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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: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization ANN ARBOR YMCA		D Employer identification number 38-1525162
	Doing Business As		E Telephone number (734) 996-9622
	Number and street (or P O box if mail is not delivered to street address) 400 W WASHINGTON	Room/suite	G Gross receipts \$ 6,890,197
	City or town, state or country, and ZIP + 4 ANN ARBOR, MI 48103		

F Name and address of principal officer
 CATHERINE DUCHON PRESCEO
 400 WEST WASHINGTON ST
 ANN ARBOR, MI 48103

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

H(b) Are all affiliates included? Yes No
 If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status 501(c)(3) 501(c) () (Insert no) 4947(a)(1) or 527

J Website: ▶ WWW ANNARBORYMCA ORG

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1858 **M** State of legal domicile MI

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities TO PUT JUDEO-CHRISTIAN PRINCIPLES INTO PRACTICE THROUGH PROGRAMS THAT PROMOTE HEALTHY LIFESTYLES, STRONG FAMILIES, YOUTH LEADERSHIP, AND COMMUNITY DEVELOPMENT				
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets				
	3 Number of voting members of the governing body (Part VI, line 1a)	3	26		
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	26		
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	479		
	6 Total number of volunteers (estimate if necessary)	6	992		
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0		
	b Net unrelated business taxable income from Form 990-T, line 34	7b			
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	478,849	Current Year	441,228
	9 Program service revenue (Part VIII, line 2g)		6,275,234		6,216,159
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		74,427		33,583
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		329,807		156,572
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		7,158,317		6,847,542
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		3,500		7,000
	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)		3,100,628		3,079,447
	16a Professional fundraising fees (Part IX, column (A), line 11e)				0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶116,794				
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)		2,968,950		3,018,081
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		6,073,078		6,104,528	
19 Revenue less expenses Subtract line 18 from line 12		1,085,239		743,014	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	23,196,396	End of Year	24,057,536
	21 Total liabilities (Part X, line 26)		3,815,759		3,917,724
	22 Net assets or fund balances Subtract line 21 from line 20		19,380,637		20,139,812

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	2011-09-21 Date
	CATHI DUCHON PRESIDENT/CEO Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name JEFFREY R STEFFORIA	Preparer's signature JEFFREY R STEFFORIA	Date 2011-10-05	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name ▶ STEFFORIA PETIK & ASSOCIATES PC				Firm's EIN ▶
	Firm's address ▶ 2178 S STATE ST STE D ANN ARBOR, MI 481048107				Phone no ▶ (734) 747-8863

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

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

TO PUT JUDEO-CHRISTIAN PRINCIPLES INTO PRACTICE THROUGH PROGRAMS THAT PROMOTE HEALTHY LIFESTYLES, STRONG FAMILIES, YOUTH LEADERSHIP, AND COMMUNITY DEVELOPMENT

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 2,448,059 including grants of \$) (Revenue \$ 3,909,152)

THE ANN ARBOR YMCA IS A LEADING VOICE ON IMPROVING THE HEALTH AND WELL-BEING OF OUR COMMUNITY WE BRING FAMILIES TOGETHER, FOSTER CONNECTIONS AND ENCOURAGE GOOD HEALTH THROUGH SHARED FITNESS, RECREATIONAL AND SOCIAL ACTIVITIES AS A RESULT, NEARLY 25,000 PEOPLE IN OUR COMMUNITY ARE RECEIVING THE GUIDANCE AND RESOURCES TO ACHIEVE HEALTH IN SPIRIT, MIND AND BODY THIS IS PARTICULARLY IMPORTANT AS OUR NATION STRUGGLES WITH AN OBESITY CRISIS, FAMILIES STRUGGLE WITH WORK/LIFE BALANCE ISSUES AND INDIVIDUALS SEARCH FOR PERSONAL FULFILLMENT OUR HEALTHY LIVING PROGRAMS INCLUDE AN ON-SITE OBESITY INTERVENTION PROGRAM FOR CHILDREN AGES 8-11 VIA A PARTNERSHIP WITH U OF M MOTT CHILDREN'S HOSPITAL, ADULT GROUP CLASSES, ADULT TEAM SPORTS AND RECREATION, AND LIVESTRONG AT THE YMCA, A FREE FITNESS AND SUPPPORT PROGRAM FOR CANCER SURVIVORS OUR PROGRAMS ARE ACCESSIBLE, AFFORDABLE AND OPEN TO ALL FAITHS, BACKGROUNDS, ABILITIES AND INCOME LEVELS IN 2010 WE PROVIDED 259,398 IN FINANCIAL ASSISTANCE TO INDIVIDUALS WHO WOULD HAVE FACED ECONOMIC BARRIERS TO PARTICIPATION

