>27</b>  |                      |                            |                 |
| <b>28</b> Employee benefits not included on lines 25a - 27  | <b>28</b>  | 241,554              | 191,250                    | 3,834           |
| <b>29</b> Payroll taxes   | <b>29</b>  | 274,540              | 243,373                    |                 |
| <b>30</b> Professional fundraising fees   | <b>30</b>  |                      |                            |                 |
| <b>31</b> Accounting fees   | <b>31</b>  |                      |                            |                 |
| <b>32</b> Legal fees  | <b>32</b>  |                      |                            |                 |
| <b>33</b> Supplies  | <b>33</b>  |                      |                            |                 |
| <b>34</b> Telephone   | <b>34</b>  | 27,228               | 26,026                     | 1,202           |
| <b>35</b> Postage and shipping  | <b>35</b>  |                      |                            |                 |
| <b>36</b> Occupancy   | <b>36</b>  |                      |                            |                 |
| <b>37</b> Equipment rental and maintenance  | <b>37</b>  |                      |                            |                 |
| <b>38</b> Printing and publications   | <b>38</b>  |                      |                            |                 |
| <b>39</b> Travel  | <b>39</b>  |                      |                            |                 |
| <b>40</b> Conferences, conventions, and meetings  | <b>40</b>  |                      |                            |                 |
| <b>41</b> Interest  | <b>41</b>  |                      |                            |                 |
| <b>42</b> Depreciation, depletion, etc (attach schedule)  | <b>42</b>  | 90,925               | 81,179                     | 9,746           |
| <b>43</b> Other expenses not covered above (itemize)  |            |                      |                            |                 |
| <b>a</b> See Additional Data Table  | <b>43a</b> |                      |                            |                 |
| <b>b</b>  | <b>43b</b> |                      |                            |                 |
| <b>c</b>  | <b>43c</b> |                      |                            |                 |
| <b>d</b>  | <b>43d</b> |                      |                            |                 |
| <b>e</b>  | <b>43e</b> |                      |                            |                 |
| <b>f</b>  | <b>43f</b> |                      |                            |                 |
| <b>g</b>  | <b>43g</b> |                      |                            |                 |
| <b>44</b> <b>Total functional expenses.</b> Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)   | <b>44</b>  | 4,337,271            | 3,721,915                  | 47,007          |

**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 (See the instructions.)**

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.

What is the organization's primary exempt purpose? **▶** The Rockland County YMCA (Young Men's Christian Association) is a volunteer driven association that welcomes all people to programs that enhance their health and well being, strengthen their personal and family relationship, and enrich their spirits, minds, and bodies. The YMCA welcomes all people, regardless of age, race, sex, income, ethnicity, ability or religion. YMCA's are founded by volunteers, led by volunteers, and encourage volunteerism in their programs. Membership dues are based on community affordability and financial assistance is available for those who can not afford to pay the full cost of membership or programs. The YMCA puts Christian principles into practice through programs that develop a healthy spirit, mind and body for all.

**Program Service Expenses**  
(Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others.)

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

**a** The Rockland County YMCA is able to accomplish its mission through a variety of program and member services. Child Care Programs: The YMCA provides high quality child care by providing comprehensive activities for preschool and school age children with participation from diverse members of the community. We provide full and part time options to serve a wide range of scheduling needs. Woven into the fabric of the YMCA mission is a commitment to strengthening families. YMCA child care programs relieve the burden of balancing work and family, and make it possible for parents of children in our child care or remain gainfully employed, knowing that their children are thriving in a safe, developmentally sound environment. The YMCA Early Childhood Programs provided child care for over 400 children and 6 centers including, Rainbow Connection in Nanuet, Young Children's Center and Y's Beginnings both in Suffern, Preschool Program in Sloatsburg, and Family County Child Care. The School Age Child Care Department operates before and after school child care programs in 15 sites. The program serves nearly 800 children in 4 school districts including Clarkstown, Ramapo Central, South Orangetown, and Nyack. It also provides a recreation program during school vacation and summer program for school age youth at its main building in Nyack. The total number of preschool and school age children enrolled was more than 1,200. Health and Fitness Programs for Youth and Adults: Helping people of all ages and abilities develop health in spirit, mind and body is at the core of the YMCA's mission. Our programs are designed to help people create realistic goals for self improvement and emphasize a healthy lifestyle through regular exercise, proper nutrition, stress management and health education. Our Fitness Department provides instruction on using strength training equipment and offers health enhancement classes for teens, adults, and seniors to promote physical fitness and wellness. Our Lose to Win course teaches proper nutrition and exercise to help people to lose weight. Aerobic exercise and yoga classes reduce stress and improve cardiovascular fitness. Sports programs for youth and adult promote teamwork, interaction, and the development of social and physical skills. Youth sports include indoor soccer, basketball and karate. Our Aquatics Department provides a variety of programs including water exercise classes for older adults and those with disabilities, lifeguard training, family recreation swims, and swimming lessons. There are 400 children a week who are learning to swim at the YMCA progressive swim programs. Youth Development Programs: Our YMCA Youth and Teen Programs give kids good role models to help them develop self esteem and good values, including caring, respect, honesty, responsibility and good citizenship. Our Youth Dance Program in Suffern provides creative movement and dance classes for 200 girls to develop coordination, self confidence and social skills. Our Summer Teen Program serves 50 at risk teenage boys and girls in the Nyack area who enjoy sports, games, crafts, swimming and field trips to parks and recreation areas. Member Service Programs: Our YMCA provides member service programs at our Nyack facility in the gymnasium, swimming pool, aerobic studio, fitness center and game room. In 2006, the YMCA served 3,341 boys, girls, men, and women who were enrolled as YMCA members and program participants. Two thousand eighty one or 62% of those served were youth ages 1 to 17. The YMCA offers many activities that strengthen families such as, Family Fun Nights and Healthy Kids Day which are offered at a nominal fee or no cost. Financial assistance is available for membership and programs to those who can not afford to pay the full cost. In 2006, 247 youth and families of low income received \$118,543 of financial assistance to take part in YMCA membership and programs thanks to generous contributions from individuals, foundations, and businesses.

