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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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 01-01-2010 and ending 12-31-2010

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Terminated

☐ Amended return

☐ Application pending

C Name of organization

YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER NEW YORK

Doing Business As

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

5 WEST 63RD STREET 6TH FLOOR

Room/suite

City or town, state or country, and ZIP + 4

NEW YORK, NY 10023

F Name and address of principal officer

JOHN LUND

5 WEST 63RD STREET 6TH FLOOR

NEW YORK, NY 10023

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

D Employer identification number

13-1624228

E Telephone number

(212) 630-9600

G Gross receipts \$ 163,731,138

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) ( ) ☐ (Insert no ) ☐ 4947(a)(1) or ☐ 527

J Website: www ymcanyc org

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation 1852

M State of legal domicile NY

Part I Summary			
Activities & Governance	1	Briefly describe the organization's mission or most significant activities PLEASE SEE ATTACHMENT 3	
	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) . . . . .	42
	4	Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	42
	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a) . . . . .	5,653
Revenue	6	Total number of volunteers (estimate if necessary) . . . . .	444
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .	0
	7b	Net unrelated business taxable income from Form 990-T, line 34 . . . . .	
		Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h) . . . . .	10,959,726
	9	Program service revenue (Part VIII, line 2g) . . . . .	131,529,946
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . . . . .	-1,460,658
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	102,000
Expenses	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	141,131,014
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) . . . . .	118,000
	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)	80,501,021
	16a	Professional fundraising fees (Part IX, column (A), line 11e) . . . . .	0
	b	Total fundraising expenses (Part IX, column (D), line 25) 2,656,629	
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f) . . . . .	64,046,334
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	144,665,355
Net Assets or Fund Balances	19	Revenue less expenses Subtract line 18 from line 12 . . . . .	-3,534,341
		Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16) . . . . .	276,292,392
	21	Total liabilities (Part X, line 26) . . . . .	111,982,635
	22	Net assets or fund balances Subtract line 21 from line 20 . . . . .	164,309,757

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

2011-07-11

Date

MICHAEL GUARINO EVP/CFO

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Firm's name PricewaterhouseCoopers LLP

Firm's address 300 Madison Avenue  
New York, NY 10017

Preparer's signature

Date

Check if self-employed ☐

PTIN

Firm's EIN

Phone no (646) 471-3000

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2010)

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1

Briefly describe the organization’s mission

THE YMCA OF GREATER NEW YORK IS A COMMUNITY SERVICE ORGANIZATION WHICH PROMOTES POSITIVE VALUES THROUGH PROGRAMS THAT BUILD SPIRIT, MIND AND BODY, WELCOMING ALL PEOPLE, WITH A FOCUS ON YOUTH THE LARGEST PRIVATE YOUTH-SERVING ORGANIZATION IN NEW YORK CITY, THE YMCA OF GREATER NEW YORK ENCOMPASSES 20 BRANCHES AND 180 PROGRAM SITES THROUGHOUT THE FIVE BOROUGHES, PLUS THREE CAMPS UPSTATE, SERVING 400,000 NEW YORKERS OF ALL AGES EACH YEAR, INCLUDING 175,000 CHILDREN IN A VARIETY OF EDUCATIONAL, SOCIAL, HEALTH AND WELLNESS, AS WELL AS RECREATIONAL AND CHILD DEVELOPMENT PROGRAMS, EACH OF WHICH REINFORCE THE YMCA VALUES OF CARING, HONESTY, RESPECT AND RESPONSIBILITY SUPPORTED IN PART THROUGH CONTRIBUTIONS TO THE STRONG KIDS CAMPAIGN, THE YMCA PROVIDES MEMBERSHIP ASSISTANCE AND SCHOLARSHIPS, SO THAT NO ONE IS TURNED AWAY DUE TO AN INABILITY TO PAY

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

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?

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 \$	40,739,706	including grants of \$	127,500 ) (Revenue \$	68,172,959 )	
	HEALTHY LIFESTYLES (SEE ATTACHMENT 2)					
4b	(Code ) (Expenses \$	31,892,846	including grants of \$	) (Revenue \$	18,765,340 )	
	CHILD DEVELOPMENT (SEE ATTACHMENT 2)					
4c	(Code ) (Expenses \$	18,700,928	including grants of \$	) (Revenue \$	24,477,072 )	
	HOUSING (SEE ATTACHMENT 2)					
4d	Other program services (Describe in Schedule O ) See also Additional Data for Description					
	(Expenses \$	39,093,206	including grants of \$	10,000 ) (Revenue \$	23,822,846 )	
4e	Total program service expenses \$					
		130,426,686				

Part IV

Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i> 	1	Yes
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 	2	Yes
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i> 	3	No
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i> 	4	Yes
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>	5	
6	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> 	6	No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II.</i> 	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> 	8	No
9	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> 	9	No
10	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> 	10	Yes
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> 	11a	Yes
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i> 	11b	No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i> 	11c	No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i> 	11d	Yes
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> 	11e	No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i> 	11f	No
12a	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> 	12a	Yes
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i> 	12b	No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>	13	No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV.</i> 	14b	Yes
15	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 U S ? <i>If "Yes," complete Schedule F, Parts II and IV.</i> 	15	Yes
16	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 U S ? <i>If "Yes," complete Schedule F, Parts III and IV.</i> 	16	No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions).</i> 	17	Yes
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i> 	18	Yes
19	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> 	19	No
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>	20a	No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	

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	Yes	
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 lines 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	<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> . . . . .	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 (or a family member thereof) was an officer, director, trustee, or direct or indirect 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)? . . . . .	35		No
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
36	<b>Section 501(c)(3) organizations.</b> 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? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance			
Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/>			
		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	383
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	Yes
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return.	2a	5,653
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	No
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)?	4a	No
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7 Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	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?			
8			
9 Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	
10 Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b	
11 Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders.	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b	
c	Enter the amount of reserves on hand.	13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?			
14a			
14b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.			
14b			

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.  
Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	42		
b	Enter the number of voting members included in line 1a, above, who are independent	42		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		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?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	Yes	
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	Yes	
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," 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 filedNY
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 checked="" type="checkbox"/> Own website <input 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. MICHAEL GUARINO 5 WEST 63RD STREET 6TH FLOOR NEW YORK, NY 10023 (212) 630-9660

Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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 neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(1) SILVER ROBERT H VICE CHAIRMAN & DIRECTOR	10	X						0	0	0
(2) LAWRENCE WILLIAM H DIRECTOR	10	X						0	0	0
(3) LIPPER MICHAEL DIRECTOR	10	X						0	0	0
(4) ALFANO MICHAEL C DMD PHD DIRECTOR	10	X						0	0	0
(5) BLUNT CHRIS DIRECTOR	10	X						0	0	0
(6) KEIZER HENRY R DIRECTOR	10	X						0	0	0
(7) GARRETT JR ROBERT DIRECTOR	10	X						0	0	0
(8) HARDEN MARCIA GAY DIRECTOR	10	X						0	0	0
(9) BENINCASA JOSEPH P DIRECTOR	10	X						0	0	0
(10) KHERADPIR SHAYGAN PHD DIRECTOR	10	X						0	0	0
(11) CALDERON NANCY DIRECTOR	10	X						0	0	0
(12) LAU KEE GLENN VICE CHAIRMAN AND DIRECTOR	10	X						0	0	0
(13) LEE WILLIAM K MD DIRECTOR	10	X						0		0
(14) MACK CONSUELO DIRECTOR	10	X						0	0	0
(15) MECHANIC JONATHAN DIRECTOR	10	X						0	0	0
(16) PORTER TIMOTHY L DIRECTOR	10	X						0	0	0

