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Form 990  Department of the Treasury Internal Revenue Service	Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)	OMB No 1545-0047 <div> <div>2011</div> <div>Open to Public Inspection</div> </div>
	The organization may have to use a copy of this return to satisfy state reporting requirements	

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011		D Employer identification number 13-1740520	
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 YMCA OF YONKERS INC		E Telephone number (914) 963-0183
	Doing Business As		G Gross receipts \$ 2,168,704
	Number and street (or P O box if mail is not delivered to street address) 17 RIVERDALE AVENUE	Room/suite	
	City or town, state or country, and ZIP + 4 YONKERS, NY 10701		
	F Name and address of principal officer SHAWYN PATTERSON-HOWARD 17 RIVERDALE AVENUE YONKERS, NY 10701		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ WWW.YOYMCA.ORG			
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation 1882	M State of legal domicile NY

Part I	Summary
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Activities & Governance	1 Briefly describe the organization's mission or most significant activities THE YMCA OF YONKERS, INC IS A NOT-FOR-PROFIT ORGANIZATION WHICH PROVIDES HEALTH ENHANCEMENT AND CHILD DEVELOPMENT PROGRAMS ALONG WITH DORMITORY RESIDENCE SERVICES WITHIN YONKERS, NY THE YMCA'S PROGRAMS INCLUDE PHYSICAL EDUCATION AND RECREATION, CHILD DEVELOPMENT, SOCIAL WELFARE AND SUMMER CAMP THE YMCA ALSO PROVIDES AFFORDABLE HOUSING TO LOW-INCOME MALES			
	2 Check this box <input checked="" 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	10	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	10	
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	86	
	6 Total number of volunteers (estimate if necessary)	6	80	
	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	0		
Revenue	8 Contributions and grants (Part VIII, line 1h)		Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)		844,435	997,370
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0	75
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		69,757	22,090
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,985,061	2,151,630
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		17,335
14 Benefits paid to or for members (Part IX, column (A), line 4)		0	0	
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		1,140,522	1,233,073	
16a Professional fundraising fees (Part IX, column (A), line 11e)		0	0	
b Total fundraising expenses (Part IX, column (D), line 25) <u>25,251</u>				
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		956,862	1,078,273	
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		2,114,719	2,311,346	
19 Revenue less expenses Subtract line 18 from line 12		-129,658	-159,716	
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)		1,832,908	1,537,484
	21 Total liabilities (Part X, line 26)		355,130	219,422
	22 Net assets or fund balances Subtract line 21 from line 20		1,477,778	1,318,062

Part II	Signature Block
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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			2013-01-30 Date	
	SHAWYN PATTERSON-HOWARD CEO Type or print name and title				
Paid Preparer's Use Only	Preparer's signature	GARRETT HIGGINS	Date 2013-01-30	Check if self-employed <input type="checkbox"/>	Preparer's taxpayer identification number (see instructions) P00543209
	Firm's name (or yours if self-employed), address, and ZIP + 4	O'CONNOR DAVIES LLP 555 HUDSON VALLEY AVENUE SUITE 106 NEW WINDSOR, NY 12553			EIN 27-1728945
					Phone no (845) 220-2400

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

FOUNDED IN 1882, THE YONKERS FAMILY YMCA'S MISSION IS TO PROVIDE ACTIVITIES AND SERVICES WHICH DEVELOP THE MIND, BODY AND SPIRIT FOR 127 YEARS, THE YMCA HAS PROVIDED SERVICES INCLUDING ADULT, TEEN AND YOUTH RECREATION, HOUSING, EDUCATIONAL ACTIVITIES AND OTHER PROGRAMS MEANT TO IMPROVE THE QUALITY OF LIFE IN YONKERS OUR SERVICES ARE AVAILABLE TO ALL WITHOUT REGARD TO AGE, SEX, RACE OR RELIGION WHILE HOUSING WAS ONE OF OUR FOUNDATIONAL PROGRAMS, THE YMCA HAS EXPANDED OVER THE PAST CENTURY TO PROVIDE A WIDE ARRAY OF RECREATIONAL AND LEADERSHIP DEVELOPMENT OPPORTUNITIES FOR ADULTS, CHILDREN, TEENS, FAMILIES AND SENIORS THESE INCLUDE THE LIFEGUARD TRAINING PROGRAM, AN EXTENSIVE YOUTH EMPLOYMENT TRAINING PROGRAM, AFTER SCHOOL AND SUMMER CAMP PROGRAMS FOR YOUTH AND TEENS, GANG PREVENTION, SAFE HAVEN SERVICES ADULT AND SENIOR WELLNESS PROGRAMS, PRAYER AND SHARE THROUGH OUR "C PROJECT", FAMILY STRENGTHENING AND FAMILY WELLNESS ACTIVITES