(Grants and allocations \$ ) If this amount includes foreign grants, check here

3,721,915

**b** \_\_\_\_\_  
\_\_\_\_\_  
(Grants and allocations \$ ) If this amount includes foreign grants, check here

**c** \_\_\_\_\_  
\_\_\_\_\_  
(Grants and allocations \$ ) If this amount includes foreign grants, check here

**d** \_\_\_\_\_  
\_\_\_\_\_  
(Grants and allocations \$ ) If this amount includes foreign grants, check here

**e** Other program services (attach schedule)  
(Grants and allocations \$ ) If this amount includes foreign grants, check here

**f Total of Program Service Expenses** (should equal line 44, column (B), Program services) . . . . **▶** 3,721,915

**Part IV Balance Sheets (See the instructions.)**

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

|  |  | (A)               |           | (B)         |            |           |
|--|--|-------------------|-----------|-------------|------------|-----------|
|  |  | Beginning of year |           | End of year |            |           |
| Assets   | <b>45</b> Cash—non-interest-bearing . . . . .  |                   | 308,651   | <b>45</b>   | 47,637     |           |
|  | <b>46</b> Savings and temporary cash investments . . . . .   |                   | 556,212   | <b>46</b>   | 460,349    |           |
|  | <b>47a</b> Accounts receivable . . . . .   | <b>47a</b>        | 76,949    |             |            |           |
|  | <b>b</b> Less allowance for doubtful accounts  | <b>47b</b>        |           | 74,966      | <b>47c</b> | 76,949    |
|  | <b>48a</b> Pledges receivable . . . . .  | <b>48a</b>        |           |             |            |           |
|  | <b>b</b> Less allowance for doubtful accounts  | <b>48b</b>        |           |             | <b>48c</b> |           |
|  | <b>49</b> Grants receivable . . . . .  |                   |           |             | <b>49</b>  |           |
|  | <b>50a</b> Receivables from current and former officers, directors, trustees, and key employees (attach schedule) . . . . .  |                   |           |             | <b>50a</b> |           |
|  | <b>b</b> Receivables from other disqualified persons (as defined under section 4958(c)(3)(B) (attach schedule) . . . . .   |                   |           |             | <b>50b</b> |           |
|  | <b>51a</b> Other notes and loans receivable (attach schedule) . . . . .  | <b>51a</b>        |           |             |            |           |
|  | <b>b</b> Less allowance for doubtful accounts  | <b>51b</b>        |           |             | <b>51c</b> |           |
|  | <b>52</b> Inventories for sale or use . . . . .  |                   |           |             | <b>52</b>  |           |
|  | <b>53</b> Prepaid expenses and deferred charges . . . . .  |                   |           | 24,613      | <b>53</b>  | 28,057    |
|  | <b>54a</b> Investments—publicly-traded securities <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV  |                   |           | 40,536      | <b>54a</b> |           |
|  | <b>b</b> Investments—other securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV   |                   |           |             | <b>54b</b> |           |
|  | <b>55a</b> Investments—land, buildings, and equipment basis . . . . .  | <b>55a</b>        | 174,708   |             |            |           |
|  | <b>b</b> Less accumulated depreciation (attach schedule) . . . . .   | <b>55b</b>        | 120,551   | 60,357      | <b>55c</b> | 54,157    |
|  | <b>56</b> Investments—other (attach schedule) . . . . .  |                   |           |             | <b>56</b>  |           |
|  | <b>57a</b> Land, buildings, and equipment basis  | <b>57a</b>        | 2,930,380 |             |            |           |
|  | <b>b</b> Less accumulated depreciation (attach schedule) . . . . .   | <b>57b</b>        | 1,531,824 | 1,011,826   | <b>57c</b> | 1,398,556 |
| <b>58</b> Other assets, including program-related investments (describe <input type="checkbox"/> _____ ) |  |                   | 5,842     | <b>58</b>   | 5,007      |           |