Part VII

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(17) ST JOHN BONNIE DIRECTOR	1 0	X						0	0	0
(18) TAYLOR DIANA L DIRECTOR	1 0	X						0	0	0
(19) WAUGH SETH H DIRECTOR	1 0	X						0	0	0
(20) BRUNSON PATRICIA DIRECTOR	1 0	X						0	0	0
(21) BAILEY JANIE ELIZABETH DIRECTOR	1 0	X						0	0	0
(22) LINARES HON GUILLERMO DIRECTOR	1 0	X						0	0	0
(23) MOLINA ALFREDO J DIRECTOR	1 0	X						0	0	0
(24) MURRAY EILEEN K DIRECTOR	1 0	X						0	0	0
(25) REID MAX DOUGLAS DIRECTOR	1 0	X						0	0	0
(26) WHITING D SUSAN VICE CHAIRMAN AND DIRECTOR	1 0	X						0	0	0
(27) SKALA JUSTIN DIRECTOR	1 0	X						0	0	0
(28) SCAMARDELLA ROBERT DIRECTOR	1 0	X						0	0	0
(29) FIELDS JR CARL DIRECTOR	1 0	X						0	0	0
(30) GISCOMBE EUGENE DIRECTOR	1 0	X						0	0	0
(31) WILKEY OLUMICHE DIRECTOR	1 0	X						0	0	0
(32) MONTGOMERY WALTER DIRECTOR	1 0	X						0	0	0
(33) ROWE JACK JOHN WALLIS MD DIRECTOR	1 0	X						0	0	0
(34) KING CHARLES DIRECTOR	1 0	X						0	0	0
(35) LASALA CHRISTINE DIRECTOR	1 0	X						0	0	0
(36) ELLIG JANICE REALS CHAIRMAN	1 0	X						0	0	0
(37) BURKE KEVIN VICE CHAIRMAN & DIRECTOR	1 0	X						0	0	0
(38) SALZBERG BARRY IMMEDIATE PAST CHAIR	1 0	X						0	0	0
(39) NEFF DANIEL A DIRECTOR	1 0	X						0	0	0
(40) YU RAYMOND H DIRECTOR	1 0	X						0	0	0
(41) MAGLIETTA SAL DIRECTOR	1 0	X						0	0	0
(42) MURN THOMAS DIRECTOR	1 0	X						0	0	0
(43) LUND JOHN W PRESIDENT/CEO	40 0			X				492,872	0	62,827
(44) GUARINO MICHAEL EXECUTIVE VP/CFO & TREASURER	40 0			X				287,115	0	41,072
(45) CUSTER PAUL D SENIOR VP/CAO/SECRETARY	40 0			X				184,126	0	34,515
(46) MCGREEVY RENA SR VICE PRESIDENT AND COO	40 0				X			271,035	0	31,561
(47) SPEZZANO MICHAEL VP PROGRAM & MEMBERSHIP	40 0				X			227,322	0	34,806
(48) DEL TORO MARIA SVP PUBLIC AFFAIRS	40 0				X			205,914	0	32,818
(49) ALLOCCO LINDA VP/OPERATIONS	40 0				X			194,088	0	26,354
(50) OCONNOR EILEEN VP OPERATIONS/EXECUTIVE DIR	40 0				X			160,307	0	27,052
(51) JR VIDRO FAUSTINO VP PROPERTY MANAGEMENT	40 0				X			162,472	0	31,401
(52) ATWATER JOHN SR EXECUTIVE DIRECTOR IT	40 0				X			164,230	0	32,290
(53) SALOMON WEISSMAN STACI VP FINANCE	40 0				X			162,654	0	16,164
(54) HALL LENETTE VP HUMAN RESOURCES	40 0				X			166,993	0	23,661
(55) LAERMER GARY SR VP OF YMCA FUND DEVELOPMENT	40 0				X			231,126	0	25,690
(56) SHERMACH KEVIN SR EXE DIR - COMMUNICATION	40 0				X			158,035	0	31,566
(57) AINSWORTH CHARLES VP OF YMCA PARTNERSHIPS	40 0					X		198,609	0	21,482
(58) ANDREWS SEAN VP OF OPERATIONS	40 0					X		149,723	0	30,677
(59) ZIMMER DENISE SR EXECUTIVE DIR GOVERNMENT	40 0					X		142,369	0	23,651
(60) COIL GREGORY VP OF OPERATIONS	40 0					X		152,748	0	31,012
(61) TRAPANI LORETTA EXE DIR - STAFF DEVELOPMENT	40 0					X		141,389	0	20,832
1b Sub-Total . . . . .										
c Total from continuation sheets to Part VII, Section A . . . . .										
d Total (add lines 1b and 1c) . . . . .								3,853,127	0	579,431

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▶48

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization		
(A) Name and business address	(B) Description of services	(C) Compensation
CREATIVE INTERIORS PLUS LLC 201 ROUTE 17T NORTH 4TH FLOOR RUTHERFIRD, NJ 07070	CONSTRUCTION	2,968,002
KBASE TECHNOLOGIES INC 6 TRAFALGAR SQUARE NASHUA, NH 03063	IT SYSTEM SUPPORT	873,676
COMPUCOM POB 8500-50970 PHILADELPHIA, PA 19178	IT-HELPDESK	528,534
GORDON SILBER 355 LEXINGTON AVE 7TH FLOOR NEW YORK, NY 100176603	LEGAL SERVICES	521,641
PRICEWATERHOUSECOOPERS LLP PO BOX 7247-8001 PHILADELPHIA, PA 191708001	INDEPENDENT AUDIT	420,766
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 ▶8		

Part VIII

Statement of Revenue

			(A)	(B)	(C)	(D)		
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections  512, 513, or 514		
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . . . . 1a						
	b	Membership dues . . . . . 1b						
	c	Fundraising events . . . . . 1c	993,237					
	d	Related organizations . . . . . 1d						
	e	Government grants (contributions) 1e	943,822					
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	8,105,334					
	g	Noncash contributions included in lines 1a-1f \$						
	h	Total. Add lines 1a-1f . . . . . ▶	10,042,393					
Program Service Revenue			Business Code					
	2a	MEMBERSHIP DUES	900099	89,456,681	89,456,681			
	b	GOVERNMENT CONTRACT REVENUE	900099	20,632,305	20,632,305			
	c	RESIDENCE & RELATED SERVICES	532000	24,807,848	24,807,848			
	d	OTHER FEES	532000	341,383	341,383			
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f . . . . . ▶	135,238,217					
Other Revenue	3		Investment income (including dividends, interest and other similar amounts) . . . . . ▶	956,813		956,813		
	4		Income from investment of tax-exempt bond proceeds . . ▶	0				
	5		Royalties . . . . . ▶	0				
	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	(ii) Other			
		b	Less cost or other basis and sales expenses		16,881,123			
			c		Gain or (loss)	15,581,542		
			d		Net gain or (loss) . . . . . ▶	1,299,581		1,299,581
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . . a		612,592				
		b	Less direct expenses . . . . . b		485,092			
			c		Net income or (loss) from fundraising events . . ▶	127,500		127,500
	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 . . ▶	0		
	10a	Gross sales of inventory, less returns and allowances . . . . . a						
		b	Less cost of goods sold . . . . . b					
			c		Net income or (loss) from sales of inventory . . ▶	0		
Miscellaneous Revenue		Business Code						
11a								
	b							
	c							
	d		All other revenue . . . . .					
e		Total. Add lines 11a-11d . . . . . ▶	0					
12		Total revenue. See Instructions . . . . . ▶	147,664,504	135,238,217		2,383,894		

