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Form **990**Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

OMB No 1545-0047

**2009**Open to Public  
Inspection

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

**A For the 2009 calendar year, or tax year beginning****and ending****B** Check if applicable

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Terminated  
☐ Amended return  
☐ Application pending

Please use IRS label or print or type  
See Specific Instructions**C Name of organization****YMCA OF YONKERS**

Doing Business As

Number and street (or P O box if mail is not delivered to street address) Room/suite  
**17 RIVERDALE AVENUE**City or town, state or country, and ZIP + 4  
**YONKERS, NY 10701****F Name and address of principal officer SHAWYN PATTERSON-HOWARD  
SAME AS C ABOVE****D Employer identification number****13-1740520****E Telephone number****9149630183****G Gross receipts \$ 2,023,243.****H(a) Is this a group return**for affiliates? ☐ Yes ☒ No**H(b) Are all affiliates included?** ☐ Yes ☐ No

If "No," attach a list. (see instructions)

**H(c) Group exemption number ▶****I Tax-exempt status:** ☒ 501(c) (3) (insert no.) ☐ 4947(a)(1) or ☐ 527**J Website:** **WWW.YOYMCA.ORG****K Form of organization** ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L Year of formation 1882 M State of legal domicile NY****Part I Summary**

|                                    |                                                                                                                                                                                                  |                   |
|------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| <b>Activities &amp; Governance</b> | <b>1</b> Briefly describe the organization's mission or most significant activities: <b>THE YMCA OF YONKERS, NY, INC. IS A NOT-FOR-PROFIT ORGANIZATION WHICH PROVIDES HEALTH ENHANCEMENT AND</b> |                   |
|                                    | <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.                                                 |                   |
|                                    | <b>3</b> Number of voting members of the governing body (Part VI, line 1a)                                                                                                                       | <b>16</b>         |
|                                    | <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)                                                                                                           | <b>16</b>         |
| <b>Revenue</b>                     | <b>5</b> Total number of employees (Part V, line 2a)                                                                                                                                             | <b>73</b>         |
|                                    | <b>6</b> Total number of volunteers (estimate if necessary)                                                                                                                                      | <b>45</b>         |
|                                    | <b>7a</b> Total gross unrelated business revenue from Part VIII, column (C), line 12                                                                                                             | <b>0.</b>         |
|                                    | <b>7b</b> Net unrelated business taxable income from Form 990-T, line 34                                                                                                                         | <b>0.</b>         |
| <b>Expenses</b>                    | <b>8</b> Contributions and grants (Part VIII, line 1h)                                                                                                                                           | <b>780,519.</b>   |
|                                    | <b>9</b> Program service revenue (Part VIII, line 2g)                                                                                                                                            | <b>1,033,661.</b> |
|                                    | <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)                                                                                                                          | <b>456,514.</b>   |
|                                    | <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)                                                                                                               | <b>959,620.</b>   |
| <b>Net Assets or Fund Balances</b> | <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)                                                                                                     | <b>8,051.</b>     |
|                                    | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)                                                                                                                       | <b>514,950.</b>   |
|                                    | <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)                                                                                                                          | <b>1,760,034.</b> |
|                                    | <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)                                                                                                      | <b>2,018,732.</b> |
| <b>Net Assets or Fund Balances</b> | <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)                                                                                                                         |                   |
|                                    | <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>29,504.</b>                                                                                                              |                   |
|                                    | <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)                                                                                                                           | <b>1,039,410.</b> |
|                                    | <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)                                                                                                              | <b>1,033,887.</b> |
| <b>Net Assets or Fund Balances</b> | <b>19</b> Revenue less expenses. Subtract line 18 from line 12                                                                                                                                   | <b>1,159,687.</b> |
|                                    | <b>20</b> Total assets (Part X, line 16)                                                                                                                                                         | <b>2,199,097.</b> |
|                                    | <b>21</b> Total liabilities (Part X, line 26)                                                                                                                                                    | <b>1,954,644.</b> |
|                                    | <b>22</b> Net assets or fund balances. Subtract line 21 from line 20                                                                                                                             | <b>64,088.</b>    |

**Part II Signature Block**

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

**Sign Here**

Signature of officer

Date

**JOHN PAGLIAROLI, BOARD TREASURER**

Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature

Date

Check if self-employed ☐

Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4

**O'CONNOR DAVIES MUNNS & DOBBINS, LLP  
500 MAMARONECK AVENUE  
HARRISON, NY 10528-1633**

EIN ▶

Phone no ▶ **(914) 381-8900**

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

932001 02-04-10

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2009)**SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION**

G110

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SCANNED DEC 20 2010

**Part III Statement of Program Service Accomplishments**

- 1 Briefly describe the organization's mission: SEE SCHEDULE O FOR CONTINUATION  
FOUNDED IN 1882, THE YONKERS FAMILY YMCA'S MISSION IS TO PROVIDE  
ACTIVITIES AND SERVICES WHICH DEVELOP THE MIND, BODY AND SPIRIT. FOR  
127 YEARS, THE YMCA HAS PROVIDED SERVICES INCLUDING ADULT, TEEN AND  
YOUTH RECREATION, HOUSING, EDUCATIONAL ACTIVITIES AND OTHER PROGRAMS
- 2 Did the organization undertake any significant program services during the year which were not listed on  
the prior Form 990 or 990-EZ? ☐ Yes ☒ No  
If "Yes," describe these new services on Schedule O.
- 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No  
If "Yes," describe these changes on Schedule O.
- 4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.  
Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and  
allocations to others, the total expenses, and revenue, if any, for each program service reported  
SEE SCHEDULE O FOR CONTINUATION(S)
- 4a (Code: ) (Expenses \$ 535,602. including grants of \$ ) (Revenue \$ 501,099.)  
HOUSING - YMCA OF YONKERS' 75 ROOM SINGLE RESIDENT OCCUPANCY FACILITY,  
THE LARGEST IN YONKERS, HAS BEEN IN OPERATION FOR MORE THAN A CENTURY.  
THE HOUSING PROGRAM PROVIDES SAFE, AFFORDABLE HOUSING TO OVER 120  
PEOPLE MANY OF WHOM WERE HOMELESS PRIOR TO COMING TO THE YMCA. DESPITE  
THE DIFFICULT POPULATION SERVED, THE YMCA IS ABLE TO MAINTAIN OVER 70%  
OF RESIDENTS EACH YEAR IN PERMANENT HOUSING. THROUGH CASE MANAGEMENT  
AND SUPPORT, THE YMCA PROVIDES LIFE SKILLS COUNSELING AND TRAINING,  
INFORMATION AND REFERRAL, CRISIS INTERVENTION, VETERAN'S SERVICES,  
RECREATION AND EMPLOYMENT TRAINING, ONSITE CHEMICAL DEPENDENCY AND  
RELAPSE PREVENTION COUNSELING, SERVICE COORDINATION, ADVOCACY, CONFLICT  
RESOLUTION, MEDIATION, AND MEALS. THE YMCA WORKS WITH OVER 50  
ORGANIZATIONS THROUGHOUT THE COUNTY OF WESTCHESTER TO PROVIDE A
- 4b (Code: ) (Expenses \$ 565,919. including grants of \$ ) (Revenue \$ 337,413.)  
YOUTH SERVICES - YMCA OF YONKERS' YOUTH SERVICES PROGRAM IS COMPRISED  
OF SCHOOL AGE CHILD CARE OR AFTER SCHOOL SERVICES AND SUMMER CAMP.  
ANNUALLY, THE YMCA OF YONKERS PROVIDES SERVICES TO OVER 250 CHILDREN  
THROUGH AFTER SCHOOL AND SUMMER CAMP PROGRAMMING. OUR YOUTH SERVICES  
PROGRAMS OFFER A DEVELOPMENTALLY APPROPRIATE CURRICULUM ALONG WITH A  
SOCIAL, ACADEMIC, AND CULTURALLY ENRICHING EXPERIENCE IN A SAFE,  
NURTURING, STATE LICENSED ENVIRONMENT. OUR PARTICIPANTS ARE GUIDED BY  
STAFF MEMBERS AND VOLUNTEERS THAT HAVE A COMMITMENT TO LEARNING AND  
OFFERING STIMULATING ACTIVITIES IN LITERACY, PHYSICAL FITNESS,  
CHARACTER DEVELOPMENT, HOMEWORK, ARTS, SCIENCE, SERVICE LEARNING,  
SOCIAL COMPETENCE, CONFLICT RESOLUTION, LIFE SKILLS AND LEADERSHIP  
DEVELOPMENT.
- 4c (Code: ) (Expenses \$ 252,642. including grants of \$ ) (Revenue \$ 78,649.)  
TEEN SERVICES - IN AN EFFORT TO ADDRESS THE COMMUNITY'S GAP IN TEEN  
PROGRAMS, THE YMCA OFFERS A CONTINUUM OF SERVICES THAT MEETS THE  
DIVERSE NEEDS OF OVER 500 TEENS ANNUALLY. "REAL TALK," A FRIDAY NIGHT  
TEEN LED DISCUSSION GROUP, TACKLES TRADITIONAL AND CONTEMPORARY TEEN  
ISSUES, TEACHES LIFE SKILLS AND PROMOTES LEADERSHIP DEVELOPMENT. THE  
YMCA'S YOUTH EMPLOYMENT TRAINING PROGRAM PROVIDES EMPLOYMENT TRAINING,  
PREPARATION AND PLACEMENT OVER 300 YOUTH ANNUALLY. THE GANG PREVENTION  
PROGRAM PROVIDES TEENS WITH A SAFE, NURTURING AND FUN ENVIRONMENT THAT  
SERVES AS A SAFE HAVEN AND ALTERNATIVE TO THE ALLURE OF THE STREET AND  
GANG INVOLVEMENT. THE YMCA SPORTS PROGRAM UTILIZES BASKETBALL, SOCCER,  
FLAG FOOTBALL, INTRAMURAL LEAGUES, MARTIAL ARTS, BOXING, AND  
CHEERLEADING TO TEACH DISCIPLINE, SPORTSMANSHIP, TEAMWORK AND CHARACTER
- 4d Other program services (Describe in Schedule O)  
(Expenses \$ 243,015. including grants of \$ ) (Revenue \$ 42,459.)
- 4e Total program service expenses ► \$ 1,597,178.