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 organization's program service accomplishments for each of its three largest program services, as measured 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 \$ 469,942 including grants of \$) (Revenue \$ 355,093)	OUR 75 ROOM SINGLE RESIDENT OCCUPANCY FACILITY, THE LARGEST IN YONKERS, HAS BEEN IN OPERATION FOR MORE THAN A CENTURY OUR HOUSING PROGRAM PROVIDES SAFE, AFFORDABLE HOUSING TO OVER 120 MANY OF WHOM WERE HOMELESS, PRIOR TO COMING TO THE YMCA DESPITE THE DIFFICULT POPULATION WE SERVE, WE ARE ABLE TO MAINTAIN OVER 75% OF OUR RESIDENTS EACH YEAR IN PERMANENT HOUSING THROUGH OUR SUPPORTIVE HOUSING PROGRAM, THE YONKERS FAMILY YMCA PROVIDES LIFE SKILLS COUNSELING, INFORMATION AND REFERRAL, CRISIS INTERVENTION, VETERAN'S SERVICES, RECREATION, EMPLOYMENT TRAINING, ONSITE CHEMICAL DEPENDENCY AND RELAPSE PREVENTION COUNSELING, SERVICE COORDINATION, ADVOCACY, CONFLICT RESOLUTION, MEDIATION, AND MEALS WE WORK WITH OVER 50 ORGANIZATIONS THROUGHOUT THE COUNTY OF WESTCHESTER TO PROVIDE A CONTINUUM OF SERVICES DESIGNED TO INCREASE THE SELF SUFFICIENCY OF OUR RESIDENTS AND HELP THEM TRANSITION TO THE NEXT STAGES OF THEIR LIVES IN AN EFFORT TO IMPROVE HEALTH OUTCOMES FOR OUR RESIDENTS, THE YMCA PROVIDES A FREE NUTRITIOUS DINNER FIVE NIGHTS PER WEEK AND PROVIDES FULL ACCESS TO OUR HEALTH AND WELLNESS PROGRAMS EACH RESIDENT RECEIVES A FULL MEMBERSHIP AND HAS ACCESS TO OUR THREE FITNESS CENTER, SWIMMING POOL, BASKETBALL GYMNASIUM, RUNNING TRACK, BOXING STUDIO, RACQUETBALL COURT AND LOCKER ROOM WITH STEAM AND SAUNA WE PARTICIPATE IN THE YONKERS CONTINUUM OF CARE FOR THE HOMELESS AND THE WESTCHESTER RECOVERY NETWORK BOTH NETWORKS ARE DESIGNED TO DEVELOP REAL TIME SOLUTIONS AND RESPONSES TO AN ARRAY OF CHALLENGES FACED BY OUR RESIDENT'S WHETHER THEY BE FINANCIAL, MEDICALLY OR SOCIALLY RELATED OUR GOAL IS TO PROVIDE STABLE, AFFORDABLE HOUSING TO MALE RESIDENTS OF YONKERS SO THEY CAN STAY ENGAGED OR RE-ENGAGE IN PRODUCTIVE RELATIONSHIPS WITH THE COMMUNITY AND THEIR FAMILIES THIS YEAR WE HAVE WORKED CLOSELY WITH THE MUNICIPAL HOUSING AUTHORITY FOR THE CITY OF YONKERS, WESTCHESTER COUNTY ADULT PROTECTIVE SERVICES, FAMILY SERVICES SOCIETY OF YONKERS, WESTHAB AND OTHER SERVICE PROVIDERS TO IDENTIFY AFFORDABLE HOUSING OPTIONS FOR THOSE WHO WERE READY TO LIVE INDEPENDENTLY OR NEEDED A MORE SUPPORTIVE LEVEL OF HOUSING THIS YEAR WAS ALSO A CHALLENGE FOR OUR HOUSING PROGRAM AS MANY OF OUR RESIDENTS STRUGGLED WITH MAINTAINING AND SECURING STABLE EMPLOYMENT THROUGHOUT THE YEAR RESIDENTS FELL BEHIND IN RENT AND WERE NOT ELIGIBLE FOR PUBLIC SERVICE BENEFITS DUE TO NON-COMPLIANCE WITH ANCILLARY SERVICES OR FLUCTUATING EMPLOYMENT WE SAW AN INCREASE IN DELINQUENT RENTS AND WORKED CLOSELY WITH LOCAL AGENCIES TO SECURE EMERGENCY FUNDING TO PREVENT EVICTION THE YMCA RECEIVED \$286,044 IN CONTRIBUTIONS AND GOVERNMENT GRANTS IN 2011 TO OPERATE THE RESIDENCE PROGRAM
4b	(Code) (Expenses \$ 612,968 including grants of \$) (Revenue \$)	IN AN EFFORT TO ADDRESS THE COMMUNITY'S GAP IN TEEN PROGRAMS THE YMCA PROVIDES OFFERS A CONTINUUM OF SERVICES THAT MEETS THE DIVERSE NEEDS OF OVER 500 TEENS ANNUALLY "REAL TALK," A FRIDAY NIGHT TEEN LED DISCUSSION GROUP, TACKLES TRADITIONAL AND CONTEMPORARY TEEN ISSUES OUR YOUTH EMPLOYMENT-TRAINING PROGRAM CONTINUES TO PROVIDE EMPLOYMENT-TRAINING, PREPARATION, LIFE SKILLS AND PLACEMENT TO OVER 300 YOUTH ANNUALLY OUR FOUR CORE AREAS OF CERTIFICATION INCLUDE MEDIA PRODUCTION, CHILDCARE, PERSONAL AND GROUP FITNESS AND LIFEGUARDING OUR GANG PREVENTION PROGRAM PROVIDES TEENS WITH A SAFE, NURTURING AND FUN ENVIRONMENT THAT SERVES AS A SAFE HAVEN AND ALTERNATIVE TO THE ALLURE OF STREET AND GANG INVOLVEMENT THIS YEAR WE OPEN A NEW TEEN CENTER WITHIN OUR FACILITY FULLY EQUIPPED WITH STATE OF THE ART ELECTRONICS, COMPUTERS AND A MEDIA PRODUCTION STUDIO OUR Y SPORTS PROGRAM UTILIZES BASKETBALL, SOCCER, FLAG FOOTBALL, INTRAMURAL LEAGUES, MARTIAL ARTS AND BOXING TO TEACH DISCIPLINE, SPORTSMANSHIP, TEAMWORK AND CHARACTER DEVELOPMENT ALL OF OUR TEEN PROGRAM INCORPORATE THE YMCA'S CORE VALUES OF HONESTY, CARING, RESPECT AND RESPONSIBILITY AND CONTAIN A LIFE SKILLS DEVELOPMENT COMPONENT OUR YOUTH AND GOVERNMENT PROGRAM WAS SUSPENDED THIS YEAR DUE TO FUNDING CONSTRAINTS BUT OUR COLLEGE ACCESS AND COLLEGE GOAL SUNDAY PROGRAM WAS IMPLEMENTED WITH HUGE SUCCESSES THROUGH PARTNERSHIP WITH LET'S GET READY, YCAP AND WESTHAB WE WERE ABLE TO OFFER SAT PREPARATION TO HIGH SCHOOL JUNIORS AND SENIORS FINANCIAL LITERACY, ADDITIONAL COLLEGE PREP, COLLEGE TOURS