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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)

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

OMB No 1545-0047
2009
Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 01-01-2009 and ending 12-31-2009

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization ANN ARBOR YMCA Doing Business As Number and street (or P O box if mail is not delivered to street address) Room/suite 400 W WASHINGTON ST City or town, state or country, and ZIP + 4 ANN ARBOR, MI 48103	D Employer identification number 38-1525162 E Telephone number (734) 996-9622 G Gross receipts \$ 8,378,737
F Name and address of principal officer CATHERINE DUCHON PRESCEO 400 W WASHINGTON ST ANN ARBOR, MI 48103		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ WWW ANNARBORYMCA ORG			
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation 1858	M State of legal domicile MI

Part I Summary

1	Briefly describe the organization's mission or most significant activities THE ANN ARBOR YMCA IS AN ASSOCIATION OF MEN, WOMEN, AND CHILDREN OF ALL AGES, ABILITIES, INCOMES, RACES, AND RELIGIONS IT IS DEDICATED TO BUILDING A HEALTHY SPIRIT, MIND, AND BODY FOR INDIVIDUALS AND FAMILIES IT PUTS JUDEO-CHRISTIAN PRINCIPLES INTO PRACTICE THROUGH PROGRAMS THAT PROMOTE HEALTHY LIFESTYLES, STRONG FAMILIES, YOUTH LEADERSHIP, AND COMMUNITY DEVELOPEMENT FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION THE ANN ARBOR YMCA IS AN ASSOCIATION OF MEN, WOMEN, AND CHILDREN OF ALL AGES, ABILITIES, INCOMES, RACES, AND RELIGIONS IT IS DEDICATED TO BUILDING A HEALTHY SPIRIT, MIND, AND BODY FOR INDIVIDUALS AND FAMILIES IT PUTS JUDEO-CHRISTIAN PRINCIPLES INTO PRACTICE THROUGH PROGRAMS THAT PROMOTE HEALTHY LIFESTYLES, STRONG FAMILIES, YOUTH LEADERSHIP, AND COMMUNITY DEVELOPEMENT		
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
3	Number of voting members of the governing body (Part VI, line 1a)	3	26
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	26
5	Total number of employees (Part V, line 2a)	5	454
6	Total number of volunteers (estimate if necessary)	6	1,010
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	
Revenue	8 Contributions and grants (Part VIII, line 1h)	372,520	478,849
	9 Program service revenue (Part VIII, line 2g)	6,091,256	6,275,234
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	27,695	74,427
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	197,864	329,807
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,689,335	7,158,317
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	
14 Benefits paid to or for members (Part IX, column (A), line 4)			0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,917,468	3,100,628
16a Professional fundraising fees (Part IX, column (A), line 11e)		2,360	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 114,851			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		3,174,446	2,968,950
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	6,094,274	6,073,078	
19 Revenue less expenses Subtract line 18 from line 12	595,061	1,085,239	
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	24,784,487	23,196,396
	21 Total liabilities (Part X, line 26)	6,519,218	3,815,759
22 Net assets or fund balances Subtract line 21 from line 20	18,265,269	19,380,637	

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

Signature of officer: _____ Date: 2010-09-29

CATHERINE DUCHON PRES/CEO
 Type or print name and title

Paid Preparer's Use Only	Preparer's signature ▶ LAURENCE R LEWIS	Date 2010-09-29	Check if self-employed <input checked="" type="checkbox"/>	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 LAURENCE R LEWIS CPA PO BOX 1088 ANN ARBOR, MI 481061088			EIN ▶ Phone no ▶ (734) 260-1088

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

THE ANN ARBOR YMCA IS AN ASSOCIATION OF MEN, WOMEN, AND CHILDREN OF ALL AGES, ABILITIES, INCOMES, RACES, AND RELIGIONS IT IS DEDICATED TO BUILDING A HEALTHY SPIRIT, MIND, AND BODY FOR INDIVIDUALS AND FAMILIES IT PUTS JUDEO-CHRISTIAN PRINCIPLES INTO PRACTICE THROUGH PROGRAMS THAT PROMOTE HEALTHY LIFESTYLES, STRONG FAMILIES, YOUTH LEADERSHIP, AND COMMUNITY DEVELOPEMENT FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION THE ANN ARBOR YMCA IS AN ASSOCIATION OF MEN, WOMEN, AND CHILDREN OF ALL AGES, ABILITIES, INCOMES, RACES, AND RELIGIONS IT IS DEDICATED TO BUILDING A HEALTHY SPIRIT, MIND, AND BODY FOR INDIVIDUALS AND FAMILIES IT PUTS JUDEO-CHRISTIAN PRINCIPLES INTO PRACTICE THROUGH PROGRAMS THAT PROMOTE HEALTHY LIFESTYLES, STRONG FAMILIES, YOUTH LEADERSHIP, AND COMMUNITY DEVELOPEMENT

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

4a (Code) (Expenses \$ 1,906,263 including grants of \$) (Revenue \$ 3,692,808)