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	0			
2	Grants and other assistance to individuals in the U S See Part IV, line 22	127,500	127,500		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	10,000	10,000		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees . . . . .	3,520,065	3,038,240	433,537	48,288
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0			
7	Other salaries and wages	60,961,792	52,617,373	7,508,150	836,269
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	3,776,179	3,074,114	632,203	69,862
9	Other employee benefits . . . . .	4,800,051	4,218,849	487,625	93,577
10	Payroll taxes . . . . .	7,127,525	6,547,691	488,675	91,159
a	Fees for services (non-employees) Management . . . . .	0			
b	Legal . . . . .	411,170	386,906	24,264	
c	Accounting . . . . .	456,418	10,324	446,094	
d	Lobbying . . . . .	0			
e	Professional fundraising services See Part IV, line 17 . . . . .	0			
f	Investment management fees . . . . .	0			
g	Other . . . . .	11,559,892	9,384,984	1,513,708	661,200
12	Advertising and promotion . . . . .	2,865,252	2,180,995	479,323	204,934
13	Office expenses . . . . .	17,090,361	16,326,177	631,824	132,360
14	Information technology . . . . .	2,653,525	2,808,742	-155,217	
15	Royalties . . . . .	0			
16	Occupancy . . . . .	11,488,696	11,390,898	96,728	1,070
17	Travel . . . . .	306,500	103,896	190,589	12,015
18	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
19	Conferences, conventions, and meetings . . . . .	1,469,349	626,628	793,557	49,164
20	Interest . . . . .	3,691,516	3,212,777	478,739	
21	Payments to affiliates . . . . .	253,976	253,976		
22	Depreciation, depletion, and amortization . . . . .	11,607,273	10,123,554	1,286,395	197,324
23	Insurance . . . . .	3,707,159	3,326,662	380,497	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O )				
a	BAD DEBTS	915,807	656,400		259,407
b					
c					
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	148,800,006	130,426,686	15,716,691	2,656,629
26	Joint costs. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720) 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 . . . . .				6,918,811	1	9,233,175
	2	Savings and temporary cash investments . . . . .				5,414,265	2	5,414,126
	3	Pledges and grants receivable, net . . . . .				2,468,214	3	2,461,901
	4	Accounts receivable, net . . . . .				22,347,222	4	21,541,008
	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)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Schedule L . . . . .					6	
	7	Notes and loans receivable, net . . . . .					7	
	8	Inventories for sale or use . . . . .					8	
	9	Prepaid expenses and deferred charges . . . . .				2,313,832	9	2,190,647
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	10a	315,568,417				
	b	Less: accumulated depreciation . . . . .	10b	127,460,361		188,573,134	10c	188,108,056
	11	Investments—publicly traded securities . . . . .				33,485,942	11	37,547,171
	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 . . . . .				14,770,972	15	15,163,874
	16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .				276,292,392	16	281,659,958
Liabilities	17	Accounts payable and accrued expenses . . . . .				21,581,411	17	22,679,887
	18	Grants payable . . . . .					18	
	19	Deferred revenue . . . . .				10,037,371	19	9,508,716
	20	Tax-exempt bond liabilities . . . . .				64,553,272	20	62,510,680
	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 . . . . .				15,810,581	23	19,022,573
	24	Unsecured notes and loans payable to unrelated third parties . . . . .					24	
	25	Other liabilities. Complete Part X of Schedule D . . . . .					25	
	26	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .				111,982,635	26	113,721,856
Net Assets or Fund Balances		<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>						
	27	Unrestricted net assets . . . . .				135,741,842	27	137,524,157
	28	Temporarily restricted net assets . . . . .				12,878,481	28	13,917,174
	29	Permanently restricted net assets . . . . .				15,689,434	29	16,496,771
		<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>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	<b>Total net assets or fund balances</b> . . . . .				164,309,757	33	167,938,102
	34	<b>Total liabilities and net assets/fund balances</b> . . . . .				276,292,392	34	281,659,958

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	147,664,504
2	Total expenses (must equal Part IX, column (A), line 25)	2	148,800,006
3	Revenue less expenses Subtract line 2 from line 1	3	-1,135,502
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	164,309,757
5	Other changes in net assets or fund balances (explain in Schedule O)	5	4,763,847
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	167,938,102

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
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	Yes	
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 separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> 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?	Yes	
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	

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2010

Open to Public  
Inspection

Name of the organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER NEW YORK	Employer identification number  13-1624228
--	--

Part I

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

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

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E )
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )
- 10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**
- 11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box 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)		No
11g(ii)		No
11g(iii)		No

(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 Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	89,098,329	103,823,423	103,196,343	98,553,200	99,499,074	494,170,369
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	89,098,329	103,823,423	103,196,343	98,553,200	99,499,074	494,170,369
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						494,170,369

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	89,098,329	103,823,423	103,196,343	98,553,200	99,499,074	494,170,369
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,570,015	6,173,916	1,076,861	917,559	956,813	12,695,164
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 )	102,084	105,719	123,883	102,000	127,500	561,186
11 Total support (Add lines 7 through 10)						507,426,719
12 Gross receipts from related activities, etc (See instructions )					12	269,629,173
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 2010 (line 6 column (f) divided by line 11 column (f))	14	97.388 %
15 Public Support Percentage for 2009 Schedule A, Part II, line 14	15	97.042 %
16a 33 1/3% support test—2010. 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—2009. 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—2010. 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—2009. 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 Section 509(a)(2)  
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
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						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
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 )						

Section B. Total Support						
Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
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.)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> 						

Section C. Computation of Public Support Percentage		
15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2010. 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 <b>stop here</b> . The organization qualifies as a publicly supported organization 		
b 33 1/3% support tests—2009. 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 <b>stop here</b> . The organization qualifies as a publicly supported organization 		
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions 		

Part IV

**Supplemental Information.** Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

SCHEDULE C  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527  
▶ **Complete if the organization is described below.**  
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2010

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**If the organization answered “Yes,” to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

**If the organization answered “Yes,” to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

**If the organization answered “Yes,” to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then**

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER NEW YORK	Employer identification number  13-1624228
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

1	Provide a description of the organization’s direct and indirect political campaign activities in Part IV	
2	Political expenditures	▶ \$ _____
3	Volunteer hours	_____

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

1	Enter the amount of any excise tax incurred by the organization under section 4955	▶ \$ _____
2	Enter the amount of any excise tax incurred by organization managers under section 4955	▶ \$ _____
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
4a	Was a correction made?	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
b	If "Yes," describe in Part IV	

**Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).**

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	▶ \$ _____
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities	▶ \$ _____
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	▶ \$ _____
4	Did the filing organization file <b>Form 1120-POL</b> for this year?	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization’s funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV	

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A

Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A

Check

☐

if the filing organization belongs to an affiliated group

B

Check

☐

if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)		108,639													
c Total lobbying expenditures (add lines 1a and 1b)		108,639													
d Other exempt purpose expenditures		130,190,547													
e Total exempt purpose expenditures (add lines 1c and 1d)		130,299,186													
f Lobbying nontaxable amount Enter the amount from the following table in both columns		1,000,000													
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)		250,000													
h Subtract line 1g from line 1a If zero or less, enter -0-															
i Subtract line 1f from line 1c If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No													

4-Year Averaging Period Under Section 501(h)  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying non-taxable amount		1,000,000	1,000,000	1,000,000	3,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					4,500,000
c Total lobbying expenditures		56,857	147,000	108,639	312,496
d Grassroots non-taxable amount		250,000	250,000	250,000	750,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,125,000
f Grassroots lobbying expenditures					