| <b>59 Total assets</b> (must equal line 74) Add lines 45 through 58 . . . . .                            |  |                   | 2,083,003 | <b>59</b>   | 2,070,712  |           |
| Liabilities  | <b>60</b> Accounts payable and accrued expenses . . . . .  |                   | 44,619    | <b>60</b>   | 24,711     |           |
|  | <b>61</b> Grants payable . . . . .   |                   |           | <b>61</b>   |            |           |
|  | <b>62</b> Deferred revenue . . . . .   |                   | 161,923   | <b>62</b>   | 160,105    |           |
|  | <b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule) . . . . .  |                   |           |             | <b>63</b>  |           |
|  | <b>64a</b> Tax-exempt bond liabilities (attach schedule) . . . . .   |                   |           |             | <b>64a</b> |           |
|  | <b>b</b> Mortgages and other notes payable (attach schedule) . . . . .   |                   |           | 534,722     | <b>64b</b> | 522,055   |
|  | <b>65</b> Other liabilities (describe <input type="checkbox"/> _____ )   |                   |           | 25,779      | <b>65</b>  | 24,689    |
| <b>66 Total liabilities</b> Add lines 60 through 65 . . . . .  |  |                   | 767,043   | <b>66</b>   | 731,560    |           |
| Net Assets or Fund Balances  | <b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74</b>                         |                   |           |             |            |           |
|  | <b>67</b> Unrestricted . . . . .   |                   | 986,721   | <b>67</b>   | 1,003,335  |           |
|  | <b>68</b> Temporarily restricted . . . . .   |                   |           | <b>68</b>   |            |           |
|  | <b>69</b> Permanently restricted . . . . .   |                   | 329,239   | <b>69</b>   | 335,817    |           |
|  | <b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74</b>   |                   |           |             |            |           |
|  | <b>70</b> Capital stock, trust principal, or current funds . . . . .   |                   |           |             | <b>70</b>  |           |
|  | <b>71</b> Paid-in or capital surplus, or land, building, and equipment fund . . . . .  |                   |           |             | <b>71</b>  |           |
|  | <b>72</b> Retained earnings, endowment, accumulated income, or other funds . . . . .   |                   |           |             | <b>72</b>  |           |
|  | <b>73 Total net assets or fund balances</b> Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21) . . . . . |                   |           | 1,315,960   | <b>73</b>  | 1,339,152 |
|  | <b>74 Total liabilities and net assets / fund balances</b> Add lines 66 and 73 . . . . .   |                   |           | 2,083,003   | <b>74</b>  | 2,070,712 |





Part VI Other Information (continued)

Form with multiple sections (82a-91b) containing questions and answers regarding organizational activities, dues, lobbying, and financial accounts. Includes a table for employee counts and a table for foreign financial accounts.

Part VI Other Information (continued)

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States?

91c Yes No

If "Yes," enter the name of the foreign country

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here

and enter the amount of tax-exempt interest received or accrued during the tax year

92

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

Note: Enter gross amounts unless otherwise indicated.

Table with 5 main columns: (A) Business code, (B) Amount, (C) Exclusion code, (D) Amount, (E) Related or exempt function income. Rows include Program service revenue, membership fees, Medicare/Medicaid payments, etc.

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

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

Table with 2 columns: 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.

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

Table with 5 columns: (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.