**Part IV Checklist of Required Schedules**

|                                                                                                                                                                                                                                                                     | Yes                    | No |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|----|
| <b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?<br><i>If "Yes," complete Schedule A</i>                                                                                                                | <b>1</b> X             |    |
| <b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors?                                                                                                                                                                             | <b>2</b> X             |    |
| <b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>                                                                | <b>3</b>               | X  |
| <b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>                                                                                                                  | <b>4</b>               | X  |
| <b>5</b> <b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>                                        | <b>5</b>               |    |
| <b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>  | <b>6</b>               | X  |
| <b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>                                      | <b>7</b>               | X  |
| <b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>                                                                                                   | <b>8</b>               | X  |
| <b>9</b> Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> | <b>9</b>               | X  |
| <b>10</b> Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>                                                                                       | <b>10</b>              | X  |
| <b>11</b> Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>                                                                                                      | <b>11</b> X            |    |
| • Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>                                                                                                                        |                        |    |
| • Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>                                                    |                        |    |
| • Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>                                                    |                        |    |
| • Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>                                                                       |                        |    |
| • Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>                                                                                                                                      |                        |    |
| • Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? <i>If "Yes," complete Schedule D, Part X</i>                       |                        |    |
| <b>12</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>                                                                                            | <b>12</b> X            |    |
| <b>12A</b> Was the organization included in consolidated, independent audited financial statements for the tax year?<br><i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>                                                                 | <b>12A</b> Yes No<br>X |    |
| <b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>                                                                                                                                                  | <b>13</b>              | X  |
| <b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?                                                                                                                                                              | <b>14a</b>             | X  |
| <b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>                             | <b>14b</b>             | X  |
| <b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>                                      | <b>15</b>              | X  |
| <b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>                                          | <b>16</b>              | X  |
| <b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>                                                         | <b>17</b>              | X  |
| <b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>                                                                     | <b>18</b>              | X  |
| <b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>                                                                                               | <b>19</b>              | X  |
| <b>20</b> Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>                                                                                                                                                                  | <b>20</b>              | X  |

**Part IV Checklist of Required Schedules** (continued)

|                                                                                                                                                                                                                                                                                                 | Yes | No |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>21</b> Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>                                                               |     | X  |
| <b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>                                                                                |     | X  |
| <b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>                           |     | X  |
| <b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i> |     | X  |
| <b>24b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?                                                                                                                                                                                    |     |    |
| <b>24c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?                                                                                                                                           |     |    |
| <b>24d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?                                                                                                                                                                              |     |    |
| <b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>                                                                          |     | X  |
| <b>25b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>           |     | X  |
| <b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>                                         |     | X  |
| <b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>                 |     | X  |
| <b>28</b> Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):                                                                                        |     |    |
| <b>28a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>                                                                                                                                                                       |     | X  |
| <b>28b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>                                                                                                                                                    |     | X  |
| <b>28c</b> An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>                                            |     | X  |
| <b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>                                                                                                                                                                       | X   |    |
| <b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>                                                                                                       |     | X  |
| <b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations?<br><i>If "Yes," complete Schedule N, Part I</i>                                                                                                                                                          |     | X  |
| <b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>                                                                                                                                           |     | X  |
| <b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>                                                                                           |     | X  |
| <b>34</b> Was the organization related to any tax-exempt or taxable entity?<br><i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>                                                                                                                                           |     | X  |
| <b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)?<br><i>If "Yes," complete Schedule R, Part V, line 2</i>                                                                                                                                     |     | X  |
| <b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization?<br><i>If "Yes," complete Schedule R, Part V, line 2</i>                                                                                             |     | X  |
| <b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>                                                  |     | X  |
| <b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?<br><b>Note.</b> All Form 990 filers are required to complete Schedule O.                                                                                                | X   |    |

**Part V** Statements Regarding Other IRS Filings and Tax Compliance

|            |                                                                                                                                                                                                                                                                              | Yes | No |
|------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1a</b>  | Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable                                                                                                                                     |     |    |
| <b>1b</b>  | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable                                                                                                                                                                                              |     |    |
| <b>c</b>   | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?                                                                                                                     | X   |    |
| <b>2a</b>  | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return                                                                                                |     |    |
| <b>b</b>   | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?<br><b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)                              | X   |    |
| <b>3a</b>  | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?                                                                                                                                                         |     | X  |
| <b>b</b>   | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O                                                                                                                                                                             |     |    |
| <b>4a</b>  | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?                                   |     | X  |
| <b>b</b>   | If "Yes," enter the name of the foreign country <span style="border: 1px solid black; padding: 0 20px;"> </span><br>See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.                        |     |    |
| <b>5a</b>  | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?                                                                                                                                                                        |     | X  |
| <b>b</b>   | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?                                                                                                                                                             |     | X  |
| <b>c</b>   | If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?                                                                                                                             |     |    |
| <b>6a</b>  | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?                                                                                                  |     | X  |
| <b>b</b>   | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?                                                                                                                                |     |    |
| <b>7</b>   | <b>Organizations that may receive deductible contributions under section 170(c).</b>                                                                                                                                                                                         |     |    |
| <b>a</b>   | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?                                                                                                                              |     | X  |
| <b>b</b>   | If "Yes," did the organization notify the donor of the value of the goods or services provided?                                                                                                                                                                              |     |    |
| <b>c</b>   | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?                                                                                                                                         |     | X  |
| <b>d</b>   | If "Yes," indicate the number of Forms 8282 filed during the year                                                                                                                                                                                                            |     |    |
| <b>e</b>   | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?                                                                                                                                            |     | X  |
| <b>f</b>   | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?                                                                                                                                                                 |     | X  |
| <b>g</b>   | For all contributions of qualified intellectual property, did the organization file Form 8899 as required?                                                                                                                                                                   |     |    |
| <b>h</b>   | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?                                                                                                                                                        |     |    |
| <b>8</b>   | <b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? |     |    |
| <b>9</b>   | <b>Sponsoring organizations maintaining donor advised funds.</b>                                                                                                                                                                                                             |     |    |
| <b>a</b>   | Did the organization make any taxable distributions under section 4966?                                                                                                                                                                                                      |     |    |
| <b>b</b>   | Did the organization make a distribution to a donor, donor advisor, or related person?                                                                                                                                                                                       |     |    |
| <b>10</b>  | <b>Section 501(c)(7) organizations.</b> Enter:                                                                                                                                                                                                                               |     |    |
| <b>a</b>   | Initiation fees and capital contributions included on Part VIII, line 12                                                                                                                                                                                                     |     |    |
| <b>b</b>   | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities                                                                                                                                                                                  |     |    |
| <b>11</b>  | <b>Section 501(c)(12) organizations.</b> Enter                                                                                                                                                                                                                               |     |    |
| <b>a</b>   | Gross income from members or shareholders                                                                                                                                                                                                                                    |     |    |
| <b>b</b>   | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)                                                                                                                                                 |     |    |
| <b>12a</b> | <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?                                                                                                                                                            |     |    |
| <b>b</b>   | If "Yes," enter the amount of tax-exempt interest received or accrued during the year                                                                                                                                                                                        |     |    |

Form 990 (2009)