AND COLLEGE COUNSELING SERVICES WERE MADE POSSIBLE THROUGH PARTNERSHIPS AND GRANTS FROM YMCA OF THE USA AND THE LUMINA FOUNDATION THIS SUMMER AND FALL OUR STUDENTS VISITED GEORGETOWN UNIVERSITY IN WASHINGTON, DC AND SEVERAL LOCAL COLLEGES TO LEARN MORE ABOUT COLLEGE LIFE, THE APPLICATION PROCESS, SECURING FINANCIAL AID, CHOOSING A MAJOR, ETC WE ARE EXCITED ABOUT THE OPPORTUNITY EXPAND OUR COLLEGE PREPARATION AND ACCESS SERVICES AS HIGHER EDUCATION IS DIRECTLY LINKED TO IMPROVEMENTS IN HEALTH AND FINANCIAL OUTCOMES IN THE LAST QUARTER OF THIS YEAR THROUGH NEW YORK STATE, FUNDING THE Y LAUNCHED THE SNUG SHOOTING AND VIOLENCE INTERVENTION INITIATIVES MODELED AFTER CHICAGO CEASEFIRE, YONKERS SNUG AIMS TO REDUCE THE INCIDENCE OF SHOOTINGS AND KILLINGS IN YONKERS BY EMPLOYING "CREDIBLE MESSENGERS" TO PROVIDE COMMUNITY EDUCATION, OUTREACH, COALITION BUILDING AND CRISIS INTERVENTION/MEDIATION THE SNUG PROGRAM WILL ENGAGE THE MOST "AT RISK" YOUTH WHO HAVE BEEN INVOLVED IN OR CLOSELY ASSOCIATED WITH PAST ACTS OF VIOLENCE AND "GANG" ACTIVITY THE YMCA RECEIVED \$347,171 IN CONTRIBUTIONS AND GOVERNMENT GRANTS IN 2011 TO OPERATE THE TEEN PROGRAM
4c	(Code) (Expenses \$ 572,103 including grants of \$) (Revenue \$ 475,559)	THE YONKERS FAMILY YMCA OFFERS A CONTINUUM OF HEALTH AND WELLNESS PROGRAMS AIMED AT HELPING OUR MEMBERS AND PROGRAM PARTICIPANTS DEVELOP A BALANCE OF MIND, BODY AND SPIRIT MORE THAN 2,500 INDIVIDUALS BENEFIT ANNUALLY FROM OUR WELLNESS PROGRAMS AS A LEARNING ORGANIZATION, THE YONKERS FAMILY YMCA IS DEDICATED TO HELPING INDIVIDUALS AND FAMILIES DEVELOP HEALTHIER LIFESTYLES THROUGH EXERCISE, IMPROVED NUTRITION, AND STRESS REDUCTION, EMOTIONAL, SOCIAL AND SPIRITUAL DEVELOPMENT OUR WELLNESS CENTER AND WEIGHT ROOM IS EQUIPPED WITH OVER 50 FITNESS STATIONS INCLUDING CARDIO, STRENGTH AND FREE WEIGHT EQUIPMENT WE OFFER A WIDE ARRAY OF EXERCISE CLASSES INCLUDING ZUMBA, BODY SCULPTING, AEROBICS, KID'S FITNESS, CALISTHENICS, ADULT AND YOUTH SPORTS, ACTIVE OLDER ADULTS, SILVER SNEAKERS, MARTIAL ARTS, BOXING AND OF COURSE AQUATICS THE YMCA HAS SERVED AS A LEADER IN THE AREA OF WATER SAFETY, SWIM LESSONS, LIFEGUARD TRAINING, WATER EXERCISE AND COMPETITIVE SWIM PROGRAMS OUR PROGRAMS HAVE BEEN DESIGNED TO MEET THE NEEDS OF OUR MEMBERS WHICH ALLOW PARTICIPANTS TO GROW AND LEARN AT THEIR OWN PACE, MASTER SKILLS, BUILD AND IMPROVE THEIR SELF-CONFIDENCE AND ESTEEM AND IMPROVE HEALTH OUTCOMES AT EVERY AGE OUR PROGRAM PARTICIPANTS RANGE IN AGE FROM SIX MONTHS TO 95 YEARS OF AGE THESE PROGRAMS ARE CRUCIAL IN THAT THEY HELP INDIVIDUALS AND FAMILIES DEVELOP A FOUNDATION FOR A HEALTHIER LIFESTYLE WHICH WILL REDUCE THEIR RISK OF DEVELOPING CHRONIC DISEASES LIKE DIABETES, HYPERTENSION AND OBESITY RELATED ILLNESSES THIS YEAR THE YONKERS FAMILY YMCA PLACED GREATER EMPHASIS IN WORKING WITH OUR PARTNERS TO CREATE PROGRAMS THAT REDUCE HEALTH DISPARITIES IN MINORITY AND IMPOVERISHED NEIGHBORHOODS THROUGH OUR COMMUNITY FEEDING INITIATIVE, WE SERVED OVER 93,000 HOT MEALS WE COLLABORATED WITH OVER 25 COMMUNITY AND GOVERNMENT AGENCIES TO HOST, SPONSOR AND CO-SPONSOR OVER 82 HEALTH/WEELLNESS AND CULTURAL EVENTS THROUGHOUT YONKERS WE EXPANDED OUR HEALTHY LIFESTYLE/EDUCATION INITIATIVES THROUGH HEALTH SMART BEHAVIORS AND SALSA SABOR Y SALUD BOTH PROGRAMS HEALTH EDUCATION/BEHAVIOR MODIFICATION PROGRAMS, DESIGNED TO INCREASE HEALTHY EATING AND EXERCISE PRACTICES, IMPROVE SELF-ESTEEM AND PROVIDE INDIVIDUALS AND FAMILIES NEEDED WITH TOOLS TO MAINTAIN A HEALTHIER LIFESTYLE WE CONTINUE TO WORK DILIGENTLY WITH OUR MEMBERS AND COMMUNITY PARTNERS TO DEVELOP STRATEGIES TO PREVENT DIABETES, HYPERTENSION, OBESITY AND RELATED ILLNESSES AS WELL AS STRATEGIES ON HOW TO REVERSE THE DIAGNOSIS THAT MANY OF OUR MEMBERS ARE CURRENTLY LIVING WITH WE HAVE SEEN TREMENDOUS IMPROVEMENT IN THE HEALTH OF OUR YOUTH AND ADULT MEMBERS AND ANTICIPATE SEEING GREATER IMPACT AS WE WIDEN OUR EFFORTS THE YONKERS FAMILY YMCA WILL CONTINUE TO WORK WITH OUR PARTNERS TO OFFER ONSITE HEALTH SCREENS INCLUDING BLOOD PRESSURE, GLUCOSE, BMI, WAIST MEASUREMENTS, HIV AND HEPATITIS C AND PHYSICAL STRESS TESTS SCREENING, EARLY DETECTION AND DIAGNOSIS WITH COORDINATED REFERRAL TO MEDICAL TREATMENT AND FOLLOW-UP HAVE PRODUCED A VERY POSITIVE IMPACT IN THE HEALTH OUTCOMES OF OUR COMMUNITY THE YMCA WILL LOOK TO DEVELOP CLOSER RELATIONSHIPS WITH MEDICAL SERVICE PROVIDERS IN THE NEXT YEAR AS WE SEEK TO EXPAND OUR RESPONSE TO ISSUES OF HEALTH AND WELLNESS THAT CHALLENGE OUR COMMUNITY THE YMCA RECEIVED \$176,542 IN CONTRIBUTIONS AND GOVERNMENT GRANTS TO OPERATE THE HEALTH AND WELLNESS PROGRAM