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

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?
(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

NOTE: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

**Part XI Information Regarding Transfers To and From Controlled Entities** *Complete only if the organization is a controlling organization as defined in section 512(b)(13)*

|  |            |           |
|--|------------|-----------|
| <b>106</b> Did the reporting organization <b>make</b> any transfers <b>to</b> a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity | <b>Yes</b> | <b>No</b> |
|  |            | No        |

|               | (A)<br>Name and address of each controlled entity | (B)<br>Employer Identification Number | (C)<br>Description of transfer | (D)<br>Amount of transfer |
|---------------|---|---------------------------------------|--------------------------------|---------------------------|
| <b>Totals</b> |   |                                       |                                |                           |

|   |            |           |
|---|------------|-----------|
| <b>107</b> Did the reporting organization <b>receive</b> any transfers <b>from</b> a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity | <b>Yes</b> | <b>No</b> |
|   |            | No        |

|               | (A)<br>Name and address of each controlled entity | (B)<br>Employer Identification Number | (C)<br>Description of transfer | (D)<br>Amount of transfer |
|---------------|---|---------------------------------------|--------------------------------|---------------------------|
| <b>Totals</b> |   |                                       |                                |                           |

|  |            |           |
|--|------------|-----------|
| <b>108</b> Did the organization have a binding written contract in effect on August 17, 2006 covering the interests, rents, royalties and annuities described in question 107 above? | <b>Yes</b> | <b>No</b> |
|  |            | No        |

|                         |   |                    |
|-------------------------|---|--------------------|
| <b>Please Sign Here</b> | 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. |                    |
|                         | *****<br>Signature of officer   | 2007-05-15<br>Date |
|                         | CHUCK MAZE CEO<br>Type or print name and title  |                    |

|                                 |   |      |  |   |
|---------------------------------|---|------|--|---|
| <b>Paid Preparer's Use Only</b> | Preparer's signature  DONALEE R BERARD  | Date | Check if self-employed <input checked="" type="checkbox"/> | Preparer's SSN or PTIN (See Gen Inst W) |
|                                 | Firm's name (or yours if self-employed), address, and ZIP + 4<br>Berard & Donahue CPAs PC<br>44 Park Ave<br>Suffern, NY 10901 |      |  | EIN<br><br>Phone no  (845) 357-5668     |

SCHEDULE A (Form 990 or 990EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information—(See separate instructions.)

OMB No 1545-0047

2006

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

Department of the Treasury Internal Revenue Service

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

Table with 5 columns: (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 & deferred compensation, (e) Expense account and other allowances. Includes entries for philomena kanasky, LUCY REEDY, and MARCELA DELORETO.

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

Table with 3 columns: (a) Name and address of each independent contractor paid more than \$50,000, (b) Type of service, (c) Compensation. First row contains 'None'.

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services

Table with 3 columns: (a) Name and address of each independent contractor paid more than \$50,000, (b) Type of service, (c) Compensation. First row contains 'None'.

**Part III Statements About Activities** (See page 2 of the instructions.)

**Yes No**

|   |           |     |    |
|---|-----------|-----|----|
| <p><b>1</b> During the year, has the organization attempted to influence national, state, or local legislation, include 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 ▶\$ _____(Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B )</p> <p>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</p> | <b>1</b>  |     | No |
| <p><b>2</b> 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.)</p> <p><b>a</b> Sale, exchange, or leasing property?</p>   | <b>2a</b> |     | No |
| <p><b>b</b> Lending of money or other extension of credit?</p>  | <b>2b</b> |     | No |
| <p><b>c</b> Furnishing of goods, services, or facilities?</p>   | <b>2c</b> |     | No |
| <p><b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?</p>   | <b>2d</b> | Yes |    |
| <p><b>e</b> Transfer of any part of its income or assets?</p>   | <b>2e</b> |     | No |
| <p><b>3a</b> Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments )</p>   | <b>3a</b> |     | No |
| <p><b>b</b> Did the organization have a section 403(b) annuity plan for its employees?</p>  | <b>3b</b> |     | No |
| <p><b>c</b> Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment , historic land areas or structures? If "Yes" attach a detailed statement</p>   | <b>3c</b> |     | No |
| <p><b>d</b> Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?</p>   | <b>3d</b> |     | No |
| <p><b>4a</b> Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g</p>  | <b>4a</b> |     | No |
| <p><b>b</b> Did the organization make any taxable distributions under section 4966?</p>   | <b>4b</b> |     | No |
| <p><b>c</b> Did the organization make a distribution to a donor, donor advisor, or related person?</p>  | <b>4c</b> |     | No |
| <p><b>d</b> Enter the total number of donor advised funds owned at the end of the tax year ▶ _____</p>  |           |     |    |
| <p><b>e</b> Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶ _____</p>  |           |     |    |
| <p><b>f</b> Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶ _____</p>  |           |     |    |
| <p><b>g</b> Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶ _____</p>  |           |     |    |

**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 7 of the instructions.)

I certify that 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**  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 otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization

Type I     Type II     Type III - Functionally Integrated     Type III - Other

**Provide the following information about the supported organizations. (see page 7 of the instructions.)**

| (a)<br>Name(s) of supported organization(s) | (b)<br>Employer identification number | (c)<br>Type of organization (described in lines 5 through 12 above or IRC section) | (d)<br>Is the supported organization listed in the supporting organization's governing documents? |    | (e)<br>Amount of support? |
|---|---------------------------------------|--|---|----|---------------------------|
|   |                                       |  | Yes   | No |                           |
|   |                                       |  |   |    |                           |
|   |                                       |  |   |    |                           |
| <b>Total</b>                                |                                       |  |   |    |                           |