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

		(a)		(b)
		Yes	No	Amount
<b>1</b>	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
<b>a</b>	Volunteers?			
<b>b</b>	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
<b>c</b>	Media advertisements?			
<b>d</b>	Mailings to members, legislators, or the public?			
<b>e</b>	Publications, or published or broadcast statements?			
<b>f</b>	Grants to other organizations for lobbying purposes?			
<b>g</b>	Direct contact with legislators, their staffs, government officials, or a legislative body?			
<b>h</b>	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
<b>i</b>	Other activities? If "Yes," describe in Part IV			
<b>j</b>	Total lines 1c through 1i			
<b>2a</b>	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
<b>b</b>	If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b>	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b>	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

			Yes	No
<b>1</b>	Were substantially all (90% or more) dues received nondeductible by members?	<b>1</b>		
<b>2</b>	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>2</b>		
<b>3</b>	Did the organization agree to carryover lobbying and political expenditures from the prior year?	<b>3</b>		

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".**

<b>1</b>	Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b>	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b>	Current year	<b>2a</b>	
<b>b</b>	Carryover from last year	<b>2b</b>	
<b>c</b>	Total	<b>2c</b>	
<b>3</b>	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>	
<b>4</b>	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	<b>4</b>	
<b>5</b>	Taxable amount of lobbying and political expenditures (see instructions)	<b>5</b>	

**Part IV Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation
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SCHEDULE D  
(Form 990)

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

2010

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

<b>Name of the organization</b> YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER NEW YORK	<b>Employer identification number</b> 13-1624228
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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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
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 <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

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) <div><input type="checkbox"/> Preservation of land for public use (e g , recreation or pleasure) <input type="checkbox"/> Preservation of an historically importantly 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</div>											
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											
		<table><tr><td></td><td>Held at the End of the Year</td></tr><tr><td>a</td><td>Total number of conservation easements</td></tr><tr><td>b</td><td>Total acreage restricted by conservation easements</td></tr><tr><td>c</td><td>Number of conservation easements on a certified historic structure included in (a)</td></tr><tr><td>d</td><td>Number of conservation easements included in (c) acquired after 8/17/06</td></tr></table>		Held at the End of the 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
	Held at the End of the 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											
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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>											
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)? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>											
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

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 . . . . .	40,428,317	33,100,082	46,958,706		
b Contributions . . . . .	49,440	5,804	175,527		
c Investment earnings or losses . . . . .	5,648,704	9,240,618	-12,076,074		
d Grants or scholarships . . . . .					
e Other expenditures for facilities and programs . . . . .	987,542	1,715,941	1,628,322		
f Administrative expenses . . . . .	89,999	202,247	329,759		
g End of year balance . . . . .	45,048,920	40,428,316	33,100,078		

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment 57 000 %

b

Permanent endowment 43 000 %

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 . . . . .

3a(i)

No

(ii) related organizations . . . . .

3a(ii)

No

b

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

3b

4

Describe in Part 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 . . . . .		5,785,464		5,785,464
b Buildings . . . . .		259,587,510	89,457,015	170,130,495
c Leasehold improvements . . . . .		816,992	272,062	544,930
d Equipment . . . . .		44,110,196	37,731,284	6,378,912
e Other . . . . .		5,268,255		5,268,255
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				188,108,056

Schedule D (Form 990) 2010



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	147,664,504
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	148,800,006
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-1,135,502
4	Net unrealized gains (losses) on investments	4	3,366,389
5	Donated services and use of facilities	5	1,142,150
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	255,308
9	Total adjustments (net) Add lines 4 - 8	9	4,763,847
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	3,628,345

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	152,300,851
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments . . . . .	2a	3,366,389
b	Donated services and use of facilities . . . . .	2b	1,142,150
c	Recoveries of prior year grants . . . . .	2c	
d	Other (Describe in Part XIV) . . . . .	2d	255,308
e	Add lines 2a through 2d . . . . .	2e	4,763,847
3	Subtract line 2e from line 1 . . . . .	3	147,537,004
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	127,500
c	Add lines 4a and 4b . . . . .	4c	127,500
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12 ) . . . . .	5	147,664,504

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements . . . . .	1	148,672,506
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	
3	Subtract line 2e from line 1 . . . . .	3	148,672,506
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	127,500
c	Add lines 4a and 4b . . . . .	4c	127,500
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18 ) . . . . .	5	148,800,006

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
SCHEDULE D, PART XI, LINE 8	OTHER ADJUSTMENTS	PENSION - RELATED CHANGES OTHER THAN NET PERIODIC COST \$255,308
SCHEDULE D, PART XII, LINE 2D	OTHER ADJUSTMENTS	PENSION - RELATED CHANGES OTHER THAN NET PERIODIC COST \$255,308
SCHEDULE D, PART XII, LINE 4B	OTHER ADJUSTMENTS	SPECIAL EVENTS REVENUE \$127,500
SCHEDULE D, PART XIII, LINE 4B	OTHER EXPENSE ADJUSTMENTS	SCHOLARSHIP GRANTS \$127,500
SCHEDULE D, PART V, LINE 4	THE INTENDED USE OF THE ENDOWMENT FUNDS	THE PURPOSE OF THE ENDOWMENT FUND IS TO ACHIEVE RECOGNITION OF THE YMCA OF GREATER NEW YORK AS A WORTHY BENEFICIARY OF BEQUESTS AND LIFETIME GIFTS, SO THAT THE MISSION OF THE ASSOCIATION MAY BE PERPETUATED. THE STRATEGIC OBJECTIVE IS TO GROW THE ENDOWMENT TO A LEVEL EQUAL TO ANNUAL REVENUE. THE YMCA OF GREATER NEW YORK SHALL ACTIVELY SOLICIT PLANNED GIFTS (BEQUESTS AND GIFTS) FOR ENDOWMENT, FROM THOSE WHO DESIRE TO PERPETUATE THEIR INFLUENCE AND INTEREST IN THE ASSOCIATION'S SERVICE TO THE YOUTH AND FAMILIES OF NEW YORK CITY. THE HERITAGE SOCIETY RECOGNIZES & HONORS THOSE INDIVIDUALS WHO HAVE MADE A QUALIFYING COMMITMENT. ITS MEMBERSHIP REFLECTS PHILANTHROPY IN ITS MOST SOPHISTICATED FORM.



**1**

(i) Method of valuation (book, FMV, appraisal, other)

10,000

WIRE

BOOK

1

▶

**Part III** **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.  
Use Part V if additional space is needed.

[illegible]

**Part IV Foreign Forms**

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)*

☐ Yes

☒ No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)*

☐ Yes

☒ No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)*

☐ Yes

☒ No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)*

☐ Yes

☒ No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)*

☐ Yes

☒ No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).*

☐ Yes

☒ No

Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

**Schedule F (Form 990) 2010**

SCHEDULE G  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information Regarding  
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,  
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.  
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public  
Inspection

Name of the organization  
YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER  
NEW YORK

Employer identification number  
13-1624228

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1

Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a

☒

Mail solicitations

e

☐

Solicitation of non-government grants

b

☐

Internet and e-mail solicitations

f

☐

Solicitation of government grants

c

☐

Phone solicitations

g

☒

Special fundraising events

d

☒

In-person solicitations

2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes ☒ No

b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total . . . . . ▶						

3

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

NY

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		<u>DODGE DINNER</u> (event type)	<u>BLACK ACHIEVERS</u> (event type)	<u>1</u> (total number)	(Add col (a) through col (c))
Revenue	1	Gross receipts . . . .	964,000	541,625	100,204
	2	Less Charitable contributions . . . .	596,253	335,006	61,978
	3	Gross income (line 1 minus line 2) . . . .	367,747	206,619	38,226
Direct Expenses	4	Cash prizes . . . .			
	5	Non-cash prizes . . . .			
	6	Rent/facility costs . . . .	127,575	122,107	35,752
	7	Food and beverages . . . .			
	8	Entertainment . . . .			
	9	Other direct expenses . . . .	119,857	67,342	12,459
	10	Direct expense summary Add lines 4 through 9 in column (d) . . . . . ►			
	11	Net income summary Combine lines 3 and 10 in column (d). . . . . ►			

