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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 01-01-2012 , 2012, and ending 12-31-2012

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
YMCA OF YONKERS

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
17 RIVERDALE AVENUE

City or town, state or country, and ZIP + 4
YONKERS, NY 10701

D Employer identification number
13-1740520

E Telephone number
(914) 963-0183

G Gross receipts $ 2,151,921

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? ☐ Yes ☑ No

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

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW YOYMCA ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1882

M State of legal domicile NY

Part I Summary

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 ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	9
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	9
5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	**5**	91
6	Total number of volunteers (estimate if necessary)	**6**	66
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

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	997,370	1,000,359
	9 Program service revenue (Part VIII, line 2g)	1,132,095	1,114,550
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	75	0
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	22,090	20,047
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,151,630	2,134,956
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
	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)	1,233,073	1,141,176
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶23,952		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,078,273	1,069,149
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	2,311,346	2,210,325
	19 Revenue less expenses Subtract line 18 from line 12	-159,716	-75,369

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	1,537,484	1,554,460
	21 Total liabilities (Part X, line 26)	219,422	311,767
	22 Net assets or fund balances Subtract line 21 from line 20	1,318,062	1,242,693

Part II Signature Block

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

Sign Here

****** | 2013-11-15
Signature of officer | Date

SHAWYN PATTERSON-HOWARD CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
GARRETT M HIGGINS		2013-11-15		P00543209

Firm's name ▶ O'CONNOR DAVIES LLP | Firm's EIN ▶ 27-1728945

Firm's address ▶ 555 HUDSON VALLEY AVENUE SUITE 106
NEW WINDSOR, NY 12553 | 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 STREGNTHENING 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? . . . . . ☐ Yes ☑ No

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

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

If "Yes," describe these changes on Schedule O

4 Describe the 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 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 $ 466,396 including grants of $) (Revenue $ 333,059)