AFFORDABLE HEALTH AND WELLNESS THE ANN ARBOR YMCA FOCUSES ON HEALTHY LIVING BY ADVOCATING HEALTH AND WELL-BEING FROM THE INSIDE OUT THE SPIRIT, MIND AND BODY THE ANN ARBOR YMCA PROVIDES OVER 25,000 PEOPLE WITH THE SUPPORTIVE RELATIONSHIPS AND ENVIRONMENTS THEY NEED FOR THEIR SUCCESSFUL PURSUIT OF HEALTH AND WELL-BEING THIS IS PARTICULARLY IMPORTANT AS THE NATION STRUGGLES WITH AN OBESITY CRISIS, FAMILIES HAVE WORK/LIFE BALANCE ISSUES AND INDIVIDUALS SEARCH FOR PERSONAL FULFILLMENT THE YMCA BRINGS FAMILIES TOGETHER, FACILITATING THE DEVELOPMENT OF SPORT, RECREATIONAL AND SOCIAL NETWORKS THAT BUILD RELATIONSHIPS AND STRENGTHEN BONDS HEALTHY LIVING PROGRAMS ARE ACCESSIBLE, AFFORDABLE AND OPEN TO ALL FAITHS, BACKGROUNDS, ABILITIES AND INCOME LEVELS IN 2009, 217,000 IN FINANCIAL ASSISTANCE WAS PROVIDED BY THE YMCA IN AN EFFORT TO REMOVE ECONOMIC BARRIERS TO PARTICIPATION IN HEALTHY LIVING ACTIVITIES

4b (Code) (Expenses \$ 1,208,847 including grants of \$) (Revenue \$ 1,293,237)

YOUTH DEVELOPMENT CAMPS THE YMCA IS A LEADER IN NURTURING THE POTENTIAL OF EVERY CHILD AND TEEN EVERY DAY THE YMCA HELPS YOUNG PEOPLE DEEPEN POSITIVE VALUES, INCREASE THEIR SKILLS AND PROVIDE MOTIVATION TO LEARN ANN ARBOR YMCA CAMPS HELP CHILDREN GROW SPIRITUALLY, MENTALLY AND PHYSICALLY THROUGH A VARIETY OF ACTIVITIES IN BOTH INDOOR AND OUTDOOR SETTINGS CAMP ACTIVITIES CREATE POSITIVE CONNECTIONS BETWEEN YOUTH AND ADULTS, BUILD INDIVIDUAL SELF-ESTEEM AND LEADERSHIP SKILLS, AND PROMOTE HEALTHY LIFESTYLES IN 2009, THE YMCA SERVED A TOTAL OF 3,000 PARTICIPANT CAMPERS MORE THAN 8% OF THE CAMPERS BENEFITTED FROM PROGRAM SUBSIDIES AND FINANCIAL ASSISTANCE, GIVING THEM ACCESS TO AN EXPERIENCE THEY WOULD NOT LIKELY OTHERWISE HAVE HAD

4c (Code) (Expenses \$ 916,742 including grants of \$) (Revenue \$ 495,216)

YOUTH DEVELOPMENT- SPORTS/RECREATION THE ANN ARBOR YMCA PROVIDES A VARIETY OF YEAR-ROUND ACTIVITIES THAT SUPPORT ACTIVE, HEALTHY LIFESTYLES FOR BOYS AND GIRLS YMCA PROGRAMS INCLUDE A VARIETY OF SPORTS AND INTERNATIONAL GAMES, ACTIVITIES OF ARTISTIC EXPRESSION, AND WATER SAFETY AND SKILL CLASSES A TOTAL OF 166 VOLUNTEERS COACHED ANN ARBOR/YPSILANTI YOUTH SPORTS PROGRAMS IN 2009 THE ANN ARBOR YMCA HAS PARTNERED WITH A NUMBER OF OTHER COMMUNITY ORGANIZATIONS TO IDENTIFY AND RESPOND TO COMMUNITY NEEDS YMCA PROGRAMS IN YPSILANTI SUCH AS YOUTH IN GOVERNMENT, AFTER SCHOOL SPORTS AND RECREATION, AND MIDDLE SCHOOL HEALTHY LIVING PROGRAMS ARE EXAMPLES OF THE ANN ARBOR YMCA STRENGTHENING THE COMMUNITY THROUGH PROGRAMS THAT BUILD THE FOUNDATION FOR FUTURE GENERATIONS OVER 50 VOLUNTEERS HELPED DELIVER THESE PROGRAMS TO THE YPSILANTI COMMUNITY, WHICH INVOLVED OVER 400 YPSILANTI YOUTH IN 2009

4d Other program services (Describe in Schedule O) **See also Additional Data for Description**
(Expenses \$ 1,554,710 including grants of \$ 3,500) (Revenue \$ 793,973)

4e Total program service expenses \$ 5,586,562

Part IV Checklist of Required Schedules

Table with 3 main columns: Question number, Question text, and Yes/No response columns. Rows include questions 1 through 20 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable		
	1a 0		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable		
	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
	1c		
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return		
	2a 454		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	Yes	
	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		No
	3a		
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		No
	4a		
b	If "Yes," enter the name of the foreign country <input type="checkbox"/> _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
	4b		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
	5a		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
	5b		
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		No
	6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	6b		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		No
	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		No
	8		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		No
	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		No
	9b		
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

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

Section A. Governing Body and Management

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

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

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		No
10b	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?		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	Yes	
13	Does the organization have a written whistleblower policy?	Yes	
14	Does the organization have a written document retention and destruction policy?	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	Yes	
15b	Other officers or key employees of the organization	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		No
16b	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?		