4b (Code) (Expenses \$ 1,417,567 including grants of \$) (Revenue \$ 1,325,527)

YOUTH DEVELOPMENT-CAMPS THE YMCA IS COMMITTED TO NURTURING THE POTENTIAL OF EVERY CHILD AND TEEN WE BELIEVE THAT ALL KIDS DESERVE THE OPPORTUNITY TO DISCOVER WHO THEY ARE AND WHAT THEY CAN ACHIEVE OUR RESIDENTIAL CAMP PROGRAM AND DAY CAMP PROGRAMS IN ANN ARBOR AND YPSILANTI PROVIDE A SAFE COMMUNITY WHERE YOUNG PEOPLE EXPLORE, BUILD SELF-ESTEEM AND INTERPERSONAL SKILLS AND MAKE LASTING FRIENDSHIPS AND MEMORIES IN 2010, THE YMCA SERVED A TOTAL OF 4,806 CAMPERS EXPENSES INCLUDE SUBSIDIES AND DIRECT FINANCIAL ASSISTANCE THAT ENABLED 570 YOUNG PEOPLE TO PARTICIPATE IN THESE CAMP PROGRAMS WHO WOULD NOT HAVE OTHERWISE HAD ACCESS DUE TO FINANCIAL CONSTRAINTS

4c (Code) (Expenses \$ 959,570 including grants of \$) (Revenue \$ 483,125)

YOUTH DEVELOPMENT-SWIM,SPORTS,PLAY THE YMCA IS COMMITTED TO NURTURING THE POTENTIAL OF EVERY CHILD AND TEEN OUR YEAR-ROUND YOUTH SPORTS, MARTIAL WAYS, GYMNASTICS, SWIMMING, AND OUTREACH PROGRAMS HELP YOUNG PEOPLE CULTIVATE THE SKILLS, VALUES AND RELATIONSHIPS THAT LEAD TO POSITIVE BEHAVIORS AND BETTER HEALTH THE ANN ARBOR YMCA HAS PARTNERED WITH A NUMBER OF OTHER COMMUNITY ORGANIZATIONS TO IDENTIFY AND RESPOND TO COMMUNITY NEEDS YMCA PROGRAMS IN YPSILANTI, INCLUDING OUR AFTER SCHOOL SPORTS AND RECREATION AND MIDDLE SCHOOL HEALTHY LIVING PROGRAMS, ARE EXAMPLES OF HOW THE ANN ARBOR YMCA STRENGTHENS COMMUNITY A TOTAL OF 52 VOLUNTEERS HELP DELIVER THESE PROGRAMS TO THE YPSILANTI COMMUNITY, WHICH INVOLVED 320 YPSILANTI YOUTH IN 2010

4d Other program services (Describe in Schedule O) **See also Additional Data for Description**
(Expenses \$ 763,733 including grants of \$) (Revenue \$ 498,355)

4e Total program service expenses \$ 5,588,929

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)? If "Yes," complete Schedule A <input checked="" type="checkbox"/>	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? <input checked="" type="checkbox"/>	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		No
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? If "Yes," complete Schedule C, Part III		No
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? If "Yes," complete Schedule D, Part I <input checked="" type="checkbox"/>		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? If "Yes," complete Schedule D, Part II <input checked="" type="checkbox"/>		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III <input checked="" type="checkbox"/>		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? If "Yes," complete Schedule D, Part IV <input checked="" type="checkbox"/>		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V <input checked="" type="checkbox"/>		No
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? If "Yes," complete Schedule D, Part VI. <input checked="" type="checkbox"/>	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? If "Yes," complete Schedule D, Part VII. <input checked="" type="checkbox"/>		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? If "Yes," complete Schedule D, Part VIII. <input checked="" type="checkbox"/>		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? If "Yes," complete Schedule D, Part IX. <input checked="" type="checkbox"/>		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. <input checked="" type="checkbox"/>	Yes	
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)? If "Yes," complete Schedule D, Part X. <input checked="" type="checkbox"/>		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII <input checked="" type="checkbox"/>	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional <input checked="" type="checkbox"/>		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		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? If "Yes," complete Schedule F, Parts I and IV		No
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? If "Yes," complete Schedule F, Parts II and IV		No
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? If "Yes," complete Schedule F, Parts III and IV		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? If "Yes," complete Schedule G, Part I (see instructions)		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

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> <input checked="" type="checkbox"/>	21	Yes	
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> <input checked="" type="checkbox"/>	22		No
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> <input checked="" type="checkbox"/>	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> <input checked="" type="checkbox"/>	24a	Yes	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28 Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c An entity of which a current or former officer, director, trustee, or key employee (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 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question ID, question text, and Yes/No response boxes. Includes questions 1a-1b, 2a-2b, 3a-3b, 4a-4b, 5a-5c, 6a-6b, 7a-7h, 8, 9a-9b, 10a-10b, 11a-11b, 12a-12b, 13a-13c, and 14a-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		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Does the organization have members or stockholders?		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		No
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