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

4b (Code) (Expenses $ 582,995 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", THE YONKERS FAMILY YMCA'S LIFE SKILLS TRAINING PROGRAM CONTINUES TO TACKLE TRADITIONAL AND CONTEMPORARY TEEN ISSUES OUR YOUTH EMPLOYMENT-TRAINING PROGRAM EXPANDED TO PROVIDE EMPLOYMENT-TRAINING, PREPARATION, LIFE SKILLS AND PLACEMENT TO OVER 400 YOUTH ANNUALLY OUR FOUR CORE AREAS OF CERTIFICATION INCLUDE MEDIA PRODUCTION, CHILDCARE, PERSONAL AND GROUP FITNESS AND LIFEGUARDING LOW-INCOME INDIVIDUALS WITH LIMITED EXPOSURE TO THE WORLD OF WORK MAY LACK THE "SOFT SKILLS" NEEDED TO GET A JOB, STAY EMPLOYED, AND ADVANCE SOFT SKILLS ARE THE NONTECHNICAL SKILLS, ABILITIES, AND TRAITS THAT WORKERS NEED TO FUNCTION IN A SPECIFIC EMPLOYMENT ENVIRONMENT THEY INCLUDE FOUR SETS OF WORKPLACE COMPETENCIES PROBLEM SOLVING AND OTHER COGNITIVE SKILLS, ORAL COMMUNICATION SKILLS, PERSONAL QUALITIES AND WORK ETHIC, AND INTERPERSONAL AND TEAMWORK SKILLS ATTITUDE, WORKPLACE ETIQUETTE, RELIABILITY AND POOR CUSTOMER SERVICE SKILLS ARE THE MOST CITED REASONS FOR EMPLOYEE TERMINATION IN ENTRY-LEVEL POSITIONS THE YMCA AND ITS PARTNERS INCORPORATE SOFT SKILLS TRAINING INTO OUR TRADITIONAL JOB READINESS TRAINING PROGRAM, WHICH ALSO INCLUDES THE FOLLOWING CONTENT AREAS - INTERVIEWING TECHNIQUES - RESUME PREPARATION- JOB SHADOWING AND INTERNSHIP - WAGE GAIN (FOR THOSE NOT WORKING WE WILL FIND EMPLOYMENT OPPORTUNITIES- JOB COACHING AND PROFESSIONAL MENTORSHIP TO SUPPORT WAGE GAIN AS SKILLS ARE INCREASED), AND JOB MAINTENANCE AND RETENTION - PARTICIPATION IN LOCAL AND REGIONAL JOB FAIRSTHE YONKERS FAMILY YMCA HIGHER EDUCATION SERVICE PROGRAM (HESP) IS SUPPORTED THROUGH YMCA OF THE USA AND ITS PARTNERSHIP WITH THE LUMINA FOUNDATION, THE CITY OF YONKERS CDBG PROGRAM, WESTCHESTER COUNTY DEPARTMENT OF SOCIAL SERVICES, COMMUNITY PARTNERSHIPS AND FUNDRAISERS PLANNED BY OUR PARTICIPANTS THIS YEAR OVER 200 YOUTH PARTICIPATED IN OUR HESP THE YONKERS YMCA AND PARTNERS PROVIDED OUR PARTICIPANTS WITH DAILY TUTORIAL SESSIONS, WEEKLY LIFE SKILLS WORKSHOPS AND SERVICE LEARNING OPPORTUNITIES, VISITS TO LOCAL COLLEGES, OVERNIGHT COLLEGE TOURS AND COLLEGE FAIRS HELD AT THE YMCA AND IN THE COMMUNITY WE ALSO PROVIDED COLLEGE PREP AND COLLEGE RETENTION SERVICES, SAT PREPARATION THROUGH THE YMCA AND LET'S GET READY, FINANCIAL LITERACY WORKSHOPS AND SUPPORT IN APPLYING FOR FINANCIAL AID THROUGH OUR COLLEGE GOAL SUNDAY PARTNERSHIP OUR COLLEGE TOUR THIS YEAR INCLUDED A TOUR OF COLLEGES IN WASHINGTON DC INCLUDING GEORGETOWN, AMERICAN, HOWARD AND GEORGE WASHINGTON UNIVERSITIES DURING OUR COLLEGE TOUR, LIFE SKILL CLASSES WERE ALSO OFFERED INCLUDING WORKSHOPS AND EXPOSURE TO CULTURAL ARTS AND ENTERTAINMENT IN OCTOBER 2010, THE YONKERS YMCA LAUNCHED THE SNUG PROGRAM MODELED AFTER CHICAGO CEASEFIRE, YONKERS SNUG AIMS TO REDUCE THE INCIDENCE OF SHOOTINGS AND KILLINGS IN YONKERS BY EMPLOYING "CREDIBLE MESSENGERS" (FORMERLY INCARCERATED INDIVIDUALS) TO PROVIDE CRISIS INTERVENTION, INTENSIVE MEDIATION, OUTREACH, COMMUNITY EDUCATION AND COALITION BUILDING THE SNUG PROGRAM ENGAGES THE MOST "AT RISK" YOUTH WHO HAVE BEEN INVOLVED IN OR CLOSELY ASSOCIATED WITH PAST ACTS OF VIOLENCE AND "GANG/STREET ACTIVITY" ACTIVITY THE SNUG PROGRAM TARGETED NODINE HILL AND SCHLOBAUM HOUSING PROJECTS, WHICH HAVE BEEN THE VIOLENT "HOT SPOTS" IN THE COMMUNITY OF YONKERS FOR MORE THAN 10 YEARS DURING THE SUMMER OF 2010, TWENTY -SEVEN SHOOTINGS OCCURRED IN A 20-DAY PERIOD IN 2012, NO SHOOTINGS OCCURRED IN THE TARGET ZONE FOR THE YEAR AND TWO OUTSIDE OF THE TARGET ZONE FOR WHICH SNUG COORDINATED A RESPONSE NONE OF THE SHOOTINGS RESULTED IN A FATALITY THE SNUG TEAM PROVIDED INTENSE AND PROLONGED MEDIATION TO PREVENT RETALIATION, WHICH INCLUDED WAKE AND FUNERAL SECURITY, HOSPITAL INTERVENTION, COMMUNITY MEETINGS, RALLIES AND HEALING SERVICES FOLLOWING THE SHOOTINGS BASED ON THE YONKERS POLICE DEPARTMENT COMSTAT REPORTS VIOLENT CRIME DECREASED IN THE SNUG TARGET ZONE BY 85% AND 38% ACROSS THE CITY OF YONKERS IN 2012, THE SNUG TEAM PERFORMED THE FOLLOWING SERVICES THAT SUPPORTED AN 85% DECREASE IN SHOOTING INCIDENCES IN THEIR TARGET ZONE - FOUR SHOOTING RESPONSES- 57 COMMUNITY OUTREACH EVENTS (INCLUDING CO-SPONSORING NATIONAL NIGHT OUT IN TWO PRECINCTS)- 115,963 PIECES OF VIOLENCE PREVENTION AND EDUCATION LITERATURE WAS DISTRIBUTED- 403 SEPARATE CONFLICTS MEDIATED (MANY WERE ONGOING MEDIATIONS)- 393 CONTACTS WITH HIGH RISK INDIVIDUALS- 1,937 IN PERSON CLIENT CONTACTS- 407 HOME VISITS PARTICIPANTS ENROLLED IN THE SNUG PROGRAM WERE HIGH RISK AS EVIDENCED BY THE FOLLOWING - 96% GANG INVOLVED- 68% KEY ROLE IN A GANG- 72% PRIOR CRIMINAL INVOLVEMENT- 93% INVOLVED IN HIGH RISK STREET ACTIVITY- 25% HIGH SCHOOL GRADUATE/GED- 82% UNEMPLOYED- 45% ON PAROLE OR PROBATIONSNUG IS MAKING AN INDELIBLE IMPACT ON THE LIVES OF THE PARTICIPANTS AND THE COMMUNITY OUR YOUTH EMPLOYMENT TRAINING PROGRAM COMBINED WITH OUR HIGHER EDUCATION SERVICE PROGRAM AND GANG PREVENTION AND INTERVENTION EFFORTS AIM TO BREAK THE CYCLE OF GENERATIONAL POVERTY, VIOLENCE AND/OR ADDICTION AND PROVIDE OUR PARTICIPANTS WITH A SPRINGBOARD TOWARD A POSITIVE FUTURE