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

**Section A. Governing Body and Management**

|                                                                                                                                                                                                                              | Yes | No |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1a</b> Enter the number of voting members of the governing body                                                                                                                                                           | 16  |    |
| <b>1b</b> Enter the number of voting members that are independent                                                                                                                                                            | 16  |    |
| <b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?                                               | 2   | X  |
| <b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | 3   | X  |
| <b>4</b> Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?                                                                                               | 4   | X  |
| <b>5</b> Did the organization become aware during the year of a material diversion of the organization's assets?                                                                                                             | 5   | X  |
| <b>6</b> Does the organization have members or stockholders?                                                                                                                                                                 | 6   | X  |
| <b>7a</b> Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?                                                                                        | 7a  | X  |
| <b>7b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons?                                                                                                            | 7b  | X  |
| <b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:                                                                                   |     |    |
| <b>a</b> The governing body?                                                                                                                                                                                                 | 8a  | X  |
| <b>b</b> Each committee with authority to act on behalf of the governing body?                                                                                                                                               | 8b  | X  |
| <b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O        | 9   | X  |

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

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

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed **NY**

**18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
☒ Own website    ☒ Another's website    ☒ Upon request

**19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

**20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **►**  
**SHAWYN PATTERSON-HOWARD - 914-963-0183**  
**17 RIVERDALE AVENUE, YONKERS, NY 10701**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors****Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's **current** key employees. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

☐ Check this box if the organization did not compensate any current officer, director, or trustee.

| (A)<br>Name and Title                 | (B)<br>Average hours per week | (C)<br>Position<br>(check all that apply) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---------------------------------------|-------------------------------|-------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                       |                               | Individual trustee or director            | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |                                                                      |                                                                           |                                                                                               |
| MARIA GEORGE<br>CHAIR                 | 6.00                          | X                                         |                       | X       |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| JOSEPH J. KISCH<br>BOARD MEMBER       | 1.00                          | X                                         |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| PATRICIA MCDOW<br>BOARD MEMBER        | 3.00                          | X                                         |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| JOHN PAGLIAROLI<br>TREASURER          | 3.00                          | X                                         |                       | X       |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| LEO PALMER<br>BOARD MEMBER            | 1.00                          | X                                         |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| ANDREW SIMMONS<br>BOARD MEMBER        | 1.00                          | X                                         |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| ROSS SMITH<br>VICE CHAIR              | 4.00                          | X                                         |                       | X       |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| THOMAS S. POWRIE, JR.<br>BOARD MEMBER | 2.00                          | X                                         |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| JOSEPH F. SPIEZIO III<br>BOARD MEMBER | 1.00                          | X                                         |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| ARNALDO TORRES<br>SECRETARY           | 4.00                          | X                                         |                       | X       |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| KIM UPSHAW<br>BOARD MEMBER            | 1.00                          | X                                         |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| ERIC WOLFE<br>BOARD MEMBER            | 1.00                          | X                                         |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| NANCY SCAVOTTI<br>BOARD MEMBER        | 2.00                          | X                                         |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| MARIO JOHNSON<br>BOARD MEMBER         | 1.00                          | X                                         |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| MARK COBB<br>BOARD MEMBER             | 1.00                          | X                                         |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| DESIREE FEDOR<br>BOARD MEMBER         | 1.00                          | X                                         |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| SHAWYN PATTERSON HOWARD<br>CEO        | 40.00                         |                                           |                       | X       |              |                              |        | 93,692.                                                              | 0.                                                                        | 9,684.                                                                                        |

|                 |                                                                                                                      |
|-----------------|----------------------------------------------------------------------------------------------------------------------|
| <b>Part VII</b> | <b>Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees</b> <i>(continued)</i> |
|-----------------|----------------------------------------------------------------------------------------------------------------------|

| (A)<br>Name and title | (B)<br>Average hours per week | (C)<br>Position<br>(check all that apply) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|-----------------------|-------------------------------|-------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                       |                               | Individual trustee or director            | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |                                                                      |                                                                           |                                                                                               |
|                       |                               |                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                       |                               |                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                       |                               |                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                       |                               |                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                       |                               |                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                       |                               |                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                       |                               |                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                       |                               |                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                       |                               |                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                       |                               |                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                       |                               |                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>1b Total</b>       |                               |                                           |                       |         |              |                              |        | <b>93,692.</b>                                                       | <b>0.</b>                                                                 | <b>9,684.</b>                                                                                 |

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

C

- 3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*
- 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If "Yes," complete Schedule J for such individual*
- 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*

|   | Yes | No |
|---|-----|----|
| 3 |     | X  |
| 4 |     | X  |
| 5 |     | X  |

## Section B. Independent Contractors

- 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. **NONE**

| (A)<br>Name and business address                                                                                                                                     | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|---------------------|
|                                                                                                                                                                      |                                |                     |
|                                                                                                                                                                      |                                |                     |
|                                                                                                                                                                      |                                |                     |
|                                                                                                                                                                      |                                |                     |
|                                                                                                                                                                      |                                |                     |
|                                                                                                                                                                      |                                |                     |
| 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► |                                | 0                   |