	(Code) (Expenses \$ 388,213 including grants of \$) (Revenue \$ 309,187)	OUR YOUTH SERVICES PROGRAM IS COMPRISED OF SCHOOL AGE CHILD CARE OR AFTER SCHOOL SERVICES AND SUMMER CAMP ANNUALLY THE YMCA OF YONKERS PROVIDES SERVICES TO OVER 250 CHILDREN THROUGH AFTER SCHOOL AND SUMMER CAMP PROGRAMMING THE YONKERS FAMILY YMCA HAS PROVIDED SERVICES TO AFTER SCHOOL CHILDREN IN THE MID 1980'S THE PROGRAM OPERATES TWENTY HOURS A WEEK MONDAY THROUGH FRIDAY FROM 2 30-6 30PM ON DAYS IN WHICH THERE ARE EARLY SCHOOL CLOSINGS OR HOLIDAY VACATIONS, EXTENDED HOURS ARE OFFERED NEW YORK STATE STANDARDS REQUIRE THAT THE YMCA PROVIDE A 1 10 MINIMUM STAFF TO STUDENT RATIO THE YONKERS YMCA PROVIDES A 1 8 STAFF/STUDENT RATIO, DUE TO THE SPECIFIC NEEDS OF THE COMMUNITY IN WHICH IT SERVES THE AFTER SCHOOL PROGRAM IS OFFERED AT THE YMCA'S FACILITY IN SOUTHWEST YONKERS YONKERS IS A CITY WITH A POPULATION OF 200,000 IN OUR PRIMARY SERVICE AREA WHICH IS SOUTHWEST YONKERS 37% OF THE FAMILIES FALL 200% BELOW THE POVERTY LEVEL THE NEED FOR PROGRAMMING TO EDUCATE, ENCOURAGE, UPLIFT AND BREAK THE CYCLE OF POVERTY, POOR HEALTH AND VIOLENCE IS SIGNIFICANT OUR PROGRAMS ARE DESIGNED SPECIFICALLY TO ADDRESS THESE ISSUES OUR YOUTH SERVICES PROGRAMS OFFER A DEVELOPMENTALLY APPROPRIATE CURRICULUM ALONG WITH VALUE BASED PROGRAMS AND ACTIVITIES WE PROVIDE OUR CHILDREN WITH A SOCIAL, ACADEMIC AND CULTURALLY ENRICHING EXPERIENCE IN A SAFE, NURTURING, NEW YORK STATE OFFICE OF CHILDREN SERVICES LICENSED ENVIRONMENT THE YOUNG PEOPLE WE SERVE ARE GUIDED BY STAFF MEMBERS AND VOLUNTEERS THAT HAVE A COMMITMENT TO LEARNING AND OFFERING STIMULATING ACTIVITIES IN LITERACY, PHYSICAL FITNESS, CHARACTER DEVELOPMENT, HOMEWORK, ARTS, SCIENCE, COMPUTER TECHNOLOGY, SERVICE LEARNING, CULTURAL ARTS, SOCIAL COMPETENCE, CONFLICT RESOLUTION, LIFE SKILLS AND LEADERSHIP DEVELOPMENT FULL MEALS ARE SERVED DAILY THROUGH OUR KID'S CAFE PROGRAM IN PARTNERSHIP WITH THE FOOD BANK FOR WESTCHESTER THIS YEAR OVER 19,200 HOT MEALS WERE SERVED THROUGH OUR KID'S CAFE PROGRAM AND 600 KID FRIENDLY PANTRY BAGS DISTRIBUTED THROUGH OUR BACKPACK BUDDIES PROGRAM MANY OF OUR CHILDREN/STUDENTS ARE ENGLISH AS SECOND LANGUAGE LEARNERS AND REQUIRE ADDITIONAL ASSISTANCE WITH READING COMPREHENSION, WRITING AND LANGUAGE ARTS WE HAVE ALSO NOTICED INCREASED ENROLLMENT OF PARTICIPANTS WITH ATTENTION DEFICIT HYPERACTIVE DISORDER AND AUTISM WE WORK CLOSELY WITH FAMILIES AND PARTNER AGENCIES TO ASSIST THE CHILDREN AND FAMILIES DEVELOP TOOLS TO IMPROVE THEIR CHILD'S BEHAVIOR AND ACADEMIC SUCCESS WE ALSO WORK WITH THE FAMILY AND SCHOOL DISTRICT TO IDENTIFY THE NEED FOR ADDITIONAL SCHOOL BASED SERVICES THROUGH INDIVIDUAL EDUCATION PLANS OR 504 THAT ARE MONITORED THROUGH THE DEPARTMENT OF SPECIAL EDUCATION CURRENTLY, 85% OF OUR STUDENTS ARE ELIGIBLE FOR FULL STATE CHILDCARE SUBSIDIES FIFTEEN PERCENT RECEIVE PARTIAL GOVERNMENT SUBSIDIES OR RECEIVE FINANCIAL ASSISTANCE THROUGH OUR STRONG KIDS CAMPAIGN, JCPENNEY AFTERSCHOOL SCHOLARSHIPS AND CITY OF YONKERS CDBG FUNDS DUE TO LIMITED FUNDRAISING CAPACITY WE ARE NOT ABLE TO PROVIDE FINANCIAL ASSISTANCE TO ALL WHO QUALIFY NINETY FIVE PERCENT (95%) OF OUR PARTICIPANTS ARE AFRICAN AMERICAN, LATINO OR HISPANIC DESCENT, SIXTY PERCENT (60%) ARE FEMALE, SEVENTY PERCENT (70%) ARE BELOW THE POVERTY LEVEL, ABOUT 75% OF OUR STUDENTS ARE BEING RAISED IN HOMES WITH ONE PARENT AND A GRANDPARENT IS RAISING TEN PERCENT (10%) NINETY-FIVE PERCENT (95%) OF THE CHILDREN WE SERVE ARE ELIGIBLE FOR FREE OR REDUCED LUNCH OUR SUMMER PROGRAM STRIVES TO ASSIST CAMPERS DEVELOP THE FOUR C'S OF COMPASSION, CONTRIBUTION, COMMITMENT AND CHARACTER CHILDREN WHO ARE INVOLVED IN CAMP ARE LESS AT RISK THAN THEIR COUNTERPARTS BECAUSE THEY ARE SUPPORTED THOUGH A SENSE OF COMMUNITY WHICH AIDES IN THE DEVELOPMENT OF INTERGENERATIONAL RELATIONSHIPS, SELF ESTEEM AND SELF AWARENESS SUMMER CLUB PROVIDES A UNIQUE OPPORTUNITY FOR OUR YOUTH TO LEARN AND EXPLORE ACTIVITIES THAT THEY HAVE NEVER EXPERIENCED TRIPS TO EDUCATIONAL, RECREATIONAL, CULTURAL ARTS AND AMUSEMENT PARKS AS WELL AS THEMED DAYS WRING A LOT OF EXCITEMENT TO PARTICIPANTS IN AN EFFORT TO PREVENT SUMMER READING LOSS WE ALSO OFFER ACADEMIC ENRICHMENT TO ENSURE THAT THEY DO NOT LOSE THEIR ACADEMIC GAINS DURING THE SUMMER THE YMCA RECEIVED \$167,479 IN CONTRIBUTIONS AND GOVERNMENT GRANTS TO OPERATE THE YOUTH AND FAMILY SERVICES PROGRAM
4d	Other program services (Describe in Schedule O) (Expenses \$ 388,213 including grants of \$) (Revenue \$ 309,187)	
4e	Total program service expenses	\$ 2,043,226