4c (Code) (Expenses $ 524,695 including grants of $) (Revenue $ 486,949)

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 3,000 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 AND 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 97 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 115,000 HOT MEALS WE COLLABORATED WITH OVER 25 COMMUNITY AND GOVERNMENT AGENCIES TO HOST, SPONSOR AND CO-SPONSOR OVER 95 HEALTH/WELLNESS 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

(Code) (Expenses $ 369,230 including grants of $) (Revenue $ 302,058)

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 23,500 HOT MEALS WERE SERVED THROUGH OUR KID'S CAFE PROGRAM AND 900 KID FRIENDLY PANTRY BAGS DISTRIBUTED THROUGH OUR BACKPACK BUDDIES PROGRAM IN AN EFFORT TO STEM THE GROWING TIDE OF YOUTH OBESITY THE YONKERS FAMILY YMCA UTILIZES SEVERAL EVIDENCE BASED HEALTH EDUCATION AND PHYSICAL ACTIVITY PROGRAMS TO IMPROVE HEALTH OUTCOMES FOR OUR STUDENTS INCLUDING COORDINATED APPROACH TO CHILD HEALTH (CATCH), FUN, FOOD CURRICULUM AND THE SPARK PROGRAM NUTRITION WORKSHOPS ARE OFFERED THROUGH OUR PARTNERSHIP WITH THE FOOD BANK FOR WESTCHESTER AND UNITED WAY STEP UP 2 HEALTH INITIATIVE 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, 90% 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 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 (65%) ARE FEMALE, SEVENTY PERCENT (80%) 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