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

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

Section C. Disclosure

- 17** List the States with which a copy of this Form 990 is required to be filed MI
- 18** Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization
 JON MAKAREWICH
 400 W WASHINGTON ST
 ANN ARBOR, MI 48103
 (734) 661-8053

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			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							331,236		59,916	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **1**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
OMNI FACILITIES SERVICES 24300 SOUTHFIELD RD STE 220 SOUTHFIELD, MI 48075	CLEANING SVCS	219,300

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 **1**

Part VIII Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a Federated campaigns 1a	13,883				
	b Membership dues 1b					
	c Fundraising events 1c					
	d Related organizations 1d					
	e Government grants (contributions) 1e					
	f All other contributions, gifts, grants, and similar amounts not included above 1f	427,345				
	g Noncash contributions included in lines 1a-1f \$					
	h Total. Add lines 1a-1f ▼		441,228			
	Program Service Revenue	2a HEALTHY LIVING	Business Code 624100	3,909,152	3,909,152	
b YOUTH DEVELOPMENT-CAMPS		624110	1,325,527	1,325,527		
c YOUTH DEVELOPMENT-SPRTS/REC		624110	483,125	483,125		
d CHILDCARE		624110	449,621	449,621		
e TEEN		624110	48,734	48,734		
f All other program service revenue						
g Total. Add lines 2a-2f ▼			6,216,159			
Other Revenue		3 Investment income (including dividends, interest and other similar amounts) ▼		39,919		39,919
	4 Income from investment of tax-exempt bond proceeds ▼					
	5 Royalties ▼					
	6a Gross Rents	(i) Real				
		(ii) Personal				
		b Less rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss) ▼					
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less cost or other basis and sales expenses		6,336		
		c Gain or (loss)		-6,336		
d Net gain or (loss) ▼		-6,336		-6,336		
8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 a						
	b Less direct expenses b					
	c Net income or (loss) from fundraising events ▼					
9a Gross income from gaming activities See Part IV, line 19 a						
	b Less direct expenses b					
	c Net income or (loss) from gaming activities ▼					
10a Gross sales of inventory, less returns and allowances a		63,836				
	b Less cost of goods sold b		36,319			
	c Net income or (loss) from sales of inventory ▼		27,517		27,517	
Miscellaneous Revenue	11a MEMBER PARKING	Business Code 812930	129,055	129,055		
	b _____					
	c _____					
	d All other revenue					
	e Total. Add lines 11a-11d ▼		129,055			
	12 Total revenue. See Instructions ▼		6,847,542	6,345,214	61,100	

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	7,000	7,000		
2	Grants and other assistance to individuals in the U S See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	391,153	240,714	99,097	51,342
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	2,194,702	2,123,936	36,401	34,365
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	121,739	116,260	2,483	2,996
9	Other employee benefits	135,162	129,080	2,058	4,024
10	Payroll taxes	236,691	218,330	10,193	8,168
a	Fees for services (non-employees)				
	Management				
b	Legal	7,496		7,496	
c	Accounting	28,200		28,200	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other	60,294	53,088	7,206	
12	Advertising and promotion	116,408	105,273	2,189	8,946
13	Office expenses	561,104	542,409	15,416	3,279
14	Information technology	106,970	96,273	10,697	
15	Royalties				
16	Occupancy	939,938	914,871	25,067	
17	Travel	118,166	115,059	1,323	1,784
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	8,457	7,202	165	1,090
20	Interest	164,878	159,932	4,946	
21	Payments to affiliates	84,702	84,702		
22	Depreciation, depletion, and amortization	620,838	604,507	16,331	
23	Insurance	30,508	4,589	25,919	
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 DEBT EXPENSE	100,170		100,170	
b	CHG IN FV OF SWAP AGRMNT	60,725	58,903	1,822	
c	OTHER	9,227	6,801	1,626	800
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	6,104,528	5,588,929	398,805	116,794
26	Joint costs. Check here <input 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	342,535	1	535,515
	2 Savings and temporary cash investments	2,537,606	2	3,871,303
	3 Pledges and grants receivable, net	154,881	3	45,499
	4 Accounts receivable, net	48,010	4	21,925
	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	79,299	9	93,568
	10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	23,188,849		
	10b Less accumulated depreciation	3,890,640		
	10c	19,671,239	10c	19,298,209
	11 Investments—publicly traded securities	362,826	11	191,517
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11		15		
16 Total assets. Add lines 1 through 15 (must equal line 34)	23,196,396	16	24,057,536	
Liabilities	17 Accounts payable and accrued expenses	241,098	17	243,123
	18 Grants payable		18	
	19 Deferred revenue	321,122	19	365,818
	20 Tax-exempt bond liabilities	3,000,000	20	1,000,000
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	2,000,000
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	253,539	25	308,783
	26 Total liabilities. Add lines 17 through 25	3,815,759	26	3,917,724
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	19,307,079	27	20,068,976
	28 Temporarily restricted net assets	73,558	28	70,836
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	19,380,637	33	20,139,812	
34 Total liabilities and net assets/fund balances	23,196,396	34	24,057,536	