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.	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	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 for which 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.		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.		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.		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.		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.		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.	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.		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.		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.		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	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.	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	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.		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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I.		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, Part 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, Part 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.		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.	Yes	
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. All Form 990 filers that operated one or more hospitals must attach audited financial statements.		

Part IV

Checklist of Required Schedules *(continued)*

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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 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	Yes	
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
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	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>	35b		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 <input type="checkbox"/>				
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. .	1a	3	
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	86	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	Yes	
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 or securities 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?	12a		
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. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state.	13a		
b	Enter the aggregate 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 aggregate amount of reserves on hand.	13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	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		
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	Did the organization have members or stockholders?		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		No
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		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?		No
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	Did the organization have local chapters, branches, or affiliates?		No
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete 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 the Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
12b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did 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		No
15b	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," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take 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	NY
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 made these available. Check all that apply. <input checked="" type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request	
19	Describe in Schedule O whether (and if so, how), the organization made 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.	SHAWYN PATTERSON-HOWARD 17 RIVERDALE AVENUE YONKERS, NY 10701 (914) 963-0183

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, or 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 organizations compensated any current or former officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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) MARIA GEORGE PRESIDENT	1 50	X		X				0	0	0
(2) PATRICIA MCDOW BOARD MEMBER	30	X						0	0	0
(3) JOHN PAGLIAROLI TREASURER	50	X		X				0	0	0
(4) ROSS SMITH VICE PRESIDENT	50	X		X				0	0	0
(5) THOMAS S POWRIE JR BOARD MEMBER	50	X						0	0	0
(6) JOSEPH F SPIEZIO III BOARD MEMBER	30	X						0	0	0
(7) ARNALDO TORRES SECRETARY	1 00	X		X				0	0	0
(8) KIM UPSHAW BOARD MEMBER	30	X						0	0	0
(9) ERIC WOLFE BOARD MEMBER	30	X						0	0	0
(10) MARIO JOHNSON BOARD MEMBER	30	X						0	0	0
(11) SHAWYN PATTERSON HOWARD CEO	35 00			X				95,150	0	15,499

Part VII

1b	Sub-Total	▼			
c	Total from continuation sheets to Part VII, Section A	▼			
d	Total (add lines 1b and 1c)	▼	95,150	0	15,499

2 Total number of individuals (including but not limited to those listed in Item 1) who received more than \$100,000 of reportable compensation from the organization. 0

		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>	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	No
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. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►0

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	13,500			
	b	Membership dues	1b				
	c	Fundraising events	1c	7,350			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	720,826			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	255,694			
	g	Noncash contributions included in lines 1a-1f \$ 199,755					
	h	Total. Add lines 1a-1f					
Program Service Revenue			Business Code				
	2a	RESIDENCE & FACILITY R	713940	423,917	423,917		
	b	MEMBERSHIP DUES	713940	233,368	233,368		
	c	SUMMER CAMP	713940	152,330	152,330		
	d	AFTER SCHOOL PROGRAM	713940	149,094	149,094		
	e	SWIM LESSONS	713940	113,200	113,200		
	f	All other program service revenue		60,186	60,186		
	g	Total. Add lines 2a-2f			1,132,095		
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		75			75
	4	Income from investment of tax-exempt bond proceeds . .					
	5	Royalties					
	6a	(i) Real					
		(ii) Personal					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
	7a	(i) Securities					
		(ii) Other					
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)					
	8a	Gross income from fundraising events (not including \$ 7,350 of contributions reported on line 1c) See Part IV, line 18		21,045			
		a					
	b	Less direct expenses		15,357			
c	Net income or (loss) from fundraising events . .		5,688			5,688	
9a	Gross income from gaming activities See Part IV, line 19						
	a						
b	Less direct expenses						
c	Net income or (loss) from gaming activities . .						
10a	Gross sales of inventory, less returns and allowances		9,461				
	a						
b	Less cost of goods sold		1,717				
c	Net income or (loss) from sales of inventory . .		7,744	7,744			
Miscellaneous Revenue		Business Code					
11a	OTHER REVENUE		900099	8,658			8,658
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d			8,658			
12	Total revenue. See Instructions			2,151,630	1,139,839	0	14,421