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(Add col (a) through col (c))
Revenue	1	Gross revenue . . . . .			
	2	Cash prizes . . . . .			
Direct Expenses	3	Non-cash prizes . . . . .			
	4	Rent/facility costs . . . . .			
	5	Other direct expenses . . . . .			
	6	Volunteer labor . . . . .	<div><div><input type="checkbox"/> Yes %</div><div><input type="checkbox"/> No</div></div>	<div><div><input type="checkbox"/> Yes %</div><div><input type="checkbox"/> No</div></div>	<div><div><input type="checkbox"/> Yes %</div><div><input type="checkbox"/> No</div></div>
	7	Direct expense summary Add lines 2 through 5 in column (d) . . . . . ►			
	8	Net gaming income summary Combine lines 1 and 7 in column (d) . . . . . ►			

9 Enter the state(s) in which the organization operates gaming activities \_\_\_\_\_

a Is the organization licensed to operate gaming activities in each of these states? . . . . . ☐ Yes ☐ No

b If "No," Explain \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . . ☐ Yes ☐ No

b If "Yes," Explain \_\_\_\_\_

11

Does the organization operate gaming activities with nonmembers?

☐ Yes

☐ No

12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

☐ Yes

☐ No

13

Indicate the percentage of gaming activity operated in

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

14

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

Name

Address

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐ Yes

☐ No

b

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

c

If "Yes," enter name and address

Name

Address

16 Gaming manager information

Name

Gaming manager compensation \$

Description of services provided

☐ Director/officer

☐ Employee

☐ Independent contractor

17

Mandatory distributions

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐ Yes

☐ No

b

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

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
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Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Grants and Other Assistance to Organizations,  
Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990

OMB No 1545-0047

2010

Open to Public  
Inspection

Name of the organization  
YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER  
NEW YORK

Employer identification number  
13-1624228

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .

☒ Yes ☐ No
- 2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed. . . . . ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

2

Enter total number of section 501(c)(3) and government organizations . . . . . ▶

3

Enter total number of other organizations . . . . . ▶

Part IIIGrants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) BLACK ACHIEVERS	33	90,000		BOOK	
(2) VASEY FOUNDATION SHOLARSHIP	5	17,500		BOOK	
(3) KARL M VON DER HAYDEN	5	20,000		BOOK	

Part IVSupplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
SCHEDULE I, PART IV	GUIDELINES FOR SCHOLARSHIP PROGRAMS	A ELIGIBILITY ALL AFRICAN-AMERICAN COLLEGE BOUND HIGH SCHOOL SENIORY RESIDIYG IN THE STATE OF NEW YORK, AND PREVIOUS SCHOLARSHIP RECIPIENTS, CURRENTLY IN THEIR FRESHMAN, SOPHOMORE AND JUNIOR YEAR B AWARD SCHOLARSHIP AWARDS WILL RANGE FROM \$1,000 TO \$2,500 THIS IS A ONE TIME AWARD RECIPIENTS MUST RE-APPLY ANNUALLY TO BE ELIGIBLE FOR FURTHER AWARDS AWARD WILL BE SENT TO THE RECIPIENT'S SCHOOL OF CHOICE, TO BE CREDITED TO THE RECIPIENT'S TUITION, AND/OR ROOM AND BOARD FEES C RULES CANDIDATES MUST SUBMIT 1) COMPLETED APPLICATION, 2) TWO ESSAYS, 3) LETTER OF RECOMMENDATION, 4) OFFICIAL TRANSCRIPT, 5) PHOTOGRAPH

Schedule J  
(Form 990)

Compensation Information

OMB No 1545-0047

2010

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.

Name of the organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER NEW YORK	Employer identification number 13-1624228
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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		
	<div><div><input type="checkbox"/> First-class or charter travel</div><div><input checked="" type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input checked="" type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
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	1b	Yes
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?	2	Yes
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		
	<div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
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 from the organization or a related organization?	4a	No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	Only 501(c)(3) 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?	5a	No
b	Any related organization?	5b	No
	If "Yes," to line 5a or 5b, describe in Part III		
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a	The organization?	6a	No
b	Any related organization?	6b	No
	If "Yes," to line 6a or 6b, describe in Part III		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	No
8	Were any amounts reported in Form 990, Part VII, paid or 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	8	No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9	

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

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

**Note.** The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table								
( 2 )								
( 3 )								
( 4 )								
( 5 )								
( 6 )								
( 7 )								
( 8 )								
( 9 )								
( 10 )								
( 11 )								
( 12 )								
( 13 )								
( 14 )								
( 15 )								
( 16 )								

**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
SCHEDULE J	GENERAL COMPENSATION NOTES	(A) COMPENSATION INCLUDES BUT IS NOT LIMITED TO THE FOLLOWING: BASE SALARY, ANNUAL INCENTIVE OPPORTUNITY, DISTRIBUTIONS FROM SEC 457(B) VESTED DEFERRED COMPENSATION PLAN, DISTRIBUTIONS FROM SEC 457(F) NON-VESTED SHORT-TERM DEFERRED COMPENSATION PLAN, DISTRIBUTIONS FROM SEC 457(F) NON-VESTED LONG-TERM DEFERRED COMPENSATION PLAN, SEC 529 QUALIFIED TUITION PLAN, TERM LIFE INSURANCE, VALUE OF INSURANCE (PS58 COSTS) OF WHOLE LIFE INSURANCE IN SEC 457(F) PLAN, SUPPLEMENTAL LONG-TERM DISABILITY INSURANCE, LONG-TERM CARE INSURANCE, AND PAID SEVERANCE PAYMENTS. (B) CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS AND DEFERRED COMPENSATION INCLUDES BUT IS NOT LIMITED TO THE FOLLOWING: CONTRIBUTION TO SEC 403(B) TAX-SHELTERED ANNUITY PLAN, CONTRIBUTIONS TO SEC 457(B) VESTED DEFERRED COMPENSATION PLAN, CONTRIBUTIONS TO SEC 457(F) NON-VESTED SHORT-TERM DEFERRED COMPENSATION PLAN, CONTRIBUTIONS TO SEC 457(F) NON-VESTED LONG-TERM DEFERRED COMPENSATION PLAN, AND CONTRIBUTIONS TO WHOLE LIFE INSURANCE IN SEC 457(F) PLAN. PAYMENTS TO WELFARE BENEFIT PLANS ON BEHALF OF THE OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES SUCH AS MEDICAL, DENTAL, LIFE INSURANCE, SEVERANCE PAY, DISABILITY, ETC. (C) EXPENSE ACCOUNTS AND OTHER ALLOWANCES INCLUDE BUT IS NOT LIMITED TO THE FOLLOWING: TAXABLE AND NON-TAXABLE FRINGE BENEFITS (OTHER THAN DE MINIMIS FRINGE BENEFITS DESCRIBED IN SEC 132(E)), EXPENSE ALLOWANCES OR REIMBURSEMENTS TO THE EXTENT THEY ARE TAXABLE TO THE RECIPIENT, PAYMENTS MADE UNDER INDEMNIFICATION ARRANGEMENTS, CELL PHONE, HOUSING, PDAS, OR OTHER ASSETS OWNED OR LEASED BY THE ORGANIZATION (OR PROVIDED FOR THE ORGANIZATION'S USE WITHOUT CHARGE). ABOVE ALLOWANCES PROVIDED TO OFFICERS HAVE BEEN INCLUDED AS FORM W-2 COMPENSATION.
SCHEDULE J, PART I, LINE 4B	NONQUALIFIED RETIREMENT PLAN	SOME OFFICERS, KEY EMPLOYEES AND HIGHEST PAID EMPLOYEES LISTED IN SCHEDULE J, MIGHT CONTRIBUTE IN OTHER NONQUALIFIED RETIREMENT PLAN IN 2010. THE ALLOCATION INFORMATION IS REPORTED ON SCH. J PART II COLUMN C.
SCHEDULE J, PART I, LINE 1		THE OFFICERS, KEY EMPLOYEES AND HIGHEST PAID EMPLOYEES LISTED ON SCHEDULE J RECEIVED THE FREE MEMBERSHIP OF THE YMCA OF GREATER NEW YORK FOR 2010. THIS BENEFIT WAS PROVIDED TO ALL ELIGIBLE EMPLOYEES OF YMCA OF GREATER NEW YORK. HOUSE ALLOWANCE OF \$84,000 WAS PAID FOR JOHN LUND. THIS BENEFIT WAS REPORTED ON 2010 W-2 AS COMPENSATION.