4d Other program services (Describe in Schedule O)
(Expenses $ 369,230 including grants of $) (Revenue $ 302,058)

4e **Total program service expenses** ▶ 1,943,316

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*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		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*	4		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*	5		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*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, 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*	9		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*	10		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.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	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*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	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 and XII is optional*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		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 United States? *If "Yes," complete Schedule F, Parts II and IV*	15		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 United States? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17		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*	18	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*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**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? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**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? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25*	**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? *If "Yes," complete Schedule L, Part 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? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**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? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**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? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**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? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b 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 . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	6		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	91		
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, securities account, or other financial account)?		4a		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .		5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .		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.** See the instructions for additional information the organization must report on Schedule O		13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		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	**1a** 9		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent	**1b** 9		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	**2**		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	**3**		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	**4**		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	**5**		No
6	Did the organization have members or stockholders?	**6**		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?	**7a**		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	**7b**		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	**8a**	Yes	
b	Each committee with authority to act on behalf of the governing body?	**8b**		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*	**9**		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?	**10a**		No
b	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?	**10b**		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	**11a**	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	**12a**	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	**12c**	Yes	
13	Did the organization have a written whistleblower policy?	**13**	Yes	
14	Did the organization have a written document retention and destruction policy?	**14**	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	**15a**	Yes	
b	Other officers or key employees of the organization	**15b**		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	**16a**		No
b	If "Yes," 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?	**16b**		

Section C. Disclosure

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

18 Section 6104 requires an organization to make its 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

☑ Own website ☑ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

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 during the tax year

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 (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 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 organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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) CHRISTOPHER JOHNSON BOARD MEMBER	50	X						0	0	0
(3) ROSS SMITH VICE PRESIDENT	50	X		X				0	0	0
(4) THOMAS S POWRIE JR BOARD MEMBER	50	X						0	0	0
(5) JOSEPH F SPIEZIO III BOARD MEMBER	50	X						0	0	0
(6) ARNALDO TORRES SECRETARY	1 00	X		X				0	0	0
(7) JOHN PAGIAROLI TREASURER	1 00	X		X				0	0	0
(8) ERIC WOLFE BOARD MEMBER	50	X						0	0	0
(9) SHAWYN PATTERSON HOWARD CHIEF EXECUTIVE OFFICER	70 00			X				87,507	0	16,308

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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			
1b **Sub-Total** ▶										
c **Total from continuation sheets to Part VII, Section A** ▶										
d **Total (add lines 1b and 1c)** ▶								87,507	0	16,308

2 Total number of individuals (including but not limited to those listed above) 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? *If "Yes," complete Schedule J for such individual*	**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? *If "Yes," complete Schedule J for such individual*	**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? *If "Yes," complete Schedule J for such person*	**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

Check if Schedule O contains a response to any question in this Part VIII . . . . . ☐

				(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 20,000				
	b	Membership dues	1b				
	c	Fundraising events	1c 17,570				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e 737,401				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 225,388				
	g	Noncash contributions included in lines 1a-1f $	134,058				
	h	**Total.** Add lines 1a-1f	▶	1,000,359			
Program Service Revenue			Business Code				
	2a	RESIDENCE & FACILITY R	713940	416,965	416,965		
	b	AFTER SCHOOL & SUMMER	713940	252,589	252,589		
	c	MEMBERSHIP DUES	713940	229,973	229,973		
	d	WATER SAFETY PROGRAM	713940	184,989	184,989		
	e	HEALTH & WELLNESS	713940	30,034	30,034		
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f	▶	1,114,550			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	▶				
	4	Income from investment of tax-exempt bond proceeds	▶				
	5	Royalties	▶				
			(i) Real / (ii) Personal				
	6a	Gross rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)	▶				
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory					
	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 $ 17,570 of contributions reported on line 1c) See Part IV, line 18	a 16,069				
	b	Less direct expenses	b 14,280				
	c	Net income or (loss) from fundraising events	▶	1,789			1,789
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities	▶				
	10a	Gross sales of inventory, less returns and allowances	a 10,201				
	b	Less cost of goods sold	b 2,685				
	c	Net income or (loss) from sales of inventory	▶	7,516	7,516		
		Miscellaneous Revenue	Business Code				
	11a	OTHER REVENUE	900099	10,742			10,742
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d	▶	10,742			
	12	**Total revenue.** See Instructions	▶	2,134,956	1,122,066	0	12,531