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	6,847,542
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,104,528
3	Revenue less expenses Subtract line 2 from line 1	3	743,014
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	19,380,637
5	Other changes in net assets or fund balances (explain in Schedule O)	5	16,161
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	20,139,812

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 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?		No
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		

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization
ANN ARBOR YMCA

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

Employer identification number

38-1525162

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

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

- 1 A church, convention of churches, or association of churches 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)		
11g(ii)		
11g(iii)		

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

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

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	

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

14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2009 Schedule A, Part II, line 14	15	

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.")	386,146	402,814	372,520	474,849	441,228	2,077,557
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	3,628,760	6,059,171	6,106,402	6,442,602	6,216,159	28,453,094
3 Gross receipts from activities that are not an unrelated trade or business under section 513	173,027	205,303	210,949	189,469	192,891	971,639
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	4,187,933	6,667,288	6,689,871	7,106,920	6,850,278	31,502,290
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)						31,502,290

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	4,187,933	6,667,288	6,689,871	7,106,920	6,850,278	31,502,290
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	89,090	134,505	77,346	94,072	39,919	434,932
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	89,090	134,505	77,346	94,072	39,919	434,932
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)	4,277,023	6,801,793	6,767,217	7,200,992	6,890,197	31,937,222
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 stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	98.640 %
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	98.000 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	1.000 %
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	2.000 %

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 **stop here**. 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 **stop here**. The organization qualifies as a publicly supported organization

20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

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

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SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2010

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Name of the organization ANN ARBOR YMCA

Employer identification number 38-1525162

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), Aggregate value at end of year.

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

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

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

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

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

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

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?
9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1; (ii) Assets included in Form 990, Part X
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: a Revenues included in Form 990, Part VIII, line 1; b Assets included in Form 990, Part X

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

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

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

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

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

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

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

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

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

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

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

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

- a** Board designated or quasi-endowment
- b** Permanent endowment
- c** Term endowment

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

	Yes	No
(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	No

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		3,098,530		3,098,530
b Buildings		19,052,645	3,197,107	15,855,538
c Leasehold improvements				
d Equipment		1,037,674	693,533	344,141
e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				19,298,209

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	6,847,542
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	6,104,528
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	743,014
4	Net unrealized gains (losses) on investments	4	16,161
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	16,161
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	759,175

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	6,827,384
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	16,161
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	16,161
3	Subtract line 2e from line 1	3	6,811,223
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	36,319
c	Add lines 4a and 4b	4c	36,319
5	Total Revenue Add lines 3 and 4c . (This should equal Form 990, Part I, line 12)	5	6,847,542

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

1	Total expenses and losses per audited financial statements	1	6,068,209
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	6,068,209
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	36,319
c	Add lines 4a and 4b	4c	36,319
5	Total expenses Add lines 3 and 4c . (This should equal Form 990, Part I, line 18)	5	6,104,528

Part XIV Supplemental Information

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

Identifier	Return Reference	Explanation
RECONCILIATION OF CHANGES - OTHER	SCHEDULE D, PAGE 4, PART XI, LINE 8	COST OF GOOD SOLD RELATED TO MERCHANDISE SALES - 36,319 COST OF GOODS SOLD REALTED TO MERCHANDISE SALES 36,319
REVENUE AMOUNTS INCLUDED ON RETURN - OTHER	SCHEDULE D, PAGE 4, PART XII, LINE 4B	COST OF GOOD SOLD RELATED TO MERCHANDISE SALES 36,319
EXPENSE AMOUNTS INCLUDED ON RETURN - OTHER	SCHEDULE D, PAGE 4, PART XIII, LINE 4B	COST OF GOODS SOLD REALTED TO MERCHANDISE SALES 36,319

Schedule I (Form 990)

OMB No 1545-0047

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

2010

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization ANN ARBOR YMCA

Employer identification number

38-1525162

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
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.

Table with 8 columns: (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, (g) Description of non-cash assistance, (h) Purpose of grant or assistance. Row 1: (1) YMCA OF THE USA, 36-3258696, 501, 7,000, YMCA WORLD SERVICE.