Software ID:

Software Version:

EIN: 13-1624228

Name: YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER NEW YORK

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
LUND JOHN W	(i) (ii)	343,872 0	65,000 0	84,000 0	49,287 0	13,540 0	555,699 0	0 0
GUARINO MICHAEL	(i) (ii)	257,115 0	30,000 0	0 0	28,711 0	12,361 0	328,187 0	0 0
CUSTER PAUL D	(i) (ii)	184,126 0	0 0	0 0	19,111 0	15,404 0	218,641 0	0 0
MCGREEVY RENA	(i) (ii)	239,035 0	32,000 0	0 0	24,500 0	7,061 0	302,596 0	0 0
SPEZZANO MICHAEL	(i) (ii)	200,221 0	7,500 0	19,601 0	23,079 0	11,727 0	262,128 0	0 0
AINSWORTH CHARLES	(i) (ii)	191,109 0	7,500 0	0 0	19,861 0	1,621 0	220,091 0	0 0
DEL TORO MARIA	(i) (ii)	190,914 0	15,000 0	0 0	20,938 0	11,880 0	238,732 0	0 0
ALLOCCO LINDA	(i) (ii)	186,588 0	7,500 0	0 0	19,555 0	6,799 0	220,442 0	0 0
OCONNOR EILEEN	(i) (ii)	150,307 0	10,000 0	0 0	16,382 0	10,670 0	187,359 0	0 0
JR VIDRO FAUSTINO	(i) (ii)	162,472 0	0 0	0 0	16,785 0	14,616 0	193,873 0	0 0
ATWATER JOHN	(i) (ii)	156,730 0	7,500 0	0 0	16,987 0	15,303 0	196,520 0	0 0
SALOMON WEISSMAN STACI	(i) (ii)	118,714 0	5,055 0	38,885 0	11,531 0	4,633 0	178,818 0	0 0
HALL LENETTE	(i) (ii)	156,993 0	10,000 0	0 0	16,996 0	6,665 0	190,654 0	0 0
ANDREWS SEAN	(i) (ii)	139,723 0	10,000 0	0 0	15,510 0	15,167 0	180,400 0	0 0
ZIMMER DENISE	(i) (ii)	142,369 0	0 0	0 0	14,679 0	8,972 0	166,020 0	0 0
COIL GREGORY	(i) (ii)	142,748 0	10,000 0	0 0	15,812 0	15,200 0	183,760 0	0 0
TRAPANI LORETTA	(i) (ii)	134,389 0	7,000 0	0 0	14,285 0	6,547 0	162,221 0	0 0
LAERMER GARY	(i) (ii)	216,126 0	0 0	15,000 0	19,465 0	6,225 0	256,816 0	0 0
SHERMACH KEVIN	(i) (ii)	155,035 0	3,000 0	0 0	0 0	0 0	158,035 0	0 0

Schedule K  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization  
YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER NEW YORK

Employer identification number  
13-1624228

Part I

Bond Issues

(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A NEW YORK CITY INDUSTRIAL DEVELOPMENT AGENCY	13-2906040	649438bj6	09-21-2006	32,290,000	CONSTRUCTION		X		X		X

Part II

Proceeds

		A		B		C		D	
1	Amount of bonds retired	0							
2	Amount of bonds legally defeased	0							
3	Total proceeds of issue	32,290,000							
4	Gross proceeds in reserve funds	2,957,725							
5	Capitalized interest from proceeds	883,461							
6	Proceeds in refunding escrow	0							
7	Issuance costs from proceeds	666,300							
8	Credit enhancement from proceeds	0							
9	Working capital expenditures from proceeds	316,834							
10	Capital expenditures from proceeds	26,636,168							
11	Other spent proceeds	0							
12	Other unspent proceeds	1,895,305							
13	Year of substantial completion	2011							
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X						
15	Were the bonds issued as part of an advance refunding issue?		X						
16	Has the final allocation of proceeds been made?		X						
17	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	
				Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?				X						
2	Are there any lease arrangements that may result in private business use of bond-financed property?				X						

Part III

Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?		X						
b	Are there any research agreements that may result in private business use of bond-financed property?		X						
c	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?		X						
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	0 %							
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	0 %							
6	Total of lines 4 and 5	0 %							
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X							

Part IV

Arbitrage

		A		B		C		D	
		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 entered into a hedge with respect to the bond issue?		X						
b	Name of provider	NA							
c	Term of hedge	0							
d	Was the hedge superintegrated?		X						
e	Was a hedge terminated?		X						
4a	Were gross proceeds invested in a GIC?		X						
b	Name of provider	NA							
c	Term of GIC	0							
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?		X						
5	Were any gross proceeds invested beyond an available temporary period?		X						
6	Did the bond issue qualify for an exception to rebate?		X						

Part V

Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

Identifier	Return Reference	Explanation
SCHEDULE K PART III PRIVATE BUSINESS USE		YMCA OF GREATER NEW YORK PERFORMED THE PRIVATE BUSINESS USE ANALYSIS AND FOUND NO PRIVATE BUSINESS USE (EXCEPT THE ISSUANCE COST OF \$666,300)