- 14**  An organization organized and operated to test for public safety Section 509(a)(4) (See page 7 of the 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) 2005  | (b) 2004  | (c) 2003  | (d) 2002  | (e) Total             |
|---|-----------|-----------|-----------|-----------|-----------------------|
| <b>15</b> Gifts, grants, and contributions received (Do not include unusual grants See line 28 )  | 238,688   | 180,859   | 99,213    | 121,367   | 640,127               |
| <b>16</b> Membership fees received  |           |           |           |           | 0                     |
| <b>17</b> 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   | 3,932,637 | 3,574,916 | 3,515,734 | 3,226,942 | 14,250,229            |
| <b>18</b> 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  | 9,246     | 3,040     | 5,646     | 5,111     | 23,043                |
| <b>19</b> Net income from unrelated business activities not included in line 18   | 20,008    | 29,749    | 19,601    | 7,619     | 76,977                |
| <b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf  |           |           |           |           | 0                     |
| <b>21</b> 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   |           |           |           |           | 0                     |
| <b>22</b> Other income Attach a schedule Do not include gain or (loss) from sale of capital assets  | 868       | 2,401     | 1,965     | 537       | 5,771                 |
| <b>23</b> Total of lines 15 through 22  | 4,201,447 | 3,790,965 | 3,642,159 | 3,361,576 | 14,996,147            |
| <b>24</b> Line 23 minus line 17   | 268,810   | 216,049   | 126,425   | 134,634   | 745,918               |
| <b>25</b> Enter 1% of line 23   | 42,014    | 37,910    | 36,422    | 33,616    |                       |
| <b>26 Organizations described on lines 10 or 11:</b>  |           |           |           |           |                       |
| <b>a</b> Enter 2% of amount in column (e), line 24  |           |           |           |           | <b>26a</b>            |
| <b>b</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 2002 through 2005 exceeded the amount shown in line 26a Do not file this list with your return. Enter the total of all these excess amounts  |           |           |           |           | <b>26b</b>            |
| <b>c</b> Total support for section 509(a)(1) test Enter line 24, column (e)   |           |           |           |           | <b>26c</b> 0          |
| <b>d</b> Add Amounts from column (e) for lines 18 _____ 19 _____<br>22 _____ 26b _____  |           |           |           |           | <b>26d</b>            |
| <b>e</b> Public support (line 26c minus line 26d total)   |           |           |           |           | <b>26e</b>            |
| <b>f</b> Public support percentage (line 26e (numerator) divided by line 26c (denominator))   |           |           |           |           | <b>26f</b>            |
| <b>27 Organizations described on line 12:</b>   |           |           |           |           |                       |
| <b>a</b> 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<br>(2005) _____ (2004) _____ (2003) _____ (2002) _____  |           |           |           |           |                       |
| <b>b</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 11b, 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<br>(2005) _____ (2004) _____ (2003) _____ (2002) _____ |           |           |           |           |                       |
| <b>c</b> Add Amounts from column (e) for lines 15 _____ 16 _____<br>17 _____ 14,250,229 20 _____ 21 _____<br>0  |           |           |           |           | <b>27c</b> 14,890,356 |
| <b>d</b> Add Line 27a total _____ and line 27b total _____  |           |           |           |           | <b>27d</b>            |
| <b>e</b> Public support (line 27c total minus line 27d total)   |           |           |           |           | <b>27e</b> 14,890,356 |
| <b>f</b> Total support for section 509(a)(2) test Enter amount from line 23, column (e)   |           |           |           |           | <b>27f</b> 14,996,147 |
| <b>g</b> Public support percentage (line 27e (numerator) divided by line 27f (denominator))   |           |           |           |           | <b>27g</b> 99.29 00 % |
| <b>h</b> Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))   |           |           |           |           | <b>27h</b> 15.00 %    |
| <b>28 Unusual Grants:</b> For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, 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 page 7 of the instructions.)  
**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