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

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 United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	112,178	100,959	8,975	2,244
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	948,974	854,076	75,918	18,980
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	19,728	17,756	1,578	394
9	Other employee benefits	27,879	25,211	2,159	509
10	Payroll taxes	124,314	113,982	8,686	1,646
11	Fees for services (non-employees)				
a	Management	2,362		2,362	
b	Legal	7,540	7,540		
c	Accounting	9,520	9,520		
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	52,707	51,462	1,245	
12	Advertising and promotion	494	469	25	
13	Office expenses	428,194	409,508	17,208	1,478
14	Information technology				
15	Royalties				
16	Occupancy	180,492	171,467	9,025	
17	Travel	21,654	20,571	1,083	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	15,330	15,330		
20	Interest	6,511		6,511	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	180,389	102,822	77,567	
23	Insurance	67,951	64,553	3,398	
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	FOOD AND LODGING	71,591	68,011	3,580	
b	NATIONAL FEES	23,000		23,000	
c	MISCELLANEOUS	10,095	9,590	505	
d	REPAIRS AND MAINTENANCE	443	399	44	
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	2,311,346	2,043,226	242,869	25,251
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				57,358	1	70,715
	2	Savings and temporary cash investments				9,090	2	12,769
	3	Pledges and grants receivable, net					3	
	4	Accounts receivable, net				474,339	4	274,483
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L					5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L					6	
	7	Notes and loans receivable, net					7	
	8	Inventories for sale or use					8	
	9	Prepaid expenses and deferred charges				38,026	9	16,148
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a	2,437,366		1,254,095	10c	1,163,369
	b	Less—accumulated depreciation	10b	1,273,997				
	11	Investments—publicly traded securities					11	
	12	Investments—other securities. See Part IV, line 11					12	
	13	Investments—program-related. See Part IV, line 11					13	
	14	Intangible assets					14	
	15	Other assets. See Part IV, line 11					15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)				1,832,908	16	1,537,484
Liabilities	17	Accounts payable and accrued expenses				224,473	17	146,782
	18	Grants payable					18	
	19	Deferred revenue				35,300	19	
	20	Tax-exempt bond liabilities					20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D					21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L					22	
	23	Secured mortgages and notes payable to unrelated third parties					23	
	24	Unsecured notes and loans payable to unrelated third parties					24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D				95,357	25	72,640
	26	Total liabilities. Add lines 17 through 25				355,130	26	219,422
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				1,477,778	27	1,318,062
	28	Temporarily restricted net assets					28	
	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				1,477,778	33	1,318,062
	34	Total liabilities and net assets/fund balances				1,832,908	34	1,537,484

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	2,151,630
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,311,346
3	Revenue less expenses Subtract line 2 from line 1	3	-159,716
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,477,778
5	Other changes in net assets or fund balances (explain in Schedule O)	5	0
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	1,318,062

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		No
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?		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

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

2011

Open to Public
Inspection

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

Part I Reason for Public Charity Status

(All organizations must complete this part.) See instructions

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

- 1

☐

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

☐

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

☐

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

☐

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

☐

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

☐

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

☒

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

☐

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

☐

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

☐

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

☐

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

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

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

f

☐

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

g

☐

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

(i)

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

(ii)

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

(iii)

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

h

☐

Provide the following information about the supported organization(s)

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

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

Part II

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	1,168,085	780,519	1,033,661	844,435	997,370	4,824,070
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	1,168,085	780,519	1,033,661	844,435	997,370	4,824,070
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						4,824,070

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	1,168,085	780,519	1,033,661	844,435	997,370	4,824,070
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	6,663	8,051	858		75	15,647
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	106,082	109,910	24,593	66,288	8,658	315,531
11 Total support (Add lines 7 through 10)						5,155,248

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

124,863,128

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 2011 (line 6 column (f) divided by line 11 column (f))	14	93.580 %
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15	92.640 %
16a 33 1/3% support test—2011. 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—2010. 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—2011. 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—2010. 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 IIIPart III

Support Schedule for Organizations Described in IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage			
15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15		
16 Public support percentage from 2010 Schedule A, Part III, line 15	16		

Section D. Computation of Investment Income Percentage			
17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17		
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18		
19a 33 1/3% support tests—2011. 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—2010. 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 explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
Attach to Form 990. See separate instructions.

Name of the organization
YMCA OF YONKERS INC

Employer identification number
13-1740520

Part I

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
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	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Part II

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure) ☐ Preservation of an historically importantly land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

	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? ☐ Yes ☐ No

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

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

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

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

Part III

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

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

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

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

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

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

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

b Assets included in Form 990, Part X ▶ \$ _____

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

- 3

Using the organization's 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

d

☐ Loan or exchange programs

b

☐ Scholarly research

e

☐ Other

c

☐ Preservation for future generations
- 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 | |
| 1d | |
| 1e | |
| 1f | |

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

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
- (i)

unrelated organizations

(ii)

related organizations

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?
- | | | |
|--------|-----|----|
| | Yes | No |
| 3a(i) | | |
| 3a(ii) | | |
| 3b | | |

- 4

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

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

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		17,500		17,500
b Buildings		2,050,847	1,113,013	937,834
c Leasehold improvements				
d Equipment		369,019	160,984	208,035
e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				1,163,369

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)	12,151,630
2	Total expenses (Form 990, Part IX, column (A), line 25)	2,311,346
3	Excess or (deficit) for the year Subtract line 2 from line 1	-159,716
4	Net unrealized gains (losses) on investments	
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV)	
9	Total adjustments (net) Add lines 4 - 8	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	-159,716

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements	12,159,430
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a	Net unrealized gains on investments2a	
b	Donated services and use of facilities2b	7,800
c	Recoveries of prior year grants2c	
d	Other (Describe in Part XIV)2d	
e	Add lines 2a through 2d2e	7,800
3	Subtract line 2e from line 13	2,151,630
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 7b4a	
b	Other (Describe in Part XIV)4b	
c	Add lines 4a and 4b4c	0
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)5	2,151,630

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements	12,319,146
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
a	Donated services and use of facilities2a	7,800
b	Prior year adjustments2b	
c	Other losses2c	
d	Other (Describe in Part XIV)2d	
e	Add lines 2a through 2d2e	7,800
3	Subtract line 2e from line 13	2,311,346
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 7b4a	
b	Other (Describe in Part XIV)4b	
c	Add lines 4a and 4b4c	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)5	2,311,346

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
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	MANAGEMENT HAS DETERMINED THAT THE YMCA HAD NO UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE FINANCIAL STATEMENT RECOGNITION. THE YMCA RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY WHEN THEY ARE MORE LIKELY THAN NOT OF BEING SUSTAINED. THE YMCA IS NO LONGER SUBJECT TO EXAMINATIONS BY THE APPLICABLE TAXING JURISDICTIONS FOR PERIODS PRIOR TO DECEMBER 31, 2008.

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

2011

Open to Public
Inspection

Name of the organization
YMCA OF YONKERS INC

Employer identification number
13-1740520

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

b

☐ Internet and e-mail solicitations

c

☐ Phone solicitations

d

☐ In-person solicitations

e

☐ Solicitation of non-government grants

f

☐ Solicitation of government grants

g

☐ Special fundraising events

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.

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.

Revenue		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		<u>GALA EVENT</u>			(Add col (a) through col (c))
		(event type)	(event type)	(total number)	
1	Gross receipts	28,395			28,395
2	Less Charitable contributions	7,350			7,350
3	Gross income (line 1 minus line 2)	21,045			21,045
Direct Expenses	4	Cash prizes			
	5	Non-cash prizes			
	6	Rent/facility costs			
	7	Food and beverages	9,000		9,000
	8	Entertainment			
	9	Other direct expenses	6,357		6,357
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			
	11	Net income summary Combine lines 3 and 10 in column (d). ▶			
					(15,357)
					5,688

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.