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed MI
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> 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. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ JON MAKAREWICH 400 W WASHINGTON ST ANN ARBOR, MI 48103 (734) 661-8053

1b Total	323,350	46,724
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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 **▶**1

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
CONSTRUCTION SOLUTIONS INC 2263 W LIBERTY ANN ARBOR, MI 48103	CONSTRUCTION	452,583
OMNI FACILITY SERVICES 24300 SOUTHFIELD RD STE 220 SOUTHFIELD, MI 48075	CLEANING SERV	120,016

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 **▶**2

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns 1a 16,663					
	b	Membership dues 1b					
	c	Fundraising events 1c					
	d	Related organizations 1d					
	e	Government grants (contributions) 1e					
	f	All other contributions, gifts, grants, and similar amounts not included above 1f 462,186					
	g	Noncash contributions included in lines 1a-1f \$ _____					
	h	Total. Add lines 1a-1f ▶	478,849				
Program Service Revenue	2a	AFFORDABLE HEALTH & WELLNESS Business Code 813,410	3,692,808	3,692,808			
	b	YOUTH DEVELOPMENT -CAMPS 624,110	1,293,237	1,293,237			
	c	YOUTH DEVELOPMENT -SPORTS/REC 624,110	495,216	495,216			
	d	CHILDCARE 624,410	462,566	462,566			
	e	ADULT ACTIVE LIFESTYLES 813,410	237,533	237,533			
	f	All other program service revenue	93,874	93,874			
	g	Total. Add lines 2a-2f ▶	6,275,234				
Other Revenue	3	Investment income (including dividends, interest and other similar amounts) ▶	94,072			94,072	
	4	Income from investment of tax-exempt bond proceeds . . ▶					
	5	Royalties ▶					
	6a	Gross Rents	(i) Real				
			(ii) Personal				
			b Less rental expenses				
			c Rental income or (loss)				
	d	Net rental income or (loss) ▶					
	7a	Gross amount from sales of assets other than inventory	(i) Securities	1,173,745			
			(ii) Other				
			b Less cost or other basis and sales expenses	1,189,297	4,093		
			c Gain or (loss)	-15,552	-4,093		
	d	Net gain or (loss) ▶	-19,645			-19,645	
8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 a						
b	Less direct expenses b						
c	Net income or (loss) from fundraising events . . ▶						
9a	Gross income from gaming activities See Part IV, line 19 a						
b	Less direct expenses b						
c	Net income or (loss) from gaming activities . . ▶						
10a	Gross sales of inventory, less returns and allowances a						
		b Less cost of goods sold b	48,128				
		c Net income or (loss) from sales of inventory . . ▶	27,030	21,098		21,098	
	Miscellaneous Revenue	Business Code					
11a	FORGIVENESS OF INDEBTEDNESS	900,099	161,878	161,878			
b	MEMBER PARKING	900,099	141,341		141,341		
c	OTHER	900,099	5,490	5,490			
d	All other revenue						
e	Total. Add lines 11a-11d ▶		308,709				
12	Total revenue. See Instructions ▶		7,158,317	6,442,602		236,866	

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) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
2	Grants and other assistance to individuals in the U S See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	3,500	3,500		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	253,434	134,761	80,856	37,817
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	2,339,453	2,260,017	38,467	40,969
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	129,628	121,414	3,900	4,314
9	Other employee benefits	164,903	150,585	9,393	4,925
10	Payroll taxes	213,210	198,168	8,625	6,417
11	Fees for services (non-employees)				
a	Management				
b	Legal				
c	Accounting	28,200		28,200	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	54,459	51,585	2,874	
12	Advertising and promotion	106,683	89,626	1,778	15,279
13	Office expenses	567,930	548,693	16,174	3,063
14	Information technology	61,143	55,640	5,503	
15	Royalties				
16	Occupancy	952,886	926,517	26,369	
17	Travel	116,863	114,323	1,463	1,077
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	6,076	4,376	710	990
20	Interest	278,829	270,464	8,365	
21	Payments to affiliates	85,682	85,682		
22	Depreciation, depletion, and amortization	652,388	635,043	17,345	
23	Insurance	28,388	4,513	23,875	
24	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)				
a	BAD DEBT EXPENSE	100,316	316	100,000	
b	OTHER MISCELLANEOUS	7,988	7,854	134	
c	CHANGE IN FV OF SWAP	-78,881	-76,515	-2,366	
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	6,073,078	5,586,562	371,665	114,851
26	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)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	98,286	1	342,535
	2 Savings and temporary cash investments	3,507,695	2	2,537,606
	3 Pledges and grants receivable, net	321,161	3	154,881
	4 Accounts receivable, net	44,516	4	48,010
	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	81,457	9	79,299
	10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	22,991,673		
	b Less accumulated depreciation	3,320,434	10c	19,671,239
	11 Investments—publicly traded securities	972,652	11	362,826
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	24,784,487	16	23,196,396	
Liabilities	17 Accounts payable and accrued expenses	280,737	17	241,098
	18 Grants payable		18	
	19 Deferred revenue	413,911	19	321,122
	20 Tax-exempt bond liabilities	5,000,000	20	3,000,000
	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	449,778	23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	374,792	25	253,539
	26 Total liabilities. Add lines 17 through 25	6,519,218	26	3,815,759
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	18,260,082	27	19,307,079
	28 Temporarily restricted net assets	5,187	28	73,558
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	18,265,269	33	19,380,637	
34 Total liabilities and net assets/fund balances	24,784,487	34	23,196,396	