|            |  | Yes | No |
|------------|--|-----|----|
| <b>29</b>  | 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?  |     |    |
| <b>30</b>  | 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?   |     |    |
| <b>31</b>  | 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?<br>If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement ) |     |    |
|            |  |     |    |
|            |  |     |    |
| <b>32</b>  | Does the organization maintain the following   |     |    |
| <b>a</b>   | Records indicating the racial composition of the student body, faculty, and administrative staff?  |     |    |
| <b>b</b>   | Records documenting that scholarships and other financial assistance are awarded on racially nondiscriminatory basis?  |     |    |
| <b>c</b>   | Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?  |     |    |
| <b>d</b>   | 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 )  |     |    |
|            |  |     |    |
| <b>33</b>  | Does the organization discriminate by race in any way with respect to  |     |    |
| <b>a</b>   | Students' rights or privileges?  |     |    |
| <b>b</b>   | Admissions policies?   |     |    |
| <b>c</b>   | Employment of faculty or administrative staff?   |     |    |
| <b>d</b>   | Scholarships or other financial assistance?  |     |    |
| <b>e</b>   | Educational policies?  |     |    |
| <b>f</b>   | Use of facilities?   |     |    |
| <b>g</b>   | Athletic programs?   |     |    |
| <b>h</b>   | Other extracurricular activities?  |     |    |
|            | If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement )   |     |    |
|            |  |     |    |
|            |  |     |    |
| <b>34a</b> | Does the organization receive any financial aid or assistance from a governmental agency?  |     |    |
| <b>b</b>   | Has the organization's right to such aid ever been revoked or suspended?<br>If you answered "Yes" to either 34a or b, please explain using an attached statement   |     |    |
| <b>35</b>  | 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 page 10 of the instructions.)  
(To be completed **ONLY** by an eligible organization that filed Form 5768)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**

(The term "expenditures" means amounts paid or incurred )

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

**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 on page 13 of the instructions )

| Calendar year (or<br>fiscal year beginning in) ▶         | Lobbying Expenditures During 4-Year Averaging Period |             |             |             |              |
|--|--|-------------|-------------|-------------|--------------|
|  | (a)<br>2006  | (b)<br>2005 | (c)<br>2004 | (d)<br>2003 | (e)<br>Total |
| <b>45</b> Lobbying nontaxable amount                     |  |             |             |             |              |
| <b>46</b> Lobbying ceiling amount (150% of line 45(e))   |  |             |             |             |              |
| <b>47</b> Total lobbying expenditures                    |  |             |             |             |              |
| <b>48</b> Grassroots nontaxable amount                   |  |             |             |             |              |
| <b>49</b> Grassroots ceiling amount (150% of line 48(e)) |  |             |             |             |              |
| <b>50</b> 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 page 13 of the instructions.)

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 |
|-----|----|--------|
|     |    |        |
|     |    | 0      |
|     |    |        |
|     |    |        |
|     |    |        |
|     |    |        |
|     |    |        |

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



**Additional Data****Software ID:** 06000146**Software Version:** 2006v3.0**EIN:** 13-1740513**Name:** ROCKLAND COUNTY YMCA**Form 990, Part II, Line 43 - Other expenses not covered above (itemize):**

| <i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i> |            | (A) Total | (B) Program services | (C) Management and general | (D) Fundraising |
|--|------------|-----------|----------------------|----------------------------|-----------------|
| <b>a</b> UTILITIES   | <b>43a</b> | 119,640   | 103,089              | 16,551                     |                 |
| <b>b</b> REPAIRS & MAINTENANCE   | <b>43b</b> | 191,023   | 162,420              | 28,603                     |                 |
| <b>c</b> RENT  | <b>43c</b> | 25,891    | 25,891               |                            |                 |
| <b>d</b> PUBLIC POLICY MEMBERSHIP  | <b>43d</b> | 2,414     |                      | 2,414                      |                 |
| <b>e</b> PROGRAM SUPPLIES  | <b>43e</b> | 221,379   | 221,379              |                            |                 |
| <b>f</b> PROFESSIONAL FEES   | <b>43f</b> | 97,691    | 34,219               | 63,119                     | 353             |
| <b>g</b> OFFICE SUPPLIES   | <b>43g</b> | 19,197    | 9,771                | 5,513                      | 3,913           |
| <b>h</b> NATIONAL MEMBERSHIP   | <b>43h</b> | 70,611    | 70,150               | 153                        | 308             |
| <b>i</b> MISCELLANEOUS   | <b>43i</b> | 3,550     | 273                  | 3,007                      | 270             |
| <b>j</b> INTEREST  | <b>43j</b> | 37,089    | 37,089               |                            |                 |
| <b>k</b> INSURANCE   | <b>43k</b> | 52,375    | 47,420               | 4,955                      |                 |
| <b>l</b> FINANCING   | <b>43l</b> | 51,251    | 51,159               |                            | 92              |
| <b>m</b> EQUIPMENT RENTAL  | <b>43m</b> | 65,227    | 54,098               | 9,782                      | 1,347           |
| <b>n</b> CONTRACTUL WORKERS  | <b>43n</b> | 11,500    | 11,500               |                            |                 |
| <b>o</b> CONFERENCES   | <b>43o</b> | 51,540    | 28,584               | 22,282                     | 674             |
| <b>p</b> ANNUAL CAMPAIGN   | <b>43p</b> | 3,787     | 3,787                |                            |                 |
| <b>q</b> ADVERTISING   | <b>43q</b> | 18,509    | 16,809               | 1,700                      |                 |

**Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:**

| <b>(A) Name and address</b>                           | <b>(B) Title and average hours per week devoted to position</b> | <b>(C) Compensation (If not paid, enter -0-.)</b> | <b>(D) Contributions to employee benefit plans &amp; deferred compensation plans</b> | <b>(E) Expense account and other allowances</b> |
|---|---|---|--|---|
| PATRICIA ZIPPILLI<br>35 S BROADWAY<br>NYACK, NY 10960 | Director<br>1   | 0   |  |   |
| MARK YONSKIE<br>35 S BROADWAY<br>NYACK, NY 10960      | Director<br>1   | 0   |  |   |
| DENIS WILLIAMSON<br>35 S BROADWAY<br>NYACK, NY 10960  | Director<br>1   | 0   |  |   |
| DEBRA THOMAS<br>35 S BROADWAY<br>NYACK, NY 10960      | Director<br>1   | 0   |  |   |
| JOHN SIMPSON<br>35 S BROADWAY<br>NYACK, NY 10960      | CHAIR BLDG CMTE<br>20   | 0   |  |   |
| RAMON SANCHEZ<br>35 S BROADWAY<br>NYACK, NY 10960     | Director<br>1   | 0   |  |   |
| CHRIS SAMPSON<br>35 S BROADWAY<br>NYACK, NY 10960     | Chairman<br>3   | 0   |  |   |
| JULIE PREVOST<br>35 S BROADWAY<br>NYACK, NY 10960     | Director<br>1   | 0   |  |   |
| GRANT LOAVENBRUCK<br>35 S BROADWAY<br>NYACK, NY 10960 | Director<br>1   | 0   |  |   |
| MAX JACOBS<br>35 S BROADWAY<br>NYACK, NY 10960        | Director<br>1   | 0   |  |   |

**Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:**

| <b>(A) Name and address</b>                            | <b>(B) Title and average hours per week devoted to position</b> | <b>(C) Compensation (If not paid, enter -0-.)</b> | <b>(D) Contributions to employee benefit plans &amp; deferred compensation plans</b> | <b>(E) Expense account and other allowances</b> |
|--|---|---|--|---|
| JAMES GILBERT<br>35 S BROADWAY<br>NYACK, NY 10960      | Secretary<br>1  | 0   |  |   |
| JOHN FITZPATRICK<br>35 S BROADWAY<br>NYACK, NY 10960   | Director<br>1   | 0   |  |   |
| THOMAS DANNEY<br>35 S BROADWAY<br>NYACK, NY 10960      | Director<br>1   | 0   |  |   |
| MICHAEL CUNNINGHAM<br>35 S BROADWAY<br>NYACK, NY 10960 | Treasurer<br>1  | 0   |  |   |
| KIM COONS<br>35 S BROADWAY<br>NYACK, NY 10960          | Vice Chairman<br>1  | 0   |  |   |
| JOHN COLGAN<br>35 S BROADWAY<br>NYACK, NY 10960        | Director<br>1   | 0   |  |   |
| LINDA CHRISTOPHER<br>35 S BROADWAY<br>NYACK, NY 10960  | Director<br>1   | 0   |  |   |
| PHIL CARMICHAEL<br>35 S BROADWAY<br>NYACK, NY 10960    | Director<br>1   | 0   |  |   |
| GEORGE BERRY<br>35 S BROADWAY<br>NYACK, NY 10960       | Director<br>3   | 0   |  |   |
| CHARLES MAZE<br>35 S BROADWAY<br>NYACK, NY 10960       | CEO<br>50   | 119,596   | 17,111   |   |

**TY 2006 Gain/Loss from Sale of Public Securities Schedule****Name:** ROCKLAND COUNTY YMCA**EIN:** 13-1740513**Software ID:** 06000146**Software Version:** 2006v3.0**Gross Sales Price:** 36,345**Basis:** 39,073**Sales Expenses:****Total (net):**

## TY 2006 Investments - Land Schedule

**Name:** ROCKLAND COUNTY YMCA

**EIN:** 13-1740513

**Software ID:** 06000146

**Software Version:** 2006v3.0

| Category/Item | Cost/Other Basis | Accumulated Depreciation | Book Value |
|---------------|------------------|--------------------------|------------|
| 0             | 15,000           |                          | 15,000     |
| Improvements  | 119,708          | 80,551                   | 39,157     |
| 0             | 40,000           | 40,000                   |            |