**Part VIII Statement of Revenue**

|                                                                   |                                                                                                                                              |                |                      | (A)<br>Total revenue | (B)<br>Related or<br>exempt function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from<br>tax under<br>sections 512,<br>513, or 514 |
|-------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|----------------|----------------------|----------------------|-------------------------------------------------|-----------------------------------------|------------------------------------------------------------------------------|
| <b>Contributions, gifts, grants<br/>and other similar amounts</b> | <b>1 a</b> Federated campaigns                                                                                                               | <b>1a</b>      |                      |                      |                                                 |                                         |                                                                              |
|                                                                   | <b>b</b> Membership dues                                                                                                                     | <b>1b</b>      | 201,702.             |                      |                                                 |                                         |                                                                              |
|                                                                   | <b>c</b> Fundraising events                                                                                                                  | <b>1c</b>      |                      |                      |                                                 |                                         |                                                                              |
|                                                                   | <b>d</b> Related organizations                                                                                                               | <b>1d</b>      |                      |                      |                                                 |                                         |                                                                              |
|                                                                   | <b>e</b> Government grants (contributions)                                                                                                   | <b>1e</b>      | 614,195.             |                      |                                                 |                                         |                                                                              |
|                                                                   | <b>f</b> All other contributions, gifts, grants, and<br>similar amounts not included above                                                   | <b>1f</b>      | 217,764.             |                      |                                                 |                                         |                                                                              |
|                                                                   | <b>g</b> Noncash contributions included in lines 1a-1f \$                                                                                    |                | 66,225.              |                      |                                                 |                                         |                                                                              |
|                                                                   | <b>h Total.</b> Add lines 1a-1f                                                                                                              |                |                      | 1,033,661.           |                                                 |                                         |                                                                              |
|                                                                   | <b>Program Service<br/>Revenue</b>                                                                                                           |                | <b>Business Code</b> |                      |                                                 |                                         |                                                                              |
| <b>2 a</b> RENTAL INCOME                                          |                                                                                                                                              |                | 532000               | 501,099.             | 501,099.                                        |                                         |                                                                              |
| <b>b</b> AFTER SCHOOL PROGRAM                                     |                                                                                                                                              |                | 713940               | 186,427.             | 186,427.                                        |                                         |                                                                              |
| <b>c</b> SUMMER CAMP                                              |                                                                                                                                              |                | 713940               | 150,986.             | 150,986.                                        |                                         |                                                                              |
| <b>d</b> SWIM LESSONS                                             |                                                                                                                                              |                | 713940               | 48,379.              | 48,379.                                         |                                         |                                                                              |
| <b>e</b> LIFEGUARD TRAINING                                       |                                                                                                                                              |                | 713940               | 30,270.              | 30,270.                                         |                                         |                                                                              |
| <b>f</b> All other program service revenue                        |                                                                                                                                              |                | 713940               | 42,459.              | 42,459.                                         |                                         |                                                                              |
| <b>g Total.</b> Add lines 2a-2f                                   |                                                                                                                                              |                |                      | 959,620.             |                                                 |                                         |                                                                              |
| <b>Other Revenue</b>                                              | <b>3</b> Investment income (including dividends, interest, and<br>other similar amounts)                                                     |                |                      | 858.                 |                                                 |                                         | 858.                                                                         |
|                                                                   | <b>4</b> Income from investment of tax-exempt bond proceeds                                                                                  |                |                      |                      |                                                 |                                         |                                                                              |
|                                                                   | <b>5</b> Royalties                                                                                                                           |                |                      |                      |                                                 |                                         |                                                                              |
|                                                                   |                                                                                                                                              | (i) Real       | (ii) Personal        |                      |                                                 |                                         |                                                                              |
|                                                                   | <b>6 a</b> Gross Rents                                                                                                                       |                |                      |                      |                                                 |                                         |                                                                              |
|                                                                   | <b>b</b> Less: rental expenses                                                                                                               |                |                      |                      |                                                 |                                         |                                                                              |
|                                                                   | <b>c</b> Rental income or (loss)                                                                                                             |                |                      |                      |                                                 |                                         |                                                                              |
|                                                                   | <b>d</b> Net rental income or (loss)                                                                                                         |                |                      |                      |                                                 |                                         |                                                                              |
|                                                                   | <b>7 a</b> Gross amount from sales of<br>assets other than inventory                                                                         | (i) Securities | (ii) Other           |                      |                                                 |                                         |                                                                              |
|                                                                   | <b>b</b> Less: cost or other basis<br>and sales expenses                                                                                     |                |                      |                      |                                                 |                                         |                                                                              |
|                                                                   | <b>c</b> Gain or (loss)                                                                                                                      |                |                      |                      |                                                 |                                         |                                                                              |
|                                                                   | <b>d</b> Net gain or (loss)                                                                                                                  |                |                      |                      |                                                 |                                         |                                                                              |
|                                                                   | <b>8 a</b> Gross income from fundraising events (not<br>including \$ _____ of<br>contributions reported on line 1c). See<br>Part IV, line 18 | <b>a</b>       | 5,627.               |                      |                                                 |                                         |                                                                              |
|                                                                   | <b>b</b> Less: direct expenses                                                                                                               | <b>b</b>       | 4,511.               |                      |                                                 |                                         |                                                                              |
|                                                                   | <b>c</b> Net income or (loss) from fundraising events                                                                                        |                |                      | 1,116.               |                                                 |                                         | 1,116.                                                                       |
|                                                                   | <b>9 a</b> Gross income from gaming activities. See<br>Part IV, line 19                                                                      | <b>a</b>       |                      |                      |                                                 |                                         |                                                                              |
|                                                                   | <b>b</b> Less: direct expenses                                                                                                               | <b>b</b>       |                      |                      |                                                 |                                         |                                                                              |
|                                                                   | <b>c</b> Net income or (loss) from gaming activities                                                                                         |                |                      |                      |                                                 |                                         |                                                                              |
|                                                                   | <b>10 a</b> Gross sales of inventory, less returns<br>and allowances                                                                         | <b>a</b>       |                      |                      |                                                 |                                         |                                                                              |
|                                                                   | <b>b</b> Less: cost of goods sold                                                                                                            | <b>b</b>       |                      |                      |                                                 |                                         |                                                                              |
| <b>c</b> Net income or (loss) from sales of inventory             |                                                                                                                                              |                |                      |                      |                                                 |                                         |                                                                              |
| <b>Miscellaneous Revenue</b>                                      |                                                                                                                                              |                | <b>Business Code</b> |                      |                                                 |                                         |                                                                              |
| <b>11 a</b> OTHER REVENUE                                         |                                                                                                                                              | 900099         | 10,711.              |                      |                                                 | 10,711.                                 |                                                                              |
| <b>b</b> CAMPAIGN INCOME                                          |                                                                                                                                              | 900099         | 7,197.               |                      |                                                 | 7,197.                                  |                                                                              |
| <b>c</b> MERCHANDISE SALES                                        |                                                                                                                                              | 900099         | 5,569.               |                      |                                                 | 5,569.                                  |                                                                              |
| <b>d</b> All other revenue                                        |                                                                                                                                              |                |                      |                      |                                                 |                                         |                                                                              |
| <b>e Total.</b> Add lines 11a-11d                                 |                                                                                                                                              |                | 23,477.              |                      |                                                 |                                         |                                                                              |
| <b>12 Total revenue.</b> See instructions                         |                                                                                                                                              |                | 2,018,732.           | 959,620.             | 0.                                              | 25,451.                                 |                                                                              |

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.                                                                                                                                                     | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------|----------------------------------------|-----------------------------|
| <b>1</b> Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21                                                                                                                             |                       |                                 |                                        |                             |
| <b>2</b> Grants and other assistance to individuals in the U.S. See Part IV, line 22                                                                                                                                               |                       |                                 |                                        |                             |
| <b>3</b> Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16                                                                                                  |                       |                                 |                                        |                             |
| <b>4</b> Benefits paid to or for members                                                                                                                                                                                           |                       |                                 |                                        |                             |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees                                                                                                                                                  | 93,919.               |                                 | 93,919.                                |                             |
| <b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)                                                                             |                       |                                 |                                        |                             |
| <b>7</b> Other salaries and wages                                                                                                                                                                                                  | 799,372.              | 759,297.                        | 22,209.                                | 17,866.                     |
| <b>8</b> Pension plan contributions (include section 401(k) and section 403(b) employer contributions)                                                                                                                             | 22,170.               | 18,845.                         | 2,882.                                 | 443.                        |
| <b>9</b> Other employee benefits                                                                                                                                                                                                   | 32,080.               | 28,872.                         | 2,566.                                 | 642.                        |
| <b>10</b> Payroll taxes                                                                                                                                                                                                            | 86,346.               | 73,394.                         | 11,225.                                | 1,727.                      |
| <b>11</b> Fees for services (non-employees):                                                                                                                                                                                       |                       |                                 |                                        |                             |
| <b>a</b> Management                                                                                                                                                                                                                |                       |                                 |                                        |                             |
| <b>b</b> Legal                                                                                                                                                                                                                     | 2,545.                |                                 | 2,545.                                 |                             |
| <b>c</b> Accounting                                                                                                                                                                                                                | 21,988.               | 19,789.                         | 2,199.                                 |                             |
| <b>d</b> Lobbying                                                                                                                                                                                                                  |                       |                                 |                                        |                             |
| <b>e</b> Professional fundraising services See Part IV, line 17                                                                                                                                                                    |                       |                                 |                                        |                             |
| <b>f</b> Investment management fees                                                                                                                                                                                                |                       |                                 |                                        |                             |
| <b>g</b> Other                                                                                                                                                                                                                     | 59,591.               | 53,632.                         | 5,959.                                 |                             |
| <b>12</b> Advertising and promotion                                                                                                                                                                                                |                       |                                 |                                        |                             |
| <b>13</b> Office expenses                                                                                                                                                                                                          | 154,412.              | 131,250.                        | 15,441.                                | 7,721.                      |
| <b>14</b> Information technology                                                                                                                                                                                                   |                       |                                 |                                        |                             |
| <b>15</b> Royalties                                                                                                                                                                                                                |                       |                                 |                                        |                             |
| <b>16</b> Occupancy                                                                                                                                                                                                                | 98,213.               | 64,092.                         | 34,121.                                |                             |
| <b>17</b> Travel                                                                                                                                                                                                                   | 23,421.               | 19,908.                         | 3,513.                                 |                             |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials                                                                                                                           |                       |                                 |                                        |                             |
| <b>19</b> Conferences, conventions, and meetings                                                                                                                                                                                   | 12,594.               | 12,594.                         |                                        |                             |
| <b>20</b> Interest                                                                                                                                                                                                                 | 5,456.                |                                 | 5,456.                                 |                             |
| <b>21</b> Payments to affiliates                                                                                                                                                                                                   |                       |                                 |                                        |                             |
| <b>22</b> Depreciation, depletion, and amortization                                                                                                                                                                                | 143,794.              | 81,963.                         | 61,831.                                |                             |
| <b>23</b> Insurance                                                                                                                                                                                                                | 76,809.               | 69,128.                         | 7,681.                                 |                             |
| <b>24</b> Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)                                                    |                       |                                 |                                        |                             |
| <b>a</b> UTILITIES                                                                                                                                                                                                                 | 157,449.              | 141,704.                        | 15,745.                                | 0.                          |
| <b>b</b> EQUIPMENT RENTAL AND MA                                                                                                                                                                                                   | 41,442.               | 35,226.                         | 6,216.                                 | 0.                          |
| <b>c</b> REPAIRS AND MAINTENANCE                                                                                                                                                                                                   | 27,173.               | 23,097.                         | 4,076.                                 | 0.                          |
| <b>d</b> NATIONAL FEES                                                                                                                                                                                                             | 21,962.               | 0.                              | 21,962.                                | 0.                          |
| <b>e</b> BAD DEBT EXPENSE                                                                                                                                                                                                          | 20,000.               | 18,000.                         | 2,000.                                 | 0.                          |
| <b>f</b> All other expenses                                                                                                                                                                                                        | 53,908.               | 46,387.                         | 6,416.                                 | 1,105.                      |
| <b>25</b> Total functional expenses. Add lines 1 through 24f                                                                                                                                                                       | 1,954,644.            | 1,597,178.                      | 327,962.                               | 29,504.                     |
| <b>26</b> Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation |                       |                                 |                                        |                             |