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 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 separated 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
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2009

Open to Public Inspection

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Department of the Treasury
Internal Revenue Service

Name of the organization
ANN ARBOR YMCA

Employer identification number

38-1525162

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1 A church, convention of churches, or association of churches **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 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)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in IRC 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.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (See instructions) 12

13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f)) 14

15 Public Support Percentage for 2008 Schedule A, Part II, line 14 15

16a 33 1/3% support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2008. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions

Part III Support Schedule for Organizations Described in IRC 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
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	303,399	386,146	402,814	372,520	478,849	1,943,728
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	2,355,676	3,628,760	6,059,171	6,106,402	6,442,602	24,592,611
3 Gross receipts from activities that are not an unrelated trade or business under section 513	125,821	173,027	205,303	210,949	189,469	904,569
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	2,784,896	4,187,933	6,667,288	6,689,871	7,110,920	27,440,908
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						27,440,908

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	2,784,896	4,187,933	6,667,288	6,689,871	7,110,920	27,440,908
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	158,301	89,090	134,505	77,346	94,072	553,314
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	158,301	89,090	134,505	77,346	94,072	553,314
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support (Add lines 9, 10c, 11 and 12)	2,943,197	4,277,023	6,801,793	6,767,217	7,204,992	27,994,222
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	98.020 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	97.590 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	2.000 %
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	2.000 %
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 <input checked="" type="checkbox"/>		
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 <input type="checkbox"/>		
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions <input type="checkbox"/>		

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2009

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

Name of the organization ANN ARBOR YMCA

Employer identification number 38-1525162

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), 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?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may 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?

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply): Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure.

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

- a Total number of conservation easements
b Total acreage restricted by conservation easements
c Number of conservation easements on a certified historic structure included in (a)
d Number of conservation easements included in (c) acquired after 8/17/06

Table with 2 columns: Held at the End of the Year. Rows 2a, 2b, 2c, 2d.

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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?
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 170(h)(4)(B)(ii)?
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 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 the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

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

Table with 2 columns: Description (1c-1f) and Amount

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.

Table with 6 columns: (a) Current Year, (b) Prior Year, (c) Two Years Back, (d) Three Years Back, (e) Four Years Back. Rows 1a-1g.

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

Table with 3 columns: Description (3a(i), 3a(ii), 3b), Yes, No

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.

Table with 5 columns: Description of investment, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows 1a-1e and Total.

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	7,158,317
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	6,073,078
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	1,085,239
4	Net unrealized gains (losses) on investments	4	34,128
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 - 8	9	34,128
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	1,119,367

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	7,215,475
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	34,128
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	27,030
e	Add lines 2a through 2d	2e	61,158
3	Subtract line 2e from line 1	3	7,158,317
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	
5	Total Revenue Add lines 3 and 4c . (This should equal Form 990, Part I, line 12)	5	7,158,317

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

1	Total expenses and losses per audited financial statements	1	6,100,108
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	27,030
e	Add lines 2a through 2d	2e	27,030
3	Subtract line 2e from line 1	3	6,073,078
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	
5	Total expenses Add lines 3 and 4c . (This should equal Form 990, Part I, line 18)	5	6,073,078

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, 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

Identifier	Return Reference	Explanation
RECONCILIATION OF CHANGES - OTHER	SCHEDULE D, PAGE 4, PART XI, LINE 8	COST OF GOODS RELATED TO MERCHANDISE SALES 27,030 COST OF GOODS SOLD RELATED TO MERCHANDISE SALES -27,030 BOOK / TAX DEPRECIATION DIFFERENCE 652,388
REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER	SCHEDULE D, PAGE 4, PART XII, LINE 2D	COST OF GOODS RELATED TO MERCHANDISE SALES 27,030
EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER	SCHEDULE D, PAGE 4, PART XIII, LINE 2D	COST OF GOODS SOLD RELATED TO MERCHANDISE SALES 27,030
EXPENSE AMOUNTS INCLUDED ON RETURN - OTHER	SCHEDULE D, PAGE 4, PART XIII, LINE 4B	BOOK / TAX DEPRECIATION DIFFERENCE 652,388

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2009

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Department of the Treasury
Internal Revenue Service

Name of the organization
ANN ARBOR YMCA

Employer identification number

38-1525162

Part I Questions Regarding Compensation

Yes No

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
- | | |
|--------------------------------------------------------------------|--------------------------------------------------------------------------|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- | | |
|--------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:

a Receive a severance payment or change-of-control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.

5 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

a The organization?

b Any related organization?

If "Yes," to line 5a or 5b, describe in Part III

6 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

a The organization?

b Any related organization?