## TY 2006 Investments - Securities Schedule

**Name:** ROCKLAND COUNTY YMCA

**EIN:** 13-1740513

**Software ID:** 06000146

**Software Version:** 2006v3.0

| Description      | Book Value | Cost/FMV |
|------------------|------------|----------|
| MUTUAL FUNDS     |            | F        |
| GOVERNMENT BONDS |            | F        |

**TY 2006 Land etc. Schedule**

**Name:** ROCKLAND COUNTY YMCA

**EIN:** 13-1740513

**Software ID:** 06000146

**Software Version:** 2006v3.0

| <b>Category/Item</b>    | <b>Cost/Other Basis</b> | <b>Accumulated Depreciation</b> | <b>Book Value</b> |
|-------------------------|-------------------------|---------------------------------|-------------------|
| Land                    | 133,374                 |                                 | 133,374           |
| Improvements            | 614,539                 | 433,137                         | 181,402           |
| 2930380                 | 1,942,797               | 955,917                         | 986,880           |
| Machinery and Equipment | 239,670                 | 142,770                         | 96,900            |

## TY 2006 Other Assets Schedule

**Name:** ROCKLAND COUNTY YMCA

**EIN:** 13-1740513

**Software ID:** 06000146

**Software Version:** 2006v3.0

| Description                 | Beginning of Year Amount | End of Year Amount |
|-----------------------------|--------------------------|--------------------|
| MORTGAGE CLOSING COSTS. NET | 5,842                    | 5,007              |

## TY 2006 Other Changes in Net Assets Schedule

**Name:** ROCKLAND COUNTY YMCA

**EIN:** 13-1740513

**Software ID:** 06000146

**Software Version:** 2006v3.0

| Description                     | Amount |
|---------------------------------|--------|
| UNREALIZED GAINS ON INVESTMENTS | 1,475  |

**TY 2006 Other Expenses Included Schedule**

**Name:** ROCKLAND COUNTY YMCA

**EIN:** 13-1740513

**Software ID:** 06000146

**Software Version:** 2006v3.0

| Description     | Amount  |
|-----------------|---------|
| RENTAL EXPENSES | 109,457 |

## TY 2006 Other Liabilities Schedule

**Name:** ROCKLAND COUNTY YMCA

**EIN:** 13-1740513

**Software ID:** 06000146

**Software Version:** 2006v3.0

| Description          | Beginning of Year Amount | End of Year Amount |
|----------------------|--------------------------|--------------------|
| DEPOSITS             | 8,260                    | 10,740             |
| COMPENSATED ABSENCES | 17,518                   | 13,949             |

**TY 2006 Other Revenues Included Schedule**

**Name:** ROCKLAND COUNTY YMCA

**EIN:** 13-1740513

**Software ID:** 06000146

**Software Version:** 2006v3.0

| Description     | Amount  |
|-----------------|---------|
| RENTAL EXPENSES | 109,457 |

## TY 2006 Sales Of Inventory Schedule

**Name:** ROCKLAND COUNTY YMCA

**EIN:** 13-1740513

**Software ID:** 06000146

**Software Version:** 2006v3.0

| Category | Gross Sales | Cost of Goods Sold | Net (Gross Sales Minus Cost of Goods Sold) |
|----------|-------------|--------------------|--|
| GOODS    | 5,941       | 2,661              | 3,280                                      |

## TY 2006 Special Events Schedule

**Name:** ROCKLAND COUNTY YMCA

**EIN:** 13-1740513

**Software ID:** 06000146

**Software Version:** 2006v3.0

| Event Name | Gross Receipts | Contributions | Gross Revenue | Direct Expense | Net Income (Loss) |
|------------|----------------|---------------|---------------|----------------|-------------------|
| COMMITTEE  | 66,567         |               | 66,567        | 22,025         | 44,542            |

## TY 2006 Employee Compensation Explanation

**Name:** ROCKLAND COUNTY YMCA

**EIN:** 13-1740513

**Software ID:** 06000146

**Software Version:** 2006v3.0

| Employee          | Explanation |
|-------------------|-------------|
| philomena kanasky |             |
| LUCY REEDY        |             |
| MARCELA DELORETO  |             |

## TY 2006 Other Income Schedule

**Name:** ROCKLAND COUNTY YMCA

**EIN:** 13-1740513

**Software ID:** 06000146

**Software Version:** 2006v3.0

| Description | 2003 | 2002  | 2001  | 2000 | Total |
|-------------|------|-------|-------|------|-------|
| OTHER       | 868  | 2,401 | 1,965 | 537  | 5,771 |