**Part X Balance Sheet**

|                                                                     |                                                                                                                                                                         | (A)<br>Beginning of year |                | (B)<br>End of year |
|---------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|----------------|--------------------|
| <b>Assets</b>                                                       | 1 Cash - non-interest-bearing                                                                                                                                           | 29,216.                  | 1              | 30,325.            |
|                                                                     | 2 Savings and temporary cash investments                                                                                                                                | 105,301.                 | 2              | 27,686.            |
|                                                                     | 3 Pledges and grants receivable, net                                                                                                                                    |                          | 3              |                    |
|                                                                     | 4 Accounts receivable, net                                                                                                                                              | 319,091.                 | 4              | 552,806.           |
|                                                                     | 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L                   |                          | 5              |                    |
|                                                                     | 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L      |                          | 6              |                    |
|                                                                     | 7 Notes and loans receivable, net                                                                                                                                       |                          | 7              |                    |
|                                                                     | 8 Inventories for sale or use                                                                                                                                           |                          | 8              |                    |
|                                                                     | 9 Prepaid expenses and deferred charges                                                                                                                                 |                          | 9              | 10,631.            |
|                                                                     | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D                                                                                 | 10a 2,261,402.           |                |                    |
|                                                                     | b Less: accumulated depreciation                                                                                                                                        | 10b 926,177.             | 10c 1,332,223. | 1,335,225.         |
|                                                                     | 11 Investments - publicly traded securities                                                                                                                             | 74,570.                  | 11             |                    |
|                                                                     | 12 Investments - other securities. See Part IV, line 11                                                                                                                 |                          | 12             |                    |
|                                                                     | 13 Investments - program-related. See Part IV, line 11                                                                                                                  |                          | 13             |                    |
|                                                                     | 14 Intangible assets                                                                                                                                                    |                          | 14             |                    |
|                                                                     | 15 Other assets. See Part IV, line 11                                                                                                                                   |                          | 15             |                    |
| 16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) | 1,860,401.                                                                                                                                                              | 16                       | 1,956,673.     |                    |
| <b>Liabilities</b>                                                  | 17 Accounts payable and accrued expenses                                                                                                                                | 122,999.                 | 17             | 226,125.           |
|                                                                     | 18 Grants payable                                                                                                                                                       |                          | 18             |                    |
|                                                                     | 19 Deferred revenue                                                                                                                                                     |                          | 19             |                    |
|                                                                     | 20 Tax-exempt bond liabilities                                                                                                                                          |                          | 20             |                    |
|                                                                     | 21 Escrow or custodial account liability. Complete Part IV of Schedule D                                                                                                |                          | 21             |                    |
|                                                                     | 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L |                          | 22             |                    |
|                                                                     | 23 Secured mortgages and notes payable to unrelated third parties                                                                                                       |                          | 23             |                    |
|                                                                     | 24 Unsecured notes and loans payable to unrelated third parties                                                                                                         |                          | 24             |                    |
|                                                                     | 25 Other liabilities. Complete Part X of Schedule D                                                                                                                     | 194,054.                 | 25             | 123,112.           |
|                                                                     | 26 <b>Total liabilities.</b> Add lines 17 through 25                                                                                                                    | 317,053.                 | 26             | 349,237.           |
| <b>Net Assets or Fund Balances</b>                                  | <b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>                        |                          |                |                    |
|                                                                     | 27 Unrestricted net assets                                                                                                                                              | 1,543,348.               | 27             | 1,607,436.         |
|                                                                     | 28 Temporarily restricted net assets                                                                                                                                    |                          | 28             |                    |
|                                                                     | 29 Permanently restricted net assets                                                                                                                                    |                          | 29             |                    |
|                                                                     | <b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>                                                 |                          |                |                    |
|                                                                     | 30 Capital stock or trust principal, or current funds                                                                                                                   |                          | 30             |                    |
|                                                                     | 31 Paid-in or capital surplus, or land, building, or equipment fund                                                                                                     |                          | 31             |                    |
|                                                                     | 32 Retained earnings, endowment, accumulated income, or other funds                                                                                                     |                          | 32             |                    |
| 33 Total net assets or fund balances                                | 1,543,348.                                                                                                                                                              | 33                       | 1,607,436.     |                    |
| 34 <b>Total liabilities and net assets/fund balances</b>            | 1,860,401.                                                                                                                                                              | 34                       | 1,956,673.     |                    |

Form 990 (2009)

**Part XI Financial Statements and Reporting**

**1** Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other \_\_\_\_\_  
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

**2a** Were the organization's financial statements compiled or reviewed by an independent accountant?

**b** Were the organization's financial statements audited by an independent accountant?

**c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.  
**d** If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:

☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis

**3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

|           | Yes      | No       |
|-----------|----------|----------|
|           |          |          |
| <b>2a</b> |          | <b>X</b> |
| <b>2b</b> | <b>X</b> |          |
| <b>2c</b> | <b>X</b> |          |
|           |          |          |
| <b>3a</b> |          | <b>X</b> |
| <b>3b</b> |          |          |

Form 990 (2009)

Department of the Treasury  
Internal Revenue Service

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

OMB No 1545-0047

# 2009

**Open to Public Inspection**

13-1740520

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I      b ☐ Type II      c ☐ Type III - Functionally integrated      d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f ☐ If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii) A family member of a person described in (i) above?

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

h Provide the following information about the supported organization(s).

|          | Yes | No |
|----------|-----|----|
| 11g(i)   |     |    |
| 11g(ii)  |     |    |
| 11g(iii) |     |    |

|          | Yes | No |
|----------|-----|----|
| 11g(i)   |     |    |
| 11g(ii)  |     |    |
| 11g(iii) |     |    |

[illegible]

Schedule A (Form 990 or 990-EZ) 2009

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ►                                                                                                                                                         | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")                                                                                                   | 1008918. | 1031423. | 1168085. | 780,519. | 1033661. | 5022606.  |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf                                                                                                     |          |          |          |          |          |           |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge                                                                                             |          |          |          |          |          |           |
| 4 <b>Total.</b> Add lines 1 through 3                                                                                                                                                                 | 1008918. | 1031423. | 1168085. | 780,519. | 1033661. | 5022606.  |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) |          |          |          |          |          |           |
| 6 <b>Public support.</b> Subtract line 5 from line 4                                                                                                                                                  |          |          |          |          |          | 5022606.  |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►                                                                                                                                                                             | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|------------|
| 7 Amounts from line 4                                                                                                                                                                                                     | 1008918. | 1031423. | 1168085. | 780,519. | 1033661. | 5022606.   |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources                                                                                          |          | 7,405.   | 6,663.   | 8,051.   | 858.     | 22,977.    |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on                                                                                                                      |          |          |          |          |          |            |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)                                                                                                                        | 104,588. | 56,023.  | 106,082. | 109,910. | 24,593.  | 401,196.   |
| 11 <b>Total support.</b> Add lines 7 through 10                                                                                                                                                                           |          |          |          |          |          | 5446779.   |
| 12 Gross receipts from related activities, etc. (see instructions)                                                                                                                                                        |          |          |          |          | 12       | 4,589,720. |
| 13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ► <input type="checkbox"/> |          |          |          |          |          |            |

**Section C. Computation of Public Support Percentage**

|                                                                                                                                                                                                                                                                                                                                                                                                                                          |    |         |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|---------|
| 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))                                                                                                                                                                                                                                                                                                                                                | 14 | 92.21 % |
| 15 Public support percentage from 2008 Schedule A, Part II, line 14                                                                                                                                                                                                                                                                                                                                                                      | 15 | 91.87 % |
| 16a <b>33 1/3% support test - 2009.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ► <input checked="" type="checkbox"/>                                                                                                                                                                 |    |         |
| b <b>33 1/3% support test - 2008.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ► <input type="checkbox"/>                                                                                                                                                                         |    |         |
| 17a <b>10% -facts-and-circumstances test - 2009.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>    |    |         |
| b <b>10% -facts-and-circumstances test - 2008.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/> |    |         |
| 18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>                                                                                                                                                                                                                                                                  |    |         |

Schedule A (Form 990 or 990-EZ) 2009

**Part III Support Schedule for Organizations Described in Section 509(a)(2)** (Complete only if you checked the box on line 9 of Part I.)**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ►                                                                                                                                     | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")                                                                       |          |          |          |          |          |           |
| <b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513                                                                             |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf                                                                          |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge                                                                  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5                                                                                                                                             |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons                                                                                                |          |          |          |          |          |           |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b                                                                                                                                                      |          |          |          |          |          |           |
| <b>8 Public support</b> (Subtract line 7c from line 6)                                                                                                                            |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►                                                                                                                                                                             | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6                                                                                                                                                                                              |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources                                                                                 |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975                                                                                                          |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b                                                                                                                                                                                            |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on                                                                                     |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)                                                                                                                 |          |          |          |          |          |           |
| <b>13 Total support</b> (Add lines 9, 10c, 11, and 12)                                                                                                                                                                    |          |          |          |          |          |           |
| <b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ► <input type="checkbox"/> |          |          |          |          |          |           |