If "Yes," to line 6a or 6b, describe in Part III

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		No
4b		No
4c		No
5a		
5b		
6a		No
6b		No
7		No
8		No
9		

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
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**Schedule K
(Form 990)**

OMB No 1545-0047

Supplemental Information on Tax Exempt Bonds

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).**

2009

▶ **Attach to Form 990. ▶ See separate instructions.**

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization
ANN ARBOR YMCA

Employer identification number

38-1525162

Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer	
							Yes	No	Yes	No
A	ECONOMIC DEVELOP CORP OF ANN ARBOR	38-2478590	0035477BW	04-01-2004	14,000,000	CONSTRUCT AND EQUIP		X		X

Part II Proceeds

	A	B	C	D	E
1 Total proceeds of issue	14,000,000				
2 Gross proceeds in reserve funds					
3 Proceeds in refunding or defeasance escrows					
4 Other unspent proceeds					
5 Issuance costs from proceeds	341,000				
6 Working capital expenditures from proceeds					
7 Capital expenditures from proceeds	13,659,000				
8 Year of substantial completion					
	Yes	No	Yes	No	Yes
9 Were the bonds issued as part of a current refunding issue?		X			
10 Were the bonds issued as part of an advance refunding issue?		X			
11 Has the final allocation of proceeds been made?	X				
12 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X				

Part III Private Business Use

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?										
2 Are there any lease arrangements with respect to the financed property which may result in private business use?										

Part III Private Business Use (Continued)

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts with respect to the financed property which may result in private business use?										
3b Are there any research agreements with respect to the financed property which may result in private business use?										
3c Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?										
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government										
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government										
6 Total of lines 4 and 5										
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?										

Part IV Arbitrage

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X								
2 Is the bond issue a variable rate issue?	X									
3a Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?	X									
b Name of provider			FIFTHTHIRD BANK FIFTH THIRD BANK							
c Term of hedge						10 0				
4a Were gross proceeds invested in a GIC?		X								
b Name of provider										
c Term of GIC										
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5 Were any gross proceeds invested beyond an available temporary period?		X								
6 Did the bond issue qualify for an exception to rebate?		X								