2 Enter total number of section 501(c)(3) and government organizations
3 Enter total number of other organizations

Part III Grants 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

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

Identifier	Return Reference	Explanation
PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS INSIDE THE UNITED STATES	SCHEDULE I, PAGE 1, PART I, LINE 2	THE WORLD SERVICE ALLIANCE OF YMCAS IS UNDER THE DIRECTION OF THE YMCA OF THE USA EACH YEAR INTERNATIONAL GROUP PRIORITIES ARE ESTABLISHED ALONG WITH BUDGET ALLOCATIONS TO REFLECT THOSE PRIORITIES APPLICATIONS FOR GRANTS FROM AFFILIATED MEMBERS OF THE WORLD ALLIANCE OF YMCAS ARE EVALUATED BY STAFF OF YMCA OF USA TO ENSURE THEY ARE WITHIN THE PRIORITY AND BUDGET PARAMETERS AND A RECOMMENDATION FOR FUNDING IS MADE TO INTERNATIONAL COMMITTEE AND/OR VICE PRESIDENT OF INTERNATIONAL GROUP FOR APPROVAL THE YMCA OF USA TYPICALLY REQUIRES A REPORT ON USE OF FUNDING WHICH INCLUDES ACTIVITIES CONDUCTED, PROGRESS TOWARD OBJECTIVES AND OUTCOMES ANNUALLY THE GRANT RECIPIENTS AND AMOUNTS RECEIVED ARE MADE PUBLIC VIA THE YMCA OF THE USA FORM 990, WHICH REQUIRES SUCH DISCLOSURE

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.

Department of the Treasury
Internal Revenue Service

Name of the organization
ANN ARBOR YMCA

Employer identification number

38-1525162

Part I Questions Regarding Compensation

Yes No

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

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

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

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

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

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

a Receive a severance payment or change-of-control payment from the organization or a related organization?

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

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

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

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

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

a The organization?

b Any related organization?

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

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

a The organization?

b Any related organization?

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

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

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

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

	Yes	No
1b		
2		
4a		No
4b		No
4c		No
5a		No
5b		No
6a		No
6b		No
7		No
8		No
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				
(1)	CATHI DUCHON	(i) (ii)	155,450		18,853	4,056	178,359	
(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
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**Schedule K
(Form 990)**

OMB No 1545-0047

Supplemental Information on Tax Exempt Bonds

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

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

2010

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization
ANN ARBOR YMCA

Employer identification number
38-1525162

Part I Bond Issues

(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A ECONOMIC DEVELOP CORP OF ANN ARBOR	38-2478590	035477BW7	04-01-2004	14,000,000	CONSTRUCT AND EQUIP NEW FACILITY		X		X		X

Part II Proceeds

	A	B	C	D
1 Amount of bonds retired	13,000,000			
2 Amount of bonds legally defeased				
3 Total proceeds of issue	14,000,000			
4 Gross proceeds in reserve funds				
5 Capitalized interest from proceeds				
6 Proceeds in refunding escrow				
7 Issuance costs from proceeds	349,614			
8 Credit enhancement from proceeds				
9 Working capital expenditures from proceeds				
10 Capital expenditures from proceeds	13,650,386			
11 Other spent proceeds				
12 Other unspent proceeds				
13 Year of substantial completion	2005			
	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								
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government								
6 Total of lines 4 and 5								
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	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	FIFTH THIRD SEC							
c Term of hedge								
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								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5 Were any gross proceeds invested beyond an available temporary period?		X						
6 Did the bond issue qualify for an exception to rebate?		X						

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 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

Name of the organization
ANN ARBOR YMCA

Employer identification number

38-1525162

Identifier	Return Reference	Explanation
FIRST ACHIEVEMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4A	PARTNERSHIP WITH U OF M MOTT CHILDREN'S HOSPITAL, ADULT GROUP CLASSES, ADULT TEAM SPORTS AND RECREATION, AND LIVESTRONG AT THE YMCA, A FREE FITNESS AND SUPPORT PROGRAM FOR CANCER SURVIVORS OUR PROGRAMS ARE ACCESSIBLE, AFFORDABLE AND OPEN TO ALL FAITHS, BACKGROUNDS, ABILITIES AND INCOME LEVELS IN 2010 WE PROVIDED 259,398 IN FINANCIAL ASSISTANCE TO INDIVIDUALS WHO WOULD HAVE FACED ECONOMIC BARRIERS TO PARTICIPATION

Identifier	Return Reference	Explanation
THIRD ACHIEVEMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4C	TO THE YPSILANTI COMMUNITY , WHICH INVOLVED 320 YPSILANTI YOUTH IN 2010