**Section C. Computation of Public Support Percentage**

|                                                                                                  |           |   |
|--------------------------------------------------------------------------------------------------|-----------|---|
| <b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) | <b>15</b> | % |
| <b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15                      | <b>16</b> | % |

**Section D. Computation of Investment Income Percentage**

|                                                                                                       |           |   |
|-------------------------------------------------------------------------------------------------------|-----------|---|
| <b>17</b> Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) | <b>17</b> | % |
| <b>18</b> Investment income percentage from 2008 Schedule A, Part III, line 17                        | <b>18</b> | % |

**19a 33 1/3% support tests - 2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

**b 33 1/3% support tests - 2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

m4

**Schedule D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

**2009**

**Open to Public  
Inspection**

Name of the organization

YMCA OF YONKERS

Employer identification number

13-1740520

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

|                                            | (a) Donor advised funds | (b) Funds and other accounts |
|--------------------------------------------|-------------------------|------------------------------|
| 1 Total number at end of year              |                         |                              |
| 2 Aggregate contributions to (during year) |                         |                              |
| 3 Aggregate grants from (during year)      |                         |                              |
| 4 Aggregate value at end of year           |                         |                              |

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

|                                                                                             |                                                                              |
|---------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure) | <input type="checkbox"/> Preservation of an historically important land area |
| <input type="checkbox"/> Protection of natural habitat                                      | <input type="checkbox"/> Preservation of a certified historic structure      |
| <input type="checkbox"/> Preservation of open space                                         |                                                                              |

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

|                                                                                      | Held at the End of the Tax Year |
|--------------------------------------------------------------------------------------|---------------------------------|
| a Total number of conservation easements                                             | 2a                              |
| b Total acreage restricted by conservation easements                                 | 2b                              |
| c Number of conservation easements on a certified historic structure included in (a) | 2c                              |
| d Number of conservation easements included in (c) acquired after 8/17/06            | 2d                              |

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

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

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

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

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

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

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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

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

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

(i) Revenues included in Form 990, Part VIII, line 1 ► \$

(ii) Assets included in Form 990, Part X ► \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ► \$

b Assets included in Form 990, Part X ► \$

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a ☐ Public exhibition  
 b ☐ Scholarly research  
 c ☐ Preservation for future generations  
 d ☐ Loan or exchange programs  
 e ☐ Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

**Part IV Escrow and Custodial Arrangements.** Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table

- c Beginning balance  
 d Additions during the year  
 e Distributions during the year  
 f Ending balance

|    | Amount |
|----|--------|
| 1c |        |
| 1d |        |
| 1e |        |
| 1f |        |

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

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

|                                                  | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--------------------------------------------------|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance                     |                  |                |                    |                      |                     |
| b Contributions                                  |                  |                |                    |                      |                     |
| c Net investment earnings, gains, and losses     |                  |                |                    |                      |                     |
| d Grants or scholarships                         |                  |                |                    |                      |                     |
| e Other expenditures for facilities and programs |                  |                |                    |                      |                     |
| f Administrative expenses                        |                  |                |                    |                      |                     |
| g End of year balance                            |                  |                |                    |                      |                     |

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ► \_\_\_\_\_ %  
 b Permanent endowment ► \_\_\_\_\_ %  
 c Term endowment ► \_\_\_\_\_ %

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

- (i) unrelated organizations  
 (ii) related organizations

|        | Yes | No |
|--------|-----|----|
| 3a(i)  |     |    |
| 3a(ii) |     |    |
| 3b     |     |    |

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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

**Part VI Investments - Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

| Description of investment                                                                                | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|----------------------------------------------------------------------------------------------------------|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land                                                                                                  |                                      | 17,500.                         |                              | 17,500.        |
| b Buildings                                                                                              |                                      | 1,950,395.                      | 885,620.                     | 1,064,775.     |
| c Leasehold improvements                                                                                 |                                      |                                 |                              |                |
| d Equipment                                                                                              |                                      | 293,507.                        | 40,557.                      | 252,950.       |
| e Other                                                                                                  |                                      |                                 |                              |                |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) |                                      |                                 |                              | 1,335,225.     |

Schedule D (Form 990) 2009

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

| (a) Description of security or category<br>(including name of security) | (b) Book value | (c) Method of valuation:<br>Cost or end-of-year market value |
|-------------------------------------------------------------------------|----------------|--------------------------------------------------------------|
| Financial derivatives                                                   |                |                                                              |
| Closely-held equity interests                                           |                |                                                              |
| Other _____                                                             |                |                                                              |
|                                                                         |                |                                                              |
|                                                                         |                |                                                              |
|                                                                         |                |                                                              |
|                                                                         |                |                                                              |
|                                                                         |                |                                                              |
|                                                                         |                |                                                              |
|                                                                         |                |                                                              |
|                                                                         |                |                                                              |
|                                                                         |                |                                                              |
|                                                                         |                |                                                              |
| <b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶ |                |                                                              |

|                  |                                                                      |
|------------------|----------------------------------------------------------------------|
| <b>Part VIII</b> | <b>Investments - Program Related.</b> See Form 990, Part X, line 13. |
|------------------|----------------------------------------------------------------------|

| (a) Description of investment type                                     | (b) Book value | (c) Method of valuation:<br>Cost or end-of-year market value |
|------------------------------------------------------------------------|----------------|--------------------------------------------------------------|
|                                                                        |                |                                                              |
|                                                                        |                |                                                              |
|                                                                        |                |                                                              |
|                                                                        |                |                                                              |
|                                                                        |                |                                                              |
|                                                                        |                |                                                              |
|                                                                        |                |                                                              |
|                                                                        |                |                                                              |
|                                                                        |                |                                                              |
|                                                                        |                |                                                              |
| <b>Total</b> (Col (b) must equal Form 990, Part X, col (B) line 13 ) ► |                |                                                              |

|                |                                                     |
|----------------|-----------------------------------------------------|
| <b>Part IX</b> | <b>Other Assets.</b> See Form 990, Part X, line 15. |
|----------------|-----------------------------------------------------|

[illegible]

|               |                                                          |
|---------------|----------------------------------------------------------|
| <b>Part X</b> | <b>Other Liabilities.</b> See Form 990, Part X, line 25. |
|---------------|----------------------------------------------------------|

| 1. | (a) Description of liability                                             | (b) Amount      |
|----|--------------------------------------------------------------------------|-----------------|
|    | Federal income taxes                                                     |                 |
|    | <b>CAPITAL LEASE OBLIGATIONS</b>                                         | <b>117,163.</b> |
|    | <b>SECURITY DEPOSITS</b>                                                 | <b>5,949.</b>   |
|    |                                                                          |                 |
|    |                                                                          |                 |
|    |                                                                          |                 |
|    |                                                                          |                 |
|    |                                                                          |                 |
|    |                                                                          |                 |
|    |                                                                          |                 |
|    | <b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.) | <b>123,112.</b> |

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

|    |                                                                                          |    |            |
|----|------------------------------------------------------------------------------------------|----|------------|
| 1  | Total revenue (Form 990, Part VIII, column (A), line 12)                                 | 1  | 2,018,732. |
| 2  | Total expenses (Form 990, Part IX, column (A), line 25)                                  | 2  | 1,954,644. |
| 3  | Excess or (deficit) for the year. Subtract line 2 from line 1                            | 3  | 64,088.    |
| 4  | Net unrealized gains (losses) on investments                                             | 4  |            |
| 5  | Donated services and use of facilities                                                   | 5  |            |
| 6  | Investment expenses                                                                      | 6  |            |
| 7  | Prior period adjustments                                                                 | 7  |            |
| 8  | Other (Describe in Part XIV.)                                                            | 8  |            |
| 9  | Total adjustments (net). Add lines 4 through 8                                           | 9  | 0.         |
| 10 | Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 | 10 | 64,088.    |

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

|   |                                                                                 |    |            |
|---|---------------------------------------------------------------------------------|----|------------|
| 1 | Total revenue, gains, and other support per audited financial statements        | 1  | 2,018,732. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12:             |    |            |
| a | Net unrealized gains on investments                                             | 2a |            |
| b | Donated services and use of facilities                                          | 2b |            |
| c | Recoveries of prior year grants                                                 | 2c |            |
| d | Other (Describe in Part XIV.)                                                   | 2d |            |
| e | Add lines 2a through 2d                                                         | 2e | 0.         |
| 3 | Subtract line 2e from line 1                                                    | 3  | 2,018,732. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1:            |    |            |
| a | Investment expenses not included on Form 990, Part VIII, line 7b                | 4a |            |
| b | Other (Describe in Part XIV.)                                                   | 4b |            |
| c | Add lines 4a and 4b                                                             | 4c | 0.         |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 5  | 2,018,732. |