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
ANN ARBOR YMCA

Employer identification number
38-1525162

Identifier	Return Reference	Explanation
ORGANIZATION'S MISSION	FORM 990 - ORGANIZATION'S MISSION	THE ANN ARBOR YMCA IS AN ASSOCIATION OF MEN, WOMEN, AND CHILDREN OF ALL AGES, ABILITIES, INCOMES, RACES, AND RELIGIONS IT IS DEDICATED TO BUILDING A HEALTHY SPIRIT, MIND, AND BODY FOR INDIVIDUALS AND FAMILIES IT PUTS JUDEO-CHRISTIAN PRINCIPLES INTO PRACTICE THROUGH PROGRAMS THAT PROMOTE HEALTHY LIFESTYLES, STRONG FAMILIES, YOUTH LEADERSHIP, AND COMMUNITY DEVELOPEMENT FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION THE ANN ARBOR YMCA IS AN ASSOCIATION OF MEN, WOMEN, AND CHILDREN OF ALL AGES, ABILITIES, INCOMES, RACES, AND RELIGIONS IT IS DEDICATED TO BUILDING A HEALTHY SPIRIT, MIND, AND BODY FOR INDIVIDUALS AND FAMILIES IT PUTS JUDEO-CHRISTIAN PRINCIPLES INTO PRACTICE THROUGH PROGRAMS THAT PROMOTE HEALTHY LIFESTYLES, STRONG FAMILIES, YOUTH LEADERSHIP, AND COMMUNITY DEVELOPEMENT
FIRST ACHIEVEMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4A	INCOME LEVELS IN 2009, 217,000 IN FINANCIAL ASSISTANCE WAS PROVIDED BY THE YMCA IN AN EFFORT TO REMOVE ECONOMIC BARRIERS TO PARTICIPATION IN HEALTHY LIVING ACTIVITIES
THIRD ACHIEVEMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4C	AND MIDDLE SCHOOL HEALTHY LIVING PROGRAMS ARE EXAMPLES OF THE ANN ARBOR YMCA STRENGTHENING THE COMMUNITY THROUGH PROGRAMS THAT BUILD THE FOUNDATION FOR FUTURE GENERATIONS OVER 50 VOLUNTEERS HELPED DELIVER THESE PROGRAMS TO THE YPSILANTI COMMUNITY, WHICH INVOLVED OVER 400 YPSILANTI YOUTH IN 2009
ALL OTHER ACHIEVEMENTS DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4D	OTHER PROGRAM SERVICES OTHER PROGRAM SERVICES INCLUDE ADULT ACTIVE LIFESTYLES, CHILD CARE, VOLUNTEER AND TEEN PROGRAMS ADULT ACTIVE LIFESTYLE PROGRAMS ARE DESIGNED TO MOTIVATE ADULT MEN AND WOMEN TO MAINTAIN HEALTHY, ACTIVE LIFESTYLES THESE PROGRAMS AND CLASSES DEVELOP LIFETIME SKILLS IN SPORTS OR PROVIDE PERSONAL OR GROUP WELLNESS ACTIVITIES IN 2009, THE ANN ARBOR YMCA CONTINUED THE COLLABORATION WITH THE LANCE ARMSTRONG FOUNDATION TO PROVIDE A FITNESS AND SUPPORT PROGRAM FOR CANCER SURVIVORS THIS PROGRAM GAVE INCREASED STRENGTH, FLEXIBILITY, ENDURANCE AND CONFIDENCE TO 64 CANCER SURVIVORS AT NO COST TO THE INDIVIDUAL YMCA CHILD CARE PROGRAMS REINFORCE THE YMCA VALUES OF HONESTY, CARING, RESPECT AND RESPONSIBILITY AMONG CHILDREN AND THEIR FAMILIES THE EARLY CHILDHOOD AND AFTER SCHOOL LICENSED AND ACCREDITED PROGRAMS PROVIDE A NURTURING ENVIRONMENT FOR CHILDREN FROM DIVERSE BACKGROUNDS THIS RICH BLEND OF CULTURES HAS INCREASED FAMILY RELATIONSHIPS WITHIN THIS COMMUNITY FAMILIES HAVE ACCESS TO A SLIDING FEE SCALE, WITH PAYMENTS BASED ON THEIR PARTICULAR FINANCIAL NEED IN 2009, 25 FAMILIES RECEIVED VARYING LEVELS OF FINANCIAL SUPPORT VOLUNTEER AND TEEN PROGRAMS GIVE TEENS AGES 11-17 OPPORTUNITIES TO SERVE THEIR COMMUNITY WHILE BUILDING THEIR SELF-ESTEEM AND DEVELOPING THEIR LEADERSHIP SKILLS YOUTH VOLUNTEER CORPS IS A SERVICE LEARNING PROGRAM THAT EMPOWERS YOUNG PEOPLE THROUGH EXTENDED VOLUNTEER SERVICE EXPERIENCES IN 2009 OVER 300 YOUTH PROVIDED OVER 8,000 HOURS OF COMMUNITY SERVICE THESE ACTIVITIES STRENGTHENED THE FOUNDATIONS OF OUR COMMUNITY THROUGH THE YOUTH TO 32 COMMUNITY AGENCIES AN EXTENSION OF THE YOUTH VOLUNTEER CORPS IS THE SPECIALIZED CHAIN OF PLENTY PROGRAM IN 2009, THIS PROGRAM WAS RESPONSIBLE FOR PREPARING AND SERVING APPROXIMATELY 15,000 LUNCHES AT THE LOCAL HOMELESS SHELTER, PROVIDING AN OPPORTUNITY FOR THE DEVELOPMENT OF JOB TRAINING SKILLS FOR 20 SPECIAL NEEDS STUDENTS WHO PARTICIPATED IN A VOLUNTEER CAPACITY THIS PROGRAM IS A COLLABORATION WITH THREE OTHER COMMUNITY ORGANIZATIONS ANN ARBOR PUBLIC SCHOOLS, FOODGATHERERS, AND SHELTER ASSOCIATION OF WASHTENAW COUNTY