Identifier	Return Reference	Explanation
ALL OTHER ACHIEVEMENTS DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4D	<p>OTHER PROGRAM SERVICES-OTHER PROGRAM SERVICES INCLUDE CHILD CARE, TEEN EDUCATION AND LEADERSHIP AND YOUTH VOLUNTEER PROGRAMS CHILD CARE THE YMCA'S NA EY C-ACCREDITED EARLY CHILD CARE AND AFTER SCHOOL PROGRAMS PROVIDE A NURTURING ENVIRONMENT WHERE CHILDREN CAN LEARN, GROW AND DEVELOP SOCIAL SKILLS THESE PROGRAMS ALSO REINFORCE THE YMCA VALUES OF HONESTY, CARING, RESPECT AND RESPONSIBILITY AMONG CHILDREN AND THEIR FAMILIES THE Y MAKES IT POSSIBLE FOR FAMILIES OF ALL BACKGROUNDS AND INCOME LEVELS TO PARTICIPATE IN OUR PROGRAMS ON A SLIDING FEE SCALE IN 2010, 28 FAMILIES RECEIVED THIS FINANCIAL SUPPORT AT THE Y, WE HELP TEENS SET AND ACHIEVE THEIR GOALS THROUGH OUR TEEN EDUCATION AND LEADERSHIP PROGRAMS, INCLUDING THE TEEN AFTER SCHOOL PROGRAM, YOUTH IN GOVERNMENT AND LEADERS CLUB, TEENS AGES 11-17 HAVE THE OPPORTUNITY TO DEVELOP SELF-CONFIDENCE AND TAKE AN ACTIVE ROLE IN STRENGTHENING THEIR COMMUNITY IN 2010, OVER 115 TEENS PARTICIPATED IN THESE EDUCATION AND LEADERSHIP PROGRAMS YOUTH VOLUNTEER CORPS IS A SERVICE LEARNING PROGRAM THAT EMPOWERS YOUNG PEOPLE THROUGH EXTENDED VOLUNTEER SERVICE EXPERIENCES IN 2010 OVER 300 YOUTH PROVIDED OVER 8,000 HOURS OF COMMUNITY SERVICE THESE ACTIVITIES STRENGTHENED THE FOUNDATIONS OF OUR COMMUNITY THROUGH THE YOUTH TO 32 COMMUNITY AGENCIES AN EXTENSION OF THE YOUTH VOLUNTEER CORPS IS THE Y'S CHAIN OF PLENTY PROGRAM IN 2010, THIS PROGRAM GAVE 20 TEENS WITH SPECIAL NEEDS THE OPPORTUNITY TO GAIN JOB AND LIFE SKILLS, WHILE THEY PREPARED A TOTAL OF 15,000 LUNCHES FOR PATRONS OF THE LOCAL HOMELESS SHELTER</p>

Identifier	Return Reference	Explanation
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 11B	A DRAFT OF THE FORM 990 IS FIRST REVIEWED BY THE FINANCE COMMITTEE, WHICH ALSO HAS REPSONSIBILITY FOR ALL MATTERS RELATED TO THE ORGANIZATION'S ANNUAL AUDIT ONCE APPROVED AT THE COMMITTEE LEVEL, THE FORM, INCLUDING ALL ATTACHMENTS, IS EMAILED TO THE BOARD PRIOR TO A REGULARLY SCHEDULED BOARD MEETING AT THE BOARD MEETING, THE TREASURER, WHO CHAIRS THE FINANCE COMMITTEE, REPORTS ON ANY DISCUSSIONS RELATED TO THE FORM 990 THAT OCCURED AT ITS MEETING AND ASKS FOR ADDITIONAL COMMENTS OR QUESTIONS FROM THE BOARD MEMBERS WHEN ALL MATTERS HAVE BEEN ADDRESSED AT THE BOARD LEVEL, THE RETURN IS PROMPTLY FILED

Identifier	Return Reference	Explanation
ENFORCEMENT OF CONFLICTS POLICY	FORM 990, PAGE 6, PART VI, LINE 12C	BOARD MEMBERS AND OFFICERS (CEO, VP OF OPERATIONS, AND CFO) ARE REQUIRED TO REVIEW THE CONFLICT OF INTEREST POLICY AND COMPLETE THE RELATED QUESTIONNAIRE ANNUALLY. THERE ARE NO STAFF MEMBERS WHO QUALIFY AS KEY EMPLOYEES. THE DIRECTOR OF BUSINESS OPERATIONS REVIEWS THE RESPONSES TO THE QUESTIONNAIRE, DOCUMENTS POTENTIAL CONFLICTS AND PROVIDES A SUMMARY REPORT TO THE EXECUTIVE COMMITTEE OF THE BOARD. THE CHAIR OF THE BOARD PERIODICALLY REMINDS THE BOARD MEMBERS AND THE OFFICERS, WHO ALSO ATTEND BOARD MEETINGS, OF THEIR RESPONSIBILITY TO NOTIFY A MEMBER OF THE EXECUTIVE COMMITTEE IF THERE IS A CHANGE IN PERSONAL OR PROFESSIONAL RELATIONSHIPS THAT MAY CREATE A NEW CONFLICT OF INTEREST. IN ADDITION, SEVERAL MEMBERS OF THE EXECUTIVE COMMITTEE ARE ALSO MEMBERS OF THE FINANCE COMMITTEE, WHICH PROVIDES A FURTHER OVERSIGHT AND COMPLIANCE CAPABILITY. ALL SIGNIFICANT FINANCIAL TRANSACTIONS ARE REVIEWED AND DISCUSSED AT THE COMMITTEE LEVEL, INCLUDING THOSE INVOLVING POTENTIAL CONFLICTS OF INTEREST, BEFORE PRESENTATION TO THE BOARD.