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

|   |                                                                                  |    |            |
|---|----------------------------------------------------------------------------------|----|------------|
| 1 | Total expenses and losses per audited financial statements                       | 1  | 1,954,644. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25:                |    |            |
| a | Donated services and use of facilities                                           | 2a |            |
| b | Prior year adjustments                                                           | 2b |            |
| c | Other losses                                                                     | 2c |            |
| d | Other (Describe in Part XIV.)                                                    | 2d |            |
| e | Add lines 2a through 2d                                                          | 2e | 0.         |
| 3 | Subtract line 2e from line 1                                                     | 3  | 1,954,644. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1:               |    |            |
| a | Investment expenses not included on Form 990, Part VIII, line 7b                 | 4a |            |
| b | Other (Describe in Part XIV.)                                                    | 4b |            |
| c | Add lines 4a and 4b                                                              | 4c | 0.         |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5  | 1,954,644. |

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART X: THE YMCA RECOGNIZES THE EFFECT OF THE INCOME TAX**

POSITIONS ONLY WHEN THEY ARE MORE LIKELY THAN NOT OF BEING SUSTAINED.

MANAGEMENT HAS DETERMINED THAT THE YMCA HAS NO UNCERTAIN TAX POSITIONS

THAT WOULD REQUIRE FINANCIAL STATEMENT RECOGNITION. THE YMCA IS NO LONGER

SUBJECT TO AUDITS BY APPLICABLE TAXING JURISDICTIONS FOR PERIODS PRIOR TO

DECEMBER 31, 2006.

**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

► **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**  
► **Attach to Form 990.**

OMB No 1545-0047

**2009**

**Open to Public  
Inspection**

Name of the organization **YMCA OF YONKERS** Employer identification number **13-1740520**

**Part I Types of Property**

|                                                                 | (a)<br>Check if<br>applicable | (b)<br>Number of<br>contributions | (c)<br>Revenues reported on<br>Form 990, Part VIII, line 1g | (d)<br>Method of determining<br>revenues |
|-----------------------------------------------------------------|-------------------------------|-----------------------------------|-------------------------------------------------------------|------------------------------------------|
| 1 Art - Works of art                                            |                               |                                   |                                                             |                                          |
| 2 Art - Historical treasures                                    |                               |                                   |                                                             |                                          |
| 3 Art - Fractional interests                                    |                               |                                   |                                                             |                                          |
| 4 Books and publications                                        |                               |                                   |                                                             |                                          |
| 5 Clothing and household goods                                  |                               |                                   |                                                             |                                          |
| 6 Cars and other vehicles                                       |                               |                                   |                                                             |                                          |
| 7 Boats and planes                                              |                               |                                   |                                                             |                                          |
| 8 Intellectual property                                         |                               |                                   |                                                             |                                          |
| 9 Securities - Publicly traded                                  |                               |                                   |                                                             |                                          |
| 10 Securities - Closely held stock                              |                               |                                   |                                                             |                                          |
| 11 Securities - Partnership, LLC, or<br>trust interests         |                               |                                   |                                                             |                                          |
| 12 Securities - Miscellaneous                                   |                               |                                   |                                                             |                                          |
| 13 Qualified conservation contribution -<br>Historic structures |                               |                                   |                                                             |                                          |
| 14 Qualified conservation contribution - Other                  |                               |                                   |                                                             |                                          |
| 15 Real estate - Residential                                    |                               |                                   |                                                             |                                          |
| 16 Real estate - Commercial                                     |                               |                                   |                                                             |                                          |
| 17 Real estate - Other                                          |                               |                                   |                                                             |                                          |
| 18 Collectibles                                                 |                               |                                   |                                                             |                                          |
| 19 Food inventory                                               |                               |                                   |                                                             |                                          |
| 20 Drugs and medical supplies                                   |                               |                                   |                                                             |                                          |
| 21 Taxidermy                                                    |                               |                                   |                                                             |                                          |
| 22 Historical artifacts                                         |                               |                                   |                                                             |                                          |
| 23 Scientific specimens                                         |                               |                                   |                                                             |                                          |
| 24 Archeological artifacts                                      |                               |                                   |                                                             |                                          |
| 25 Other ► ( FURNITURE )                                        | X                             | 2                                 | 38,000.                                                     | ACCRUAL                                  |
| 26 Other ► ( BEDDING )                                          | X                             | 1                                 | 26,575.                                                     | ACCRUAL                                  |
| 27 Other ► ( TELEVISIONS )                                      | X                             | 3                                 | 1,150.                                                      | ACCRUAL                                  |
| 28 Other ► ( KITCHEN APPLI )                                    | X                             | 1                                 | 300.                                                        | ACCRUAL                                  |

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgment **29** **0**

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.

|     | Yes | No |
|-----|-----|----|
| 30a |     | X  |
| 31  |     | X  |
| 32a |     | X  |

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Schedule M (Form 990) 2009

**Part II****Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33.  
Also complete this part for any additional information**PART I, OTHER TYPES OF PROPERTY:****EQUIPMENT**

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTORS = 1

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 200.

(D) METHOD OF DETERMINING REVENUE: ACCRUAL

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
▶ Attach to Form 990.

OMB No. 1545-0047

**2009**  
**Open to Public**  
**Inspection**

Name of the organization

YMCA OF YONKERS

Employer identification number  
13-1740520

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

CHILD DEVELOPMENT PROGRAMS ALONG WITH DORMITORY RESIDENCE SERVICES  
WITHIN YONKERS, NY. THE YMCA'S PROGRAMS INCLUDE PHYSICAL EDUCATION AND  
RECREATION, CHILD DEVELOPMENT, SOCIAL WELFARE AND SUMMER CAMP. THE YMCA  
ALSO PROVIDES AFFORDABLE HOUSING TO LOW-INCOME MALES.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

MEANT TO IMPROVE THE QUALITY OF LIFE IN YONKERS. OUR SERVICES ARE  
AVAILABLE TO ALL WITHOUT REGARD TO AGE, SEX, RACE OR RELIGION. WHILE  
HOUSING WAS ONE OF OUR FOUNDATIONAL PROGRAMS, THE YMCA HAS EXPANDED  
OVER THE PAST CENTURY TO PROVIDE A WIDE ARRAY OF RECREATIONAL AND  
LEADERSHIP DEVELOPMENT OPPORTUNITIES FOR ADULTS, CHILDREN, TEENS,  
FAMILIES AND SENIORS. THESE INCLUDE THE LIFEGUARD TRAINING PROGRAM, AN  
EXTENSIVE YOUTH EMPLOYMENT TRAINING PROGRAM, AFTER SCHOOL AND SUMMER  
CAMP PROGRAMS FOR YOUTH AND TEENS, GANG PREVENTION, SAFE HAVEN SERVICES  
ADULT AND SENIOR WELLNESS PROGRAMS, PRAYER AND SHARE THROUGH OUR "C  
PROJECT", FAMILY STRENGTHENING AND FAMILY WELLNESS ACTIVITIES.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

CONTINUUM OF SERVICES DESIGNED TO INCREASE THE SELF SUFFICIENCY OF OUR  
RESIDENTS AND HELP THEM TRANSITION TO THE NEXT STAGES OF THEIR LIVES.  
THE YONKERS FAMILY YMCA ALSO MANAGES SIX OFFSITE HOUSING UNITS AND  
PROVIDES THE ABOVE SERVICES TO THESE RESIDENT AS WELL.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

DEVELOPMENT. OTHER TEEN PROGRAMS INCLUDE OUR CHESS AND BOOK CLUB AND

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
▶ Attach to Form 990.