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 11	A DRAFT OF THE FORM 990 IS FIRST REVIEWED BY THE FINANCE COMMITTEE, WHICH ALSO HAS RESPONSIBILITY FOR ALL MATTERS RELATED TO THE ORGANIZATIONS ANNUAL AUDIT ONCE APPROVED AT THE COMMITTEE LEVEL, THE FORM, INCLUDING ALL ATTACHMENTS, IS EMAILED TO THE BOARD PRIOR TO A REGULARLY SCHEDULED BOARD MEETING AT THE BOARD MEETING, THE TREASURER, WHO CHAIRS THE FINANCE COMMITTEE, REPORTS ON ANY DISCUSSIONS RELATED TO THE 990 THAT OCCURRED AT ITS MEETING AND ASKS FOR ADDITIONAL COMMENTS OR QUESTIONS FROM BOARD MEMBERS WHEN ALL MATTERS HAVE BEEN ADDRESSED AT THE BOARD LEVEL, THE RETURN IS PROMPTLY FILED
ENFORCEMENT OF CONFLICTS POLICY	FORM 990, PAGE 6, PART VI, LINE 12C	BOARD MEMBERS AND OFFICERS (CEO, VP OF OPERATIONS, AND CFO) ARE REQUIRED TO COMPLETE THE CONFLICT OF INTEREST POLICY AND QUESTIONNAIRE ANNUALLY THERE ARE NO STAFF MEMBERS WHO QUALIFY AS KEY EMPLOYEES THE DIRECTOR OF BUSINESS OPERATIONS REVIEWS THE RESPONSES TO THE QUESTIONNAIRE, DOCUMENTS POTENTIAL CONFLICTS AND PROVIDES A SUMMARY REPORT TO THE EXECUTIVE COMMITTEE OF THE BOARD THE CHAIR OF THE BOARD PERIODICALLY REMINDS THE BOARD MEMBERS AND THE OFFICERS, WHO ALSO ATTEND BOARD MEETINGS, OF THEIR RESPONSIBILITY TO NOTIFY A MEMBER OF THE EXECUTIVE COMMITTEE IF THERE IS A CHANGE IN PERSONAL OR PROFESSIONAL RELATIONSHIPS THAT MAY CREATE A NEW CONFLICT OF INTEREST IN ADDITION, SEVERAL MEMBERS OF THE EXECUTIVE COMMITTEE ARE ALSO MEMBERS OF THE FINANCE COMMITTEE, WHICH PROVIDES FURTHER OVERSIGHT AND COMPLIANCE CAPABILITY ALL SIGNIFICANT FINANCIAL TRANSACTIONS ARE REVIEWED AND DISCUSSED AT THE COMMITTEE LEVEL, INCLUDING THOSE INVOLVING POTENTIAL CONFLICTS OF INTEREST, BEFORE PRESNTATION TO THE BOARD
COMPENSATION PROCESS FOR TOP OFFICIAL	FORM 990, PAGE 6, PART VI, LINE 15A	THE EXECUTIVE COMMITTEE OF THE BOARD DETERMINES THE COMPENSATION OF THE ORGANIZATIONS CEO THE COMMITTEE MEETS ANNUALLY TO REVIEW THE PERFORMANCE OF THE CEO AND TO DETERMINE COMPENSATION EACH BOARD MEMBER IS ASKED TO COMPLETE A CEO PERFORMANCE APPRAISAL SURVEY THE RESULTS OF THE SURVEY ARE COMPILED BY THE CHAIR OF THE BOARD AND REVIEWED BY ALL MEMBERS OF THE EXECUTIVE COMMITTEE THE EXECUTIVE COMMITTEES OVERALL EVALUATION OF PERFORMANCE IS BASED ON CATEGORIES OUTLINED IN THE ORGANIZATIONS SALARY ADMINISTRATION PLAN AND PRE-AGREED-UPON ANNUAL GOALS FOR THE CEO COMPENSATION DATA IS COMPILED FOR CEOS OF OTHER YMCAS AND OTHER NON-PROFITS WITH SIMILAR SIZE BUDGETS IN THE ORGANIZATIONS GEOGRAPHIC REGION THE RESULTS ARE COMPARED TO THE CURRENT CEO PAY RANGE ESTABLISHED IN ACCORDANCE WITH THE MODIFIED HAY PLAN CHARTS PROVIDED BY THE YMCA OF THE USA AND UTILIZED FOR ALL EXEMPT AND NON-EXEMPT STAFF POSITIONS IN THE ORGANIZATION THE SALARY REVIEW PROCESS AND SUBSEQUENT ADJUSTMENT ARE DOCUMENTED WITH THE SIGNATURES OF ALL THE MEMBERS OF THE EXECUTIVE COMMITTEE, INDICATING THEIR PARTICIPATION, CONCURRENCE AND COMPLETION DATE THE FINAL RESULTS ARE REPORTED TO THE BOARD AT ITS NEXT REGULARLY SCHEDULED BOARD MEETING
COMPENSATION PROCESS FOR OFFICERS	FORM 990, PAGE 6, PART VI, LINE 15B	THE BOARD HAS DELEGATED TO THE CEO THE AUTHORITY TO REVIEW AND DETERMINE THE COMPENSATION OF THE ORGANIZATIONS OFFICERS, WHICH INCLUDE THE VP OF OPERATIONS AND THE CFO, IN ACCORDANCE WITH AN ESTABLISHED SALARY ADMINISTRATION PLAN BASED ON THE MODIFIED HAY PLAN CHARTS PROVIDED BY THE YMCA OF THE USA THE CEO MEETS INDIVIDUALLY WITH EACH OFFICER IN A FORMAL REVIEW SESSION TO EVALUATE PROGRESS ON PRE-AGREED-UPON ANNUAL PERFORMANCE GOALS AND TO DETERMINE COMPENSATION SALARY RANGES FOR EACH POSITION ARE DETERMINED BASED ON REQUIRED COMPETENCIES PERCENTAGE INCREASES ARE PREDETERMINED FOR VARIOUS PERFORMANCE CATEGORIES AND APPLIED BASED ON THE OFFICERS POSITION IN HIS/HER RESPECTIVE SALARY RANGE CONTEMPORANEOUS DOCUMENTATION OF THE ANNUAL REVIEW AND COMPENSATION ADJUSTMENT IS SIGNED BY BOTH THE CEO AND THE OFFICER