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)

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	103,815	93,434	8,305	2,076
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	899,724	809,751	71,979	17,994
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	21,082	18,973	1,686	423
9 Other employee benefits	27,958	25,163	2,237	558
10 Payroll taxes	88,597	80,420	6,678	1,499
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	14,400	13,680	720	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	49,543	47,066	2,477	
12 Advertising and promotion				
13 Office expenses	394,025	378,125	14,498	1,402
14 Information technology				
15 Royalties . .				
16 Occupancy	182,797	173,657	9,140	
17 Travel	15,909	15,114	795	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	10,788	10,788		
20 Interest	8,944		8,944	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	189,554	108,046	81,508	
23 Insurance	107,867	102,474	5,393	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a FOOD AND LODGING	45,106	42,851	2,255	
b NATIONAL FEES	24,983		24,983	
c BAD DEBT	21,094	20,039	1,055	
d REPAIRS AND MAINTENANCE	3,955	3,560	395	
e All other expenses	184	175	9	
25 **Total functional expenses.** Add lines 1 through 24e	2,210,325	1,943,316	243,057	23,952
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response to any question in this Part X . . . . . ☑

			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing	70,715	1	135,289
	2	Savings and temporary cash investments	12,769	2	11,232
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	274,483	4	379,296
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 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	16,148	9	11,768
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 2,480,426			
	b	Less accumulated depreciation — 10b: 1,463,551	1,163,369	10c	1,016,875
	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)	1,537,484	16	1,554,460
Liabilities	17	Accounts payable and accrued expenses	146,782	17	178,048
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22	Loans and other 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	72,640	25	133,719
	26	**Total liabilities.** Add lines 17 through 25	219,422	26	311,767
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	1,318,062	27	1,242,693
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ 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	1,318,062	33	1,242,693
	34	Total liabilities and net assets/fund balances	1,537,484	34	1,554,460

Part XI Reconcilliation 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	2,134,956
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,210,325
3	Revenue less expenses Subtract line 2 from line 1	3	-75,369
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,318,062
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,242,693

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 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		No
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
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?	3a		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	3b		

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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

2012

Open to Public Inspection

Name of the organization
YMCA OF YONKERS

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 described in **section 170(b)(1)(A)(i).**

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

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

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

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

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

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

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

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

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

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

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Non-functionally integrated

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?

		Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	**11g(i)**		
(ii) A family member of a person described in (i) above?	**11g(ii)**		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	**11g(iii)**		

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

(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 monetary support
			Yes	No	Yes	No	Yes	No	
Total									

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	780,519	1,033,661	844,435	997,370	1,000,359	4,656,344
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	780,519	1,033,661	844,435	997,370	1,000,359	4,656,344
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						4,656,344

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	780,519	1,033,661	844,435	997,370	1,000,359	4,656,344
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	8,051	858		75		8,984
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	109,910	24,593	60,581	8,658	10,742	214,484
11 **Total support** (Add lines 7 through 10)						4,879,812

12	Gross receipts from related activities, etc (see instructions)	12	5,172,311

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 2012 (line 6, column (f) divided by line 11, column (f))	14	95 420 %
15	Public support percentage for 2011 Schedule A, Part II, line 14	15	93 580 %