OMB No 1545-0047

**2009**  
**Open to Public**  
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Name of the organization

YMCA OF YONKERS

Employer identification number  
13-1740520

TEEN LEADERS CLUB WHICH UTILIZES COMMUNITY SERVICE TO DEVELOP  
LEADERSHIP SKILLS NEEDED TO THRIVE IN AN INCREASINGLY COMPETITIVE  
WORLD. ALL OF THE TEEN PROGRAM INCORPORATE THE YMCA'S CORE VALUES OF  
HONESTY, CARING, RESPECT AND RESPONSIBILITY AND CONTAIN A LIFE SKILLS  
DEVELOPMENT COMPONENT. THIS YEAR THROUGH THE ASSISTANCE OF FUNDING  
THROUGH THE WESTCHESTER COUNTY YOUTH BUREAU AND THE YONKERS WORKFORCE  
INVESTMENT BOARD THE YMCA EXPANDED THEIR VOCATIONAL TRAINING OPTIONS TO  
INCLUDE VIDEO PRODUCTION, GREEN CONSTRUCTION TRAINING, FITNESS  
INSTRUCTION AND OUR ALL TIME FAVORITE, LIFEGUARDING. THEY ALSO STARTED  
A NEW CHAPTER OF YOUTH AND GOVERNMENT WHERE OUR STUDENTS RESEARCHED AND  
WROTE MOCK LEGISLATION AND GAINED A DEEPER UNDERSTANDING. IN THE COMING  
YEAR THE YMCA INTENDS TO EXPAND THEIR SERVICES TO INCLUDE A MORE  
FOCUSED APPROACH ON COLLEGE PREPARATION AND ACCESS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

OTHER PROGRAM AND SERVICES INCLUDE THE HEALTH AND WELLNESS PROGRAMS -  
THE YONKERS FAMILY YMCA OFFERS A CONTINUUM OF HEALTH AND WELLNESS  
PROGRAMS AIMED AT HELPING OUR MEMBERS AND PROGRAM PARTICIPANTS DEVELOP  
A BALANCE OF MIND, BODY AND SPIRIT. MORE THAN 1,500 INDIVIDUALS  
BENEFIT ANNUALLY FROM OUR WELLNESS PROGRAMS. AS A LEARNING  
ORGANIZATION, THE YONKERS FAMILY YMCA IS DEDICATED TO HELPING  
INDIVIDUALS AND FAMILIES DEVELOP HEALTHIER LIFESTYLES THROUGH EXERCISE,  
IMPROVED NUTRITION, AND STRESS REDUCTION, EMOTIONAL, SOCIAL AND  
SPIRITUAL DEVELOPMENT. OUR WELLNESS CENTER AND WEIGHT ROOM IS EQUIPPED  
WITH OVER 50 FITNESS STATIONS INCLUDING CARDIO, STRENGTH AND FREE  
WEIGHT EQUIPMENT. IN ADDITION, THE YMCA OFFERS A WIDE ARRAY OF

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
▶ Attach to Form 990.

OMB No 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

YMCA OF YONKERS

Employer identification number  
13-1740520

EXERCISE CLASSES INCLUDING AEROBICS, KID'S FITNESS, CALISTHENICS, ADULT  
AND YOUTH SPORTS, ACTIVE OLDER ADULTS, SILVER SNEAKERS, MARTIAL ARTS,  
BOXING AND OF COURSE AQUATICS. THE YMCA HAS SERVED AS A LEADER IN THE  
AREA OF WATER SAFETY, SWIM LESSONS, LIFEGUARD TRAINING, WATER EXERCISE  
AND COMPETITIVE SWIM PROGRAMS. THIER PROGRAMS HAVE BEEN DESIGNED TO  
MEET THE NEEDS OF OUR MEMBERS WHICH ALLOW PARTICIPANTS TO GROW AND  
LEARN AT THEIR OWN PACE, MASTER SKILLS, BUILD AND IMPROVE THEIR  
SELF-CONFIDENCE AND ESTEEM AND IMPROVE HEALTH OUTCOMES AT EVERY AGE.  
PROGRAM PARTICIPANTS RANGE IN AGE FROM SIX MONTHS TO 94 YEARS OF AGE.  
THESE PROGRAMS ARE CRUCIAL IN THAT THEY HELP INDIVIDUALS AND FAMILIES  
DEVELOP A FOUNDATION FOR A HEALTHIER LIFESTYLE WHICH WILL REDUCE THEIR  
RISK OF DEVELOPING CHRONIC DISEASES LIKE DIABETES, HYPERTENSION AND  
OBESITY RELATED ILLNESSES.

THIS YEAR THE YONKERS FAMILY YMCA PLACED GREATER EMPHASIS IN WORKING  
WITH OUR PARTNERS TO CREATE PROGRAMS THAT REDUCE HEALTH DISPARITIES IN  
MINORITY AND IMPOVERISHED NEIGHBORHOODS.

EXPENSES \$ 243015. INCLUDING GRANTS OF \$ 0. REVENUE \$ 42459.

FORM 990, PART VI, SECTION A, LINE 8B: THIS IS NOT APPLICABLE. THERE ARE  
NO COMMITTEES OF THE BOARD.

FORM 990, PART VI, SECTION B, LINE 11: FORM 990 IS EMAILED TO ALL OF THE  
BOARD MEMEBERS FOR THEIR REVIEW. UPON APPROVAL, THE 990 IS SIGNED BY THE  
BOARD CHAIR.

FORM 990, PART VI, SECTION B, LINE 12C: YMCA OF YONKERS IMPLEMENTED A

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Schedule O (Form 990) 2009

932211  
02-03-10

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
▶ Attach to Form 990.

OMB No 1545-0047

**2009**  
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13-1740520

WRITTEN CONFLICT OF INTEREST POLICY, WHISTLEBLOWER POLICY AND DOCUMENT  
RETENTION POLICY DURING 2009. ALL KEY EMPLOYEES AND BOARD MEMBERS REVIEW,  
DECLARE AND SIGN A CONFLICT OF INTEREST POLICY. ANY CONFLICTS WILL BE  
REVIEWED BY THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS TO ENSURE  
THAT THEY DO NOT INTERFERE WITH THE INTEGRITY OF BUSINESS PRACTICES. THE  
YMCA OF YONKERS HAS THESE POLICIES AND DOCUMENTS AVAILABLE THROUGH REQUEST  
OR ON THEIR WEBSITE.

FORM 990, PART VI, SECTION B, LINE 15A: THE CEO'S SALARY IS DETERMINED BY A  
YMCA OF THE USA CONSULTANT. THE CONSULTANT COMPARED THE YONKERS BUDGET,  
PROGRAM AND STAFF STRUCTURE TO OTHER LOCAL YMCA'S AND SIMILAR ORGANIZATIONS  
AND DEVELOPED THE SALARY GUIDELINES BASED ON THESE FINDINGS.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES IT GOVERNING  
DOCUMENTS AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC THROUGH THEIR  
WEBSITE AND UPON REQUEST.

PART XI, LINE 2C

COMMITTEE RESPONSIBLE FOR THE OVERSIGHT OF THE AUDIT

THE BOARD OF DIRECTORS FOR YONKERS YMCA ASSUMES THE RESPONSIBILITY FOR  
THE OVERSIGHT OF THE AUDIT AND IN THE SELECTION OF AN INDEPENDENT  
ACCOUNTANT. THE BOARD REVIEWS THE FINANCIAL STATEMENTS AFTER THE AUDIT  
IS COMPLETE. IN ADDITION, THE BOARD MEETS WITH THE AUDITORS ANNUALLY TO  
DISCUSS THE AUDIT RESULTS AND TO ADDRESS ANY COMMENTS OR CONCERNS THEY  
MIGHT HAVE. THE PROCESS HAS NOT CHANGED SINCE THE PREVIOUS YEAR.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **X**

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

|                                                                                             |                                                                                                               |                                |
|---------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|--------------------------------|
| Type or print<br><br>File by the extended due date for filing the return. See instructions. | Name of Exempt Organization                                                                                   | Employer identification number |
|                                                                                             | YMCA OF YONKERS                                                                                               | 13-1740520                     |
|                                                                                             | Number, street, and room or suite no. If a P.O. box, see instructions.<br>17 RIVERDALE AVENUE                 | For IRS use only               |
|                                                                                             | City, town or post office, state, and ZIP code. For a foreign address, see instructions.<br>YONKERS, NY 10701 |                                |

**Check type of return to be filed** (File a separate application for each return):

- ☒ Form 990   
 ☐ Form 990-EZ   
 ☐ Form 990-T (sec 401(a) or 408(a) trust)   
 ☐ Form 1041-A   
 ☐ Form 5227   
 ☐ Form 8870  
☐ Form 990-BL   
☐ Form 990-PF   
☐ Form 990-T (trust other than above)   
☐ Form 4720   
☐ Form 6069

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

**SHAWYN PATTERSON-HOWARD**

- The books are in the care of **17 RIVERDALE AVENUE - YONKERS, NY 10701**

Telephone No. **914-963-0183**

FAX No. ☐

- If the organization does not have an office or place of business in the United States, check this box ☐

- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ☐ If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until **NOVEMBER 15, 2010.**

5 For calendar year **2009**, or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

7 State in detail why you need the extension

**INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN IS NOT YET AVAILABLE.**

|                                                                                                                                                                                                                                           |           |               |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------|
| <b>8a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.                                                                                | <b>8a</b> | \$            |
| <b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 | <b>8b</b> | \$            |
| <b>c Balance Due.</b> Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.             | <b>8c</b> | \$ <b>N/A</b> |

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ☐

Title **CPA**

Date ☐