Identifier	Return Reference	Explanation
COMPENSATION PROCESS FOR TOP OFFICIAL	FORM 990, PAGE 6, PART VI, LINE 15A	<p>THE EXECUTIVE COMMITTEE OF THE BOARD DETERMINES THE COMPENSATION OF THE ORGANIZATION'S CEO. THE COMMITTEE MEETS ANNUALLY TO REVIEW THE PERFORMANCE OF THE CEO AND TO DETERMINE COMPENSATION. EACH BOARD MEMBER IS ASKED TO COMPLETE A CEO PERFORMANCE APPRAISAL SURVEY. THE RESULTS OF THE SURVEY ARE COMPILED BY THE CHAIR OF THE BOARD AND REVIEWED BY ALL MEMBERS OF THE EXECUTIVE COMMITTEE. THE EXECUTIVE COMMITTEE'S OVERALL EVALUATION OF PERFORMANCE IS BASED ON CATEGORIES OUTLINED IN THE ORGANIZATION'S SALARY ADMINISTRATION PLAN AND PRE-AGREED UPON ANNUAL GOALS FOR THE CEO. COMPENSATION DATA IS COMPILED FOR CEO'S OF OTHER YMCA'S AND OTHER NON-PROFITS WITH SIMILAR SIZE BUDGETS IN THE ORGANIZATION'S GEOGRAPHIC REGION. THE RESULTS ARE COMPARED TO THE CURRENT CEO PAY RANGE ESTABLISHED IN ACCORDANCE WITH THE MODIFIED PAY PLAN CHARTS PROVIDED BY THE YMCA OF USA AND UTILIZED FOR ALL EXEMPT AND NON-EXEMPT STAFF POSITIONS IN THE ORGANIZATION. THE SALARY REVIEW PROCESS AND SUBSEQUENT ADJUSTMENT ARE DOCUMENTED WITH THE SIGNATURES OF ALL THE MEMBERS OF THE EXECUTIVE COMMITTEE, INDICATING THEIR PARTICIPATION, CONCURRENCE AND COMPLETION DATE. THE FINAL RESULTS ARE REPORTED TO THE BOARD AT ITS NEXT REGULARLY SCHEDULED BOARD MEETING.</p>

Identifier	Return Reference	Explanation
COMPENSATION PROCESS FOR OFFICERS	FORM 990, PAGE 6, PART VI, LINE 15B	THE BOARD HAS DELEGATED TO THE CEO THE AUTHORITY TO REVIEW AND DETERMINE THE COMPENSATION OF THE ORGANIZATION'S OFFICERS, WHICH INCLUDE THE VP OF OPERATIONS AND THE CFO, IN ACCORDANCE WITH AN ESTABLISHED SALARY ADMINISTRATION PLAN BASED ON THE MODIFIED HAY PLAN CHARTS PROVIDED BY THE YMCA OF THE USA. THE CEO MEETS INDIVIDUALLY WITH EACH OFFICER IN A FORMAL REVIEW SESSION TO EVALUATE THE PROGRESS ON PRE-AGREED-UPON ANNUAL PERFORMANCE GOALS AND TO DETERMINE COMPENSATION. SALARY RANGES FOR EACH POSITION ARE DETERMINED BASED ON REQUIRED COMPETENCIES. PERCENTAGE INCREASES ARE PREDETERMINED FOR VARIOUS PERFORMANCE CATEGORIES AND APPLIED BASED ON THE OFFICER'S POSITION IN HIS/HERS RESPECTIVE SALARY RANGE. CONTEMPORANEOUS DOCUMENTATION OF THE ANNUAL REVIEW AND COMPENSATION ADJUSTMENT IS SIGNED BY BOTH THE CEO AND THE OFFICER.