16a **33 1/3% support test—2012.** 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—2011.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2012.** 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—2011.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 2012 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2011 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2012** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2011** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2012.** 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—2011.** 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.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME OTHER INCOME - 2008 AMOUNT $ 109,910 2009 AMOUNT $ 24,593 2010 AMOUNT $ 9,532 2011 AMOUNT $ 8,658 2012 AMOUNT $ 10,742 INSURANCE PROCEEDS - 2010 AMOUNT $ 51,049

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
YMCA OF YONKERS

Employer identification number
13-1740520

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

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

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

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

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

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

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

9 In Part XIII, 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 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), 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 (ASC 958) relating to these items

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

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

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

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

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

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

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 XIII and complete the following table

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

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

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . . . ☐

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

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

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Temporarily restricted endowment ▶

The percentages in lines 2a, 2b, and 2c should equal 100%

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

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

4 Describe in Part XIII 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	1,263,730	787,117
c Leasehold improvements				
d Equipment		412,079	199,821	212,258
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				1,016,875

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Book value
Federal income taxes	
CAPITAL LEASE OBLIGATIONS	107,253
SECURITY DEPOSITS	26,466
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	133,719

2. Fin 48 (ASC 740) Footnote In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☑

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	2,149,236
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	14,280		
e	Add lines **2a** through **2d**			2e	14,280
3	Subtract line **2e** from line **1**			3	2,134,956
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	2,134,956

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

1	Total expenses and losses per audited financial statements			1	2,224,605
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d	14,280		
e	Add lines **2a** through **2d**			2e	14,280
3	Subtract line **2e** from line **1**			3	2,210,325
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	2,210,325

Part XIII Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, 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, LINE 2	THE YMCA RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT TO BE SUSTAINED MANAGEMENT HAS DETERMINED THAT THE YMCA HAD NO UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE FINANCIAL STATEMENT RECOGNITION OR DISCLOSURE THE YMCA IS NO LONGER SUBJECT TO EXAMINATION BY APPLICABLE TAXING JURISDICTIONS FOR PERIODS PRIOR TO DECEMBER 31, 2009
PART XI, LINE 2D - OTHER ADJUSTMENTS		SPECIAL EVENT EXPENSES REPORTED ON PART VIII, LINE 8B 14,280
PART XII, LINE 2D - OTHER ADJUSTMENTS		SPECIAL EVENT EXPENSES REPORTED ON PART VIII, LINE 8B 14,280

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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. Form 990-EZ filers are not required to complete this part.

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

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Name of the organization
YMCA OF YONKERS

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 email 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

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(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
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 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 GALA EVENT (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	33,639			33,639
	2 Less Contributions	17,570			17,570
	3 Gross income (line 1 minus line 2)	16,069			16,069
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	9,340			9,340
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	4,940			4,940
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(14,280)
	11 Net income summary Combine line 3, column (d), and line 10 ▶				1,789

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
	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 _____

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 Enter 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 of the third party

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 Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Identifier	Return Reference	Explanation

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

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Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash 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	121,661	FMV
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (BEDDING)	X	1	12,397	FMV
26	Other ▶( )				
27	Other ▶( )				
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 noncash contributions?	32a		No
b	If "Yes," describe in Part II			
33	If the organization did not report an amount 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, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. 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.

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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	IN 2012, DUE TO FINANCIAL CONSTRAINTS, NO RAISES OR BONUSES WERE RECEIVED THIS YEAR. THE CEO RECEIVED A 10% PAY CUT AND THE FINANCE DIRECTOR, GRANTS MANAGER AND PROPERTY MANAGER ALL RECEIVED 5% PAY CUTS. THIS WAS NOT A BOARD DECISION BUT A LEADERSHIP TEAM DECISION AS WE THOUGHT IT WAS NECESSARY FOR THE FINANCIAL HEALTH OF THE ORGANIZATION
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS FORM 990 AND FORM 1023 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