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public  
Inspection

<b>Name of the organization</b> YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER NEW YORK	<b>Employer identification number</b>  13-1624228
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Identifier	Return Reference	Explanation
FORM 990, PART III	THE ORGANIZATION'S PRIMARY EXEMPT PURPOSE AND PROGRAM SERVICE EXPENSES	<p>A PRIMARY EXEMPT PURPOSE SINCE 1852, THE YMCA OF GREATER NEW YORK HAS SERVED NEW YORKERS THROUGH PROGRAMS THAT BUILD SPIRIT, MIND AND BODY, WELCOMING ALL PEOPLE, WITH A FOCUS ON YOUTH FROM ITS HUMBLE BEGINNINGS IN RENTED ROOMS IN LOWER MANHATTAN, THE YMCA OF GREATER NEW YORK HAS GROWN TO SERVE NEARLY 400,000 PEOPLE EACH YEAR THROUGH 20 FULL-SERVICE BRANCHES THROUGHOUT THE FIVE BOROUGHES TOTALLING MORE THAN 13 MILLION SQUARE FEET OF YMCA-OWNED PROGRAM SPACE IN NEW YORK CITY. ADDITIONALLY, THE ASSOCIATION OWNS 1,100 ACRES OF UPSTATE NEW YORK WOODLANDS, WHERE IT OPERATES A CAMP WITH THREE DISTINCT UNITS EACH COMMITTED TO FOSTERING PERSONAL GROWTH IN CHILDREN AND TEENS AND TEACHING ENVIRONMENTAL EDUCATION. THE YMCA OF GREATER NEW YORK OPERATES PROGRAMS LIKE AFTER SCHOOL CARE, YOUTH SPORTS AND ADULT EDUCATION AT MORE THAN 140 PUBLIC SCHOOLS, PARKS AND COMMUNITY FACILITIES. ALL YMCA PROGRAMS TEACH THE CORE VALUES OF CARING, HONESTY, RESPECT AND RESPONSIBILITY AND CONTINUE OUR 158-YEAR TRADITION OF EMPHASIS UPON YOUTH DEVELOPMENT, HEALTHY LIVING, AND SOCIAL RESPONSIBILITY. THE YMCA OF GREATER NEW YORK GIVES THOUSANDS OF YOUNG PEOPLE A PLACE TO COME AFTER SCHOOL FOR SAFE, PRODUCTIVE ACTIVITIES THAT ENCOURAGE AND SUPPORT ACADEMIC PERFORMANCE, HELP TO BUILD THEIR SELF-ESTEEM AND DEVELOP HEALTHY LIFESTYLES. AMONG THE HUNDREDS OF PROGRAMS OFFERED BY THE YMCA OF GREATER NEW YORK ARE YOUTH PROGRAMS, INCLUDING CHILD CARE, DAY CARE AND AFTERSCHOOL CARE PROGRAMS, SWIMMING, SPORTS LEAGUES, INSTRUCTIONAL CLASSES, EVENING TEEN CENTERS, COUNSELING AND HEALTH AWARENESS, LIFE/SOCIAL SKILLS, MENTORING, LEADERSHIP TRAINING AND DEVELOPMENT, SERVICE LEARNING, COMPUTER TRAINING, COLLEGE/CAREER PREPARATION, DAY CAMPS AND SLEEP-AWAY CAMPS. ALL YOUTH PROGRAMS ARE DESIGNED TO NURTURE THE POTENTIAL OF EACH CHILD AND TEEN. THE YMCA IS AN OPEN AND INCLUSIVE ORGANIZATION AND WELCOMES ALL WITHOUT DISCRIMINATION TO RACE, ETHNICITY, COLOR, NATIONAL ORIGIN, CITIZENSHIP, CREED, RELIGION, AGE, ABILITIES, SEXUAL ORIENTATION OR INCOME. THE YMCA HAS ALWAYS GROWN FROM WITHIN ITS COMMUNITY AND IS A REFLECTION OF THE COMMUNITY ITSELF IN DIVERSITY AND VALUES. AT THE YMCA, NO ONE IS TURNED AWAY BECAUSE OF AN INABILITY TO PAY TO OFFER THE BROADEST POSSIBLE ACCESS TO YMCA PROGRAMS, SERVICES, AND FACILITIES, AND TO PROVIDE FOR THOSE INDIVIDUALS AND COMMUNITY GROUPS WHO MAY NOT BE ABLE TO AFFORD THE FULL COST OF OUR PROGRAMS, SERVICES AND FACILITIES, THE YMCA ENGAGES IN FUNDRAISING THROUGH THE ANNUAL STRONG KIDS CAMPAIGN, SPECIAL EVENTS AT THE BRANCH AND ASSOCIATION LEVELS, GRANTS, BEQUESTS, OR INDIVIDUAL, CORPORATE OR FOUNDATION SUPPORT. WE CONDUCT EXTENSIVE OUTREACH TO ENSURE WIDE PARTICIPATION IN ALL YMCA PROGRAMS BY ALL SEGMENTS OF THE MANY COMMUNITIES WE SERVE. EACH YEAR, WE DELIVER MORE THAN \$50 MILLION IN SPONSORED, FREE AND SUBSIDIZED PROGRAMS TO NEARLY 400,000 MEMBERS AND PROGRAM PARTICIPANTS, ASSURING ALL OF AN EQUAL OPPORTUNITY TO BENEFIT FROM THE YMCA'S PROGRAMS AND SERVICES. PLEASE SEE BELOW SECTION B FOR PROGRAM-RELATED EXPENSES ALLOCATION. B. PROGRAM SERVICES EXPENSES. PROGRAM DESCRIPTION AND PROGRAM SERVICE EXPENSES AND REVENUE CONSISTED OF THE FOLLOWING AT DECEMBER 31, 2010: EXPENSE REVENUE 1) CHILD DEVELOPMENT \$31,892,846 \$18,765,340 2) CAMPING \$13,168,755 \$9,452,390 3) TEEN WORK \$12,690,526 \$4,184,915 4) RESIDENCE \$18,700,926 \$24,477,072 5) HEALTH ENHANCEMENT \$40,739,706 \$68,172,959 6) COMMUNITY DEVELOPMENT \$8,745,080 \$5,844,453 7) INTERNATIONAL \$4,488,845 \$3,999,705. THE TOTAL PROGRAM SERVICE EXPENSES WERE IN THE AMOUNT OF \$130,426,686 FOR 2010. THE PROGRAM SERVICE EXPENSES INCLUDE GRANTS OF \$127,500 PAID AS SCHOLARSHIPS TO INDIVIDUALS AND OF \$10,000 PAID AS TRAINING OR FINANCIAL SUPPORT TO OTHER OVERSEAS YMCA BRANCHES DURING 2010. THE TOTAL PROGRAM SERVICE REVENUE WAS IN THE AMOUNT OF \$135,238,217. PLEASE ALSO SEE ABOVE FOR A DESCRIPTION OF THE PROGRAMS RUN BY THE YMCA OF GREATER NEW YORK. THE PROGRAM SERVICE EXPENSES INCLUDE SCHOLARSHIPS PAID TO INDIVIDUALS AND SUPPORT TO OVERSEAS YMCA BRANCHES. PLEASE SEE SCHEDULE F AND I FOR MORE DETAILS REGARDING GRANTS PAID IN 2010.</p>

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 11	REVIEW PROCESS FOR FORM 990	FORM 990 WAS REVIEWED BY THE FINANCE COMMITTEE OF THE BOARD ON JUNE 23, 2011, AND THEN SENT TO THE ENTIRE BOARD PRIOR TO THE AUGUST 15TH FILING DATE

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12	CONFLICT OF INTEREST POLICY	YMCA'S CONFLICT OF INTEREST POLICIES APPLY TO ITS GOVERNING BOARD, CORPORATE OFFICERS, EMPLOYEES AND ANY OTHERS REPRESENTING THE ORGANIZATION YMCA'S BYLAWS REQUIRE THAT MEMBERS OF ITS GOVERNING BOARD AND ITS CORPORATE OFFICERS DISCLOSE ALL CONFLICTS OF INTEREST PROMPTLY AT THE TIME THEY ARISE, AND ANNUALLY VIA A WRITTEN DISCLOSURE PROCESS THE GOVERNING BOARD IS CHARGED WITH REVIEWING CONFLICT OF INTEREST TRANSACTIONS AND ASSOCIATED DECISIONS, AND MAKING A DETERMINATION REGARDING ANY RESTRICTIONS TO BE IMPOSED ON THE TRANSACTION THEIR DETERMINATION AND ALL MATERIAL FACTS ARE RECORDED IN MEETING MINUTES YMCA'S EMPLOYEES ARE LIKEWISE REQUIRED TO DISCLOSE TO THEIR SUPERVISORS PROMPTLY, AND IN WRITING, ALL CONFLICTS OF INTEREST THAT ARISE AND UPPER-LEVEL MANAGERS ADDITIONALLY COMPLETE AN ANNUAL CONFLICT OF INTEREST DISCLOSURE STATEMENT AN EMPLOYEE'S SUPERVISOR IS CHARGED WITH REVIEWING A REPORTED CONFLICT OF INTEREST AND ENSURING THAT THE EMPLOYEE IS NOT INVOLVED IN DECISIONS RELATED TO THE CONFLICT