Identifier	Return Reference	Explanation
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION	FORM 990, PAGE 6, PART VI, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST

Additional Data

Software ID:
Software Version:
EIN: 38-1525162
Name: ANN ARBOR YMCA

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code) (Expenses \$ 1,554,710 including grants of \$ 3,500) (Revenue \$ 793,973)

OTHER PROGRAM SERVICES OTHER PROGRAM SERVICES INCLUDE ADULT ACTIVE LIFESTYLES, CHILD CARE, VOLUNTEER AND TEEN PROGRAMS ADULT ACTIVE LIFESTYLE PROGRAMS ARE DESIGNED TO MOTIVATE ADULT MEN AND WOMEN TO MAINTAIN HEALTHY, ACTIVE LIFESTYLES THESE PROGRAMS AND CLASSES DEVELOP LIFETIME SKILLS IN SPORTS OR PROVIDE PERSONAL OR GROUP WELLNESS ACTIVITIES IN 2009, THE ANN ARBOR YMCA CONTINUED THE COLLABORATION WITH THE LANCE ARMSTRONG FOUNDATION TO PROVIDE A FITNESS AND SUPPORT PROGRAM FOR CANCER SURVIVORS THIS PROGRAM GAVE INCREASED STRENGTH, FLEXIBILITY, ENDURANCE AND CONFIDENCE TO 64 CANCER SURVIVORS AT NO COST TO THE INDIVIDUAL YMCA CHILD CARE PROGRAMS REINFORCE THE YMCA VALUES OF HONESTY, CARING, RESPECT AND RESPONSIBILITY AMONG CHILDREN AND THEIR FAMILIES THE EARLY CHILDHOOD AND AFTER SCHOOL LICENSED AND ACCREDITED PROGRAMS PROVIDE A NURTURING ENVIRONMENT FOR CHILDREN FROM DIVERSE BACKGROUNDS THIS RICH BLEND OF CULTURES HAS INCREASED FAMILY RELATIONSHIPS WITHIN THIS COMMUNITY FAMILIES HAVE ACCESS TO A SLIDING FEE SCALE, WITH PAYMENTS BASED ON THEIR PARTICULAR FINANCIAL NEED IN 2009, 25 FAMILIES RECEIVED VARYING LEVELS OF FINANCIAL SUPPORT VOLUNTEER AND TEEN PROGRAMS GIVE TEENS AGES 11-17 OPPORTUNITIES TO SERVE THEIR COMMUNITY WHILE BUILDING THEIR SELF-ESTEEM AND DEVELOPING THEIR LEADERSHIP SKILLS YOUTH VOLUNTEER CORPS IS A SERVICE LEARNING PROGRAM THAT EMPOWERS YOUNG PEOPLE THROUGH EXTENDED VOLUNTEER SERVICE EXPERIENCES IN 2009 OVER 300 YOUTH PROVIDED OVER 8,000 HOURS OF COMMUNITY SERVICE THESE ACTIVITIES STRENGTHENED THE FOUNDATIONS OF OUR COMMUNITY THROUGH THE YOUTH TO 32 COMMUNITY AGENCIES AN EXTENSION OF THE YOUTH VOLUNTEER CORPS IS THE SPECIALIZED CHAIN OF PLENTY PROGRAM IN 2009, THIS PROGRAM WAS RESPONSIBLE FOR PREPARING AND SERVING APPROXIMATELY 15,000 LUNCHES AT THE LOCAL HOMELESS SHELTER, PROVIDING AN OPPORTUNITY FOR THE DEVELOPMENT OF JOB TRAINING SKILLS FOR 20 SPECIAL NEEDS STUDENTS WHO PARTICIPATED IN A VOLUNTEER CAPACITY THIS PROGRAM IS A COLLABORATION WITH THREE OTHER COMMUNITY ORGANIZATIONS ANN ARBOR PUBLIC SCHOOLS, FOODGATHERERS, AND SHELTER ASSOCIATION OF WASHTENAW COUNTY

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
LINDA BORGS DORF SECRETARY	2 00	X						0	0	0
TOM BOURQUE	1 00	X						0	0	0
MIKE CHATAS TREASURER	2 00	X						0	0	0
ANDY DAHLMANN	1 00	X						0	0	0
BRUCE ELLIOTT	1 00	X						0	0	0
BETH FITZSIMMONS	2 00	X						0	0	0
DAN GAMBLE	2 00	X						0	0	0
BILL HOLMES	2 00	X						0	0	0
MAURICE JONES	1 00	X						0	0	0
NORA KASSNER	1 00	X						0	0	0
NEAL KESSLER	1 00	X						0	0	0
NICK LACY	1 00	X						0	0	0
DAVID LAMB VICE-CHAIR	2 00	X						0	0	0
JOHN MOUAT	1 00	X						0	0	0
TONY NAM	1 00	X						0	0	0
STACY PETERSON	1 00	X						0	0	0
SUSAN POLLAY	1 00	X						0	0	0
MARNIE REID	1 00	X						0	0	0
JANET ROTH	1 00	X						0	0	0
ROBBIE STAPLETON	1 00	X						0	0	0
SHARON SWINDELL	1 00	X						0	0	0
FRAN TALSM A	3 00	X						0	0	0
PAT TAMBLYN	2 00	X						0	0	0
KAREN UFER PAST CHAIR	2 00	X						0	0	0
JOE UPTON CHAIR	2 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
LORI WARD	1 00	X						0	0	0
PAT WARNER	1 00	X						0	0	0
TOMMY YORK	1 00	X						0	0	0
AL YOUNG	1 00	X						0	0	0
EVANS YOUNG	1 00	X						0	0	0
CATHI DUCHON PRESIDENT/CE	50 00			X				152,398	0	20,598
MICHAEL FITZSIMMONS VICE-PRESIDE	50 00			X				94,294	0	22,346
PAMELA HORISZNY CFO	40 00			X				76,658	0	3,780

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
AFFORDABLE HEALTH & WELLNESS	813,410	3,692,808	3,692,808		
YOUTH DEVELOPMENT -CAMPS	624,110	1,293,237	1,293,237		
YOUTH DEVELOPMENT - SPORTS/REC	624,110	495,216	495,216		
CHILDCARE	624,410	462,566	462,566		
ADULT ACTIVE LIFESTYLES	813,410	237,533	237,533		