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(Add col (a) through col (c))
1	Gross revenue				
Direct Expenses	2	Cash prizes			
	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor			
	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
------------	-----------------	-------------

SCHEDULE M
(Form 990)

NonCash Contributions

OMB No 1545-0047

2011

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization
YMCA OF YONKERS INC

Employer identification number
13-1740520

Part I

Types of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory	X	1	109,664	FMV
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
POOL				
25 Other ► (TABLE)	X	1	10,000	FMV
ENERGY				
26 Other ► (SAVINGS)	X	1	32,269	FMV
27 Other ► (BEDDING)	X	1	47,822	FMV
28 Other ► ()				

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

29

0

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a	No
b If "Yes," describe the arrangement in Part II		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	No
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?	32a	No
b If "Yes," describe in Part II		
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II		

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
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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

2011

Open to Public
Inspection

Name of the organization
YMCA OF YONKERS INC

Employer identification number
13-1740520

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 8B	THERE ARE NO COMMITTEES THAT HAVE THE ABILITY TO ACT ON BEHALF OF THE BOARD
	FORM 990, PART VI, SECTION B, LINE 11	THE YMCA OF YONKERS HAS ITS FORM 990 PREPARED BY AN OUTSIDE ACCOUNTING FIRM AND HAS ESTABLISHED THE FOLLOWING REVIEW PROCESS TO ENSURE THAT THE INFORMATION REPORTED IS COMPLETE AND ACCURATE. WHEN THE FORM 990 HAS BEEN PREPARED, REVIEWED BY MANAGEMENT AND IS READY TO BE FILED WITH THE INTERNAL REVENUE SERVICE, IT IS ELECTRONICALLY SENT TO THE BOARD MEMBERS OF THE ORGANIZATION FOR ANY COMMENTS. UPON APPROVAL FROM THE BOARD, THE FORM 990 FILED WITH THE IRS.
	FORM 990, PART VI, SECTION B, LINE 12C	ALL EMPLOYEES, OFFICERS AND BOARD MEMBERS MUST REVIEW, DECLARE AND SIGN A CONFLICT OF INTEREST POLICY EACH YEAR. ANY CONFLICTS WILL BE REVIEWED BY THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS, THE CEO, AND THE BUSINESS OFFICE TO ENSURE THAT THEY DO NOT INTERFERE WITH THE INTEGRITY OF BUSINESS PRACTICES. THE CEO AND THE BUSINESS OFFICE REVIEWS CONFLICTS THAT THE STAFF HAS, AND IT WILL BE RESOLVED ON THAT LEVEL. IF NECESSARY, IT WILL BE BROUGHT TO THE ATTENTION OF THE EXECUTIVE COMMITTEE OF THE BOARD. IF THE CONFLICT INVOLVES A BOARD MEMBER, THE BOARD OR EXECUTIVE COMMITTEE SHALL DETERMINE BY A MAJORITY VOTE OF DISINTERESTED DIRECTORS WHETHER THE DISCLOSED INTEREST MAY RESULT IN A CONFLICT OF INTEREST AFTER MEETING, DISCUSSING AND VOTING ON THE MATTER. THE POLICY IS UPDATED AS NEEDED BASED ON NOT-FOR-PROFIT GUIDELINES OR ISSUES AS THEY ARISE.
	FORM 990, PART VI, SECTION B, LINE 15A	THE CEO'S SALARY IS DETERMINED BY A YMCA OF THE USA CONSULTANT. THE CONSULTANT COMPARED THE YONKERS BUDGET, PROGRAM AND STAFF STRUCTURE TO OTHER LOCAL YMCA'S AND SIMILAR ORGANIZATIONS AND DEVELOPED THE SALARY GUIDELINES BASED ON THESE FINDINGS. SALARIES HAVE REMAINED FLAT SINCE 2008.
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS FORM 990 AVAILABLE FOR PUBLIC INSPECTION AS REQUIRED UNDER SECTION 6104 OF THE INTERNAL REVENUE CODE BY POSTING IT ON GUIDESTAR.ORG AND OTHER SIMILAR TYPES OF WEBSITES. IN ADDITION, THE FINANCIAL STATEMENTS, CONFLICT OF INTEREST POLICY, ARTICLES OF INCORPORATION AND BY-LAWS ARE ALSO AVAILABLE UPON WRITTEN REQUEST AT 17 RIVERDALE AVENUE, YONKERS, NY 10701 OR BY CALLING THE ORGANIZATION DIRECTLY AT (914)-963-0183.
	FORM 990, PART XII, LINE 2C	THE BOARD OF DIRECTORS FOR THE YMCA OF YONKERS ASSUMES THE RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT AND IN THE SELECTION OF AN INDEPENDENT ACCOUNTANT. THE BOARD REVIEWS THE FINANCIAL STATEMENTS AFTER THE AUDIT IS COMPLETE. IN ADDITION, THE BOARD MEETS WITH THE AUDITORS ANNUALLY TO DISCUSS THE AUDIT RESULTS AND TO ADDRESS ANY COMMENTS OR CONCERNS THEY MIGHT HAVE. THE PROCESS HAS NOT CHANGED SINCE THE PREVIOUS YEAR.

Additional Data

Software ID:
Software Version:
EIN: 13-1740520
Name: YMCA OF YONKERS INC

Form 990, Special Condition Description:

Special Condition Description

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

4d. Other program services			
(Code) (Expenses \$	388,213 including grants of \$) (Revenue \$ 309,187)
OUR YOUTH SERVICES PROGRAM IS COMPRISED OF SCHOOL AGE CHILD CARE OR AFTER SCHOOL SERVICES AND SUMMER CAMP ANNUALLY THE YMCA OF YONKERS PROVIDES SERVICES TO OVER 250 CHILDREN THROUGH AFTER SCHOOL AND SUMMER CAMP PROGRAMMING THE YONKERS FAMILY YMCA HAS PROVIDED SERVICES TO AFTER SCHOOL CHILDREN IN THE MID 1980'S THE PROGRAM OPERATES TWENTY HOURS A WEEK MONDAY THROUGH FRIDAY FROM 2 30-6 30PM ON DAYS IN WHICH THERE ARE EARLY SCHOOL CLOSINGS OR HOLIDAY VACATIONS, EXTENDED HOURS ARE OFFERED NEWYORK STATE STANDARDS REQUIRE THAT THE YMCA PROVIDE A 1 10 MINIMUM STAFF TO STUDENT RATIO THE YONKERS YMCA PROVIDES A 1 8 STAFF/STUDENT RATIO, DUE TO THE SPECIFIC NEEDS OF THE COMMUNITY IN WHICH IT SERVES THE AFTER SCHOOL PROGRAM IS OFFERED AT THE YMCA'S FACILITY IN SOUTHWEST YONKERS YONKERS IS A CITY WITH A POPULATION OF 200,000 IN OUR PRIMARY SERVICE AREA WHICH IS SOUTHWEST YONKERS 37% OF THE FAMILIES FALL 200% BELOW THE POVERTY LEVEL THE NEED FOR PROGRAMMING TO EDUCATE, ENCOURAGE, UPLIFT AND BREAK THE CYCLE OF POVERTY, POOR HEALTH AND VIOLENCE IS SIGNIFICANT OUR PROGRAMS ARE DESIGNED SPECIFICALLY TO ADDRESS THESE ISSUES OUR YOUTH SERVICES PROGRAMS OFFER A DEVELOPMENTALLY APPROPRIATE CURRICULUM ALONG WITH VALUE BASED PROGRAMS AND ACTIVITIES WE PROVIDE OUR CHILDREN WITH A SOCIAL, ACADEMIC AND CULTURALLY ENRICHING EXPERIENCE IN A SAFE, NURTURING, NEWYORK STATE OFFICE OF CHILDREN SERVICES LICENSED ENVIRONMENT THE YOUNG PEOPLE WE SERVE ARE GUIDED BY STAFF MEMBERS AND VOLUNTEERS THAT HAVE A COMMITMENT TO LEARNING AND OFFERING STIMULATING ACTIVITIES IN LITERACY, PHYSICAL FITNESS, CHARACTER DEVELOPMENT, HOMEWORK, ARTS, SCIENCE, COMPUTER TECHNOLOGY, SERVICE LEARNING, CULTURAL ARTS, SOCIAL COMPETENCE, CONFLICT RESOLUTION, LIFE SKILLS AND LEADERSHIP DEVELOPMENT FULL MEALS ARE SERVED DAILY THROUGH OUR KID'S CAFE PROGRAM IN PARTNERSHIP WITH THE FOOD BANK FOR WESTCHESTER THIS YEAR OVER 19,200 HOT MEALS WERE SERVED THROUGH OUR KID'S CAFE PROGRAM AND 600 KID FRIENDLY PANTRY BAGS DISTRIBUTED THROUGH OUR BACKPACK BUDDIES PROGRAM MANY OF OUR CHILDREN/STUDENTS ARE ENGLISH AS SECOND LANGUAGE LEARNERS AND REQUIRE ADDITIONAL ASSISTANCE WITH READING COMPREHENSION, WRITING AND LANGUAGE ARTS WE HAVE ALSO NOTICED INCREASED ENROLLMENT OF PARTICIPANTS WITH ATTENTION DEFICIT HYPERACTIVE DISORDER AND AUTISM WE WORK CLOSELY WITH FAMILIES AND PARTNER AGENCIES TO ASSIST THE CHILDREN AND FAMILIES DEVELOP TOOLS TO IMPROVE THEIR CHILD'S BEHAVIOR AND ACADEMIC SUCCESS WE ALSO WORK WITH THE FAMILY AND SCHOOL DISTRICT TO IDENTIFY THE NEED FOR ADDITIONAL SCHOOL BASED SERVICES THROUGH INDIVIDUAL EDUCATION PLANS OR 504 THAT ARE MONITORED THROUGH THE DEPARTMENT OF SPECIAL EDUCATION CURRENTLY, 85% OF OUR STUDENTS ARE ELIGIBLE FOR FULL STATE CHILDCARE SUBSIDIES FIFTEEN PERCENT RECEIVE PARTIAL GOVERNMENT SUBSIDIES OR RECEIVE FINANCIAL ASSISTANCE THROUGH OUR STRONG KIDS CAMPAIGN, JCPENNEY AFTERSCHOOL SCHOLARSHIPS AND CITY OF YONKERS CDBG FUNDS DUE TO LIMITED FUNDRAISING CAPACITY WE ARE NOT ABLE TO PROVIDE FINANCIAL ASSISTANCE TO ALL WHO QUALIFY NINETY FIVE PERCENT (95%) OF OUR PARTICIPANTS ARE AFRICAN AMERICAN, LATINO OR HISPANIC DESCENT, SIXTY PERCENT (60%) ARE FEMALE, SEVENTY PERCENT (70%) ARE BELOW THE POVERTY LEVEL, ABOUT 75% OF OUR STUDENTS ARE BEING RAISED IN HOMES WITH ONE PARENT AND A GRANDPARENT IS RAISING TEN PERCENT (10%) NINETY-FIVE PERCENT (95%) OF THE CHILDREN WE SERVE ARE ELIGIBLE FOR FREE OR REDUCED LUNCH OUR SUMMER PROGRAM STRIVES TO ASSIST CAMPERS DEVELOP THE FOUR C'S OF COMPASSION, CONTRIBUTION, COMMITMENT AND CHARACTER CHILDREN WHO ARE INVOLVED IN CAMP ARE LESS AT RISK THAN THEIR COUNTERPARTS BECAUSE THEY ARE SUPPORTED THOUGH A SENSE OF COMMUNITY WHICH AIDES IN THE DEVELOPMENT OF INTERGENERATIONAL RELATIONSHIPS, SELF ESTEEM AND SELF AWARENESS SUMMER CLUB PROVIDES A UNIQUE OPPORTUNITY FOR OUR YOUTH TO LEARN AND EXPLORE ACTIVITIES THAT THEY HAVE NEVER EXPERIENCED TRIPS TO EDUCATIONAL, RECREATIONAL, CULTURAL ARTS AND AMUSEMENT PARKS AS WELL AS THEMED DAYS WRING A LOT OF EXCITEMENT TO PARTICIPANTS IN AN EFFORT TO PREVENT SUMMER READING LOSS WE ALSO OFFER ACADEMIC ENRICHMENT TO ENSURE THAT THEY DO NOT LOSE THEIR ACADEMIC GAINS DURING THE SUMMER THE YMCA RECEIVED \$167,479 IN CONTRIBUTIONS AND GOVERNMENT GRANTS TO OPERATE THE YOUTH AND FAMILY SERVICES PROGRAM			