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	COMPENSATION POLICY	THE COMPENSATION COMMITTEE OF THE BOARD CONDUCTS AN ANNUAL REVIEW OF OFFICERS' COMPENSATION AS PART OF THIS REVIEW, THE COMMITTEE REFERENCES AVAILABLE MARKET DATA FOR COMPARABLE POSITIONS AND INTERNAL EQUITY CONSIDERATIONS, AND IT UTILIZES AN ANALYSIS OF OFFICER SALARIES PREPARED BY AN INDEPENDENT EXTERNAL ADVISOR USING INDUSTRY BENCHMARKING DATA THE REVIEW PROCESS COVERS ALL OFFICERS AND THE LAST TIME IT WAS DONE WAS JANUARY , 2011

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	DOCUMENTS AVAILABLE FOR PUBLIC INSPECTION	FINANCIAL STATEMENTS ARE AVAILABLE ON GUIDESTAR AND THE YMCA OF GREATER NEW YORK WEBSITE OTHER GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST

Identifier	Return Reference	Explanation
FORM 990, PART XI, LINE 5	OTHER CHANGES IN NET ASSETS OR FUND BALANCE	UNREALIZED GAINS IN INVESTMENTS 3,366,389 DONATED SERVICES 1,142,150 PENSION RELATED CHANGES OTHER THAN NET PERIODIC PENSION COST 255,308 TOTAL 4,763,847

Additional Data

Software ID:

Software Version:

EIN: 13-1624228

Name: YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER NEW YORK

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				
SILVER ROBERT H VICE CHAIRMAN & DIRECTOR	10	X						0	0	0	
LAWRENCE WILLIAM H DIRECTOR	10	X						0	0	0	
LIPPER MICHAEL DIRECTOR	10	X						0	0	0	
ALFANO MICHAEL C DMD PHD DIRECTOR	10	X						0	0	0	
BLUNT CHRIS DIRECTOR	10	X						0	0	0	
KEIZER HENRY R DIRECTOR	10	X						0	0	0	
GARRETT JR ROBERT DIRECTOR	10	X						0	0	0	
HARDEN MARCIA GAY DIRECTOR	10	X						0	0	0	
BENINCASA JOSEPH P DIRECTOR	10	X						0	0	0	
KHERADPIR SHAYGAN PHD DIRECTOR	10	X						0	0	0	
CALDERON NANCY DIRECTOR	10	X						0	0	0	
LAU KEE GLENN VICE CHAIRMAN AND DIRECTOR	10	X						0	0	0	
LEE WILLIAM K MD DIRECTOR	10	X						0		0	
MACK CONSUELO DIRECTOR	10	X						0	0	0	
MECHANIC JONATHAN DIRECTOR	10	X						0	0	0	
PORTER TIMOTHY L DIRECTOR	10	X						0	0	0	
ST JOHN BONNIE DIRECTOR	10	X						0	0	0	
TAYLOR DIANA L DIRECTOR	10	X						0	0	0	
WAUGH SETH H DIRECTOR	10	X						0	0	0	
BRUNSON PATRICIA DIRECTOR	10	X						0	0	0	
BAILEY JANIE ELIZABETH DIRECTOR	10	X						0	0	0	
LINARES HON GUILLERMO DIRECTOR	10	X						0	0	0	
MOLINA ALFREDO J DIRECTOR	10	X						0	0	0	
MURRAY EILEEN K DIRECTOR	10	X						0	0	0	
REID MAX DOUGLAS DIRECTOR	10	X						0	0	0	

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(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			
WHITING D SUSAN VICE CHAIRMAN AND DIRECTOR	1 0	X						0	0	0
SKALA JUSTIN DIRECTOR	1 0	X						0	0	0
SCAMARDELLA ROBERT DIRECTOR	1 0	X						0	0	0
FIELDS JR CARL DIRECTOR	1 0	X						0	0	0
GISCOMBE EUGENE DIRECTOR	1 0	X						0	0	0
WILKEY OLUMICHE DIRECTOR	1 0	X						0	0	0
MONTGOMERY WALTER DIRECTOR	1 0	X						0	0	0
ROWE JACK JOHN WALLIS MD DIRECTOR	1 0	X						0	0	0
KING CHARLES DIRECTOR	1 0	X						0	0	0
LASALA CHRISTINE DIRECTOR	1 0	X						0	0	0
ELLIG JANICE REALS CHAIRMAN	1 0	X						0	0	0
BURKE KEVIN VICE CHAIRMAN & DIRECTOR	1 0	X						0	0	0
SALZBERG BARRY IMMEDIATE PAST CHAIR	1 0	X						0	0	0
NEFF DANIEL A DIRECTOR	1 0	X						0	0	0
YU RAYMOND H DIRECTOR	1 0	X						0	0	0
MAGLIETTA SAL DIRECTOR	1 0	X						0	0	0
MURN THOMAS DIRECTOR	1 0	X						0	0	0
LUND JOHN W PRESIDENT/CEO	40 0			X				492,872	0	62,827
GUARINO MICHAEL EXECUTIVE VP/CFO & TREASURER	40 0			X				287,115	0	41,072
CUSTER PAUL D SENIOR VP/CAO/SECRETARY	40 0			X				184,126	0	34,515
MCGREEVY RENA SR VICE PRESIDENT AND COO	40 0				X			271,035	0	31,561
SPEZZANO MICHAEL VP PROGRAM & MEMBERSHIP	40 0				X			227,322	0	34,806
DEL TORO MARIA SVP PUBLIC AFFAIRS	40 0				X			205,914	0	32,818
ALLOCCO LINDA VP/OPERATIONS	40 0				X			194,088	0	26,354
OCONNOR EILEEN VP OPERATIONS/EXECUTIVE DIR	40 0				X			160,307	0	27,052

**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			
JR VIDRO FAUSTINO VP PROPERTY MANAGEMENT	40 0				X			162,472	0	31,401
ATWATER JOHN SR EXECUTIVE DIRECTOR IT	40 0				X			164,230	0	32,290
SALOMON WEISSMAN STACI VP FINANCE	40 0				X			162,654	0	16,164
HALL LENETTE VP HUMAN RESOURCES	40 0				X			166,993	0	23,661
LAERMER GARY SR VP OF YMCA FUND DEVELOPMENT	40 0				X			231,126	0	25,690
SHERMACH KEVIN SR EXE DIR - COMMUNICATION	40 0				X			158,035	0	31,566
AINSWORTH CHARLES VP OF YMCA PARTNERSHIPS	40 0					X		198,609	0	21,482
ANDREWS SEAN VP OF OPERATIONS	40 0					X		149,723	0	30,677
ZIMMER DENISE SR EXECUTIVE DIR GOVERNMENT	40 0					X		142,369	0	23,651
COIL GREGORY VP OF OPERATIONS	40 0					X		152,748	0	31,012
TRAPANI LORETTA EXE DIR - STAFF DEVELOPMENT	40 0					X		141,389	0	20,832

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

4d. Other program services					
(Code )	(Expenses \$	13,168,755	including grants of \$	(Revenue \$	9,452,390 )
CAMPING AND OUTDOOR LIFE					
(Code )	(Expenses \$	12,690,526	including grants of \$	(Revenue \$	4,184,915 )
TEEN WORK					
(Code )	(Expenses \$	8,745,080	including grants of \$	(Revenue \$	5,844,453 )
COMMUNITY DEVELOPMENT					
(Code )	(Expenses \$	4,488,845	including grants of \$	10,000 )	(Revenue \$ 4,341,088 )
INTERNATIONAL/NEW AMERICANS					