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

Identifier

Return Reference

Explanation

OTHER CHANGES IN NET ASSETS EXPLANATION

FORM 990, PART XI, LINE 5

UNREALIZED GAIN ON MARKETABLE SECURITIES

Additional Data

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

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
LINDA BORGS DORF SECRETARY	2 00	X						0	0	0
TOM BOURQUE	1 00	X						0	0	0
MIKE CHATAS TREASURER	2 00	X						0	0	0
MATT GALLAGHER	1 00	X						0	0	0
DAN GAMBLE	2 00	X						0	0	0
BILL HOLMES	2 00	X						0	0	0
NEAL KESSLER	1 00	X						0	0	0
NICK LACY	1 00	X						0	0	0
DAVID LAMB VICE-CHAIR	2 00	X						0	0	0
JOHN MOUAT	1 00	X						0	0	0
TONY NAM	1 00	X						0	0	0
JIM O'LEARY	1 00	X						0	0	0
STACY PETERSON	1 00	X						0	0	0
SUSAN POLLAY	1 00	X						0	0	0
MARNIE REID	1 00	X						0	0	0
ROBBIE STAPLETON	1 00	X						0	0	0
SHARON SWINDELL	1 00	X						0	0	0
FRAN TALSMA	3 00	X						0	0	0
PAT TAMBLYN	2 00	X						0	0	0
KAREN UFER PAST CHAIR	2 00	X						0	0	0
JOE UPTON CHAIR	2 00	X						0	0	0
LORI WARD	1 00	X						0	0	0
PAT WARNER	1 00	X						0	0	0
TOMMY YORK	1 00	X						0	0	0
AL YOUNG	1 00	X						0	0	0

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			
EVANS YOUNG	1 00	X						0	0	0
CATHI DUCHON PRESIDENT/CE	50 00			X				155,450	0	22,909
MIKE FITZSIMMONS VICE-PRESIDE	50 00			X				96,938	0	22,355
PAM HORIZSNY CFO	40 00			X				78,848	0	14,652

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

4d. Other program services

(Code) (Expenses \$	763,733	including grants of \$) (Revenue \$	498,355)
OTHER PROGRAM SERVICES-OTHER PROGRAM SERVICES INCLUDE CHILD CARE, TEEN EDUCATION AND LEADERSHIP AND YOUTH VOLUNTEER PROGRAMS CHILD CARE THE YMCA'S NAEYC-ACCREDITED EARLY CHILD CARE AND AFTER SCHOOL PROGRAMS PROVIDE A NURTURING ENVIRONMENT WHERE CHILDREN CAN LEARN, GROW AND DEVELOP SOCIAL SKILLS THESE PROGRAMS ALSO REINFORCE THE YMCA VALUES OF HONESTY, CARING, RESPECT AND RESPONSIBILITY AMONG CHILDREN AND THEIR FAMILIES THE Y MAKES IT POSSIBLE FOR FAMILIES OF ALL BACKGROUNDS AND INCOME LEVELS TO PARTICIPATE IN OUR PROGRAMS ON A SLIDING FEE SCALE IN 2010, 28 FAMILIES RECEIVED THIS FINANCIAL SUPPORT AT THE Y, WE HELP TEENS SET AND ACHIEVE THEIR GOALS THROUGH OUR TEEN EDUCATION AND LEADERSHIP PROGRAMS, INCLUDING THE TEEN AFTER SCHOOL PROGRAM, YOUTH IN GOVERNMENT AND LEADERS CLUB, TEENS AGES 11-17 HAVE THE OPPORTUNITY TO DEVELOP SELF-CONFIDENCE AND TAKE AN ACTIVE ROLE IN STRENGTHENING THEIR COMMUNITY IN 2010, OVER 115 TEENS PARTICIPATED IN THESE EDUCATION AND LEADERSHIP PROGRAMS YOUTH VOLUNTEER CORPS IS A SERVICE LEARNING PROGRAM THAT EMPOWERS YOUNG PEOPLE THROUGH EXTENDED VOLUNTEER SERVICE EXPERIENCES IN 2010 OVER 300 YOUTH PROVIDED OVER 8,000 HOURS OF COMMUNITY SERVICE THESE ACTIVITIES STRENGTHENED THE FOUNDATIONS OF OUR COMMUNITY THROUGH THE YOUTH TO 32 COMMUNITY AGENCIES AN EXTENSION OF THE YOUTH VOLUNTEER CORPS IS THE Y'S CHAIN OF PLENTY PROGRAM IN 2010, THIS PROGRAM GAVE 20 TEENS WITH SPECIAL NEEDS THE OPPORTUNITY TO GAIN JOB AND LIFE SKILLS, WHILE THEY PREPARED A TOTAL OF 15,000 LUNCHES FOR PATRONS OF THE LOCAL HOMELESS SHELTER					