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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 private foundations)
 Do not enter Social Security numbers on this form as it may be made public. By law, the IRS generally cannot redact the information on the form.
 Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2013
Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 01-01-2013, 2013, and ending 12-31-2013

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization ANN ARBOR YMCA Doing Business As Number and street (or P O box if mail is not delivered to street address) Room/suite 400 W WASHINGTON City or town, state or province, country, and ZIP or foreign postal code ANN ARBOR, MI 48103	D Employer identification number 38-1525162 E Telephone number (734) 996-9622 G Gross receipts \$ 7,125,903
F Name and address of principal officer CATHERINE DUCHON PRESCEO 400 WEST WASHINGTON ST ANN ARBOR, MI 48103		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: WWW ANNARBORYMCA ORG		
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation 1858 M State of legal domicile MI

Part I Summary

1	Briefly describe the organization's mission or most significant activities TO PUT JUDEO-CHRISTIAN PRINCIPLES IN PRACTICE THROUGH PROGRAMS THAT PROMOTE HEALTHY LIFESTYLES, STRONG FAMILIES, YOUTH LEADERSHIP, AND COMMUNITY DEVELOPMENT			
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets			
3	Number of voting members of the governing body (Part VI, line 1a)	3		25
4	Number of independent voting members of the governing body (Part VI, line 1b)	4		25
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5		500
6	Total number of volunteers (estimate if necessary)	6		887
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a		0
7b	Net unrelated business taxable income from Form 990-T, line 34	7b		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year		Current Year
	9 Program service revenue (Part VIII, line 2g)	454,191		550,990
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,432,651		6,359,150
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	27,137		12,921
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	148,632		142,551
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	7,062,611		7,065,612
	14 Benefits paid to or for members (Part IX, column (A), line 4)	12,000		11,000
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0		0
	16a Professional fundraising fees (Part IX, column (A), line 11e)	3,171,406		3,337,259
	b Total fundraising expenses (Part IX, column (D), line 25) <input type="checkbox"/> 127,552			
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	2,870,959		2,961,055
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	6,054,365		6,309,314	
19 Revenue less expenses Subtract line 18 from line 12	1,008,246		756,298	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year		End of Year
	21 Total liabilities (Part X, line 26)	22,838,307		23,716,281
	22 Net assets or fund balances Subtract line 21 from line 20	517,660		602,617
		22,320,647		23,113,664

Part II Signature Block

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

Sign Here	***** Signature of officer	2014-08-13 Date			
	CATHI DUCHON PRESIDENT/CEO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name JEFFREY R STEFFORIA	Preparer's signature	Date 2014-08-13	Check <input type="checkbox"/> if self-employed	PTIN P00051354
	Firm's name <input type="checkbox"/> STEFFORIA PETIK & ASSOCIATES PC	Firm's EIN <input type="checkbox"/> 20-0436877		Phone no (734) 747-8863	
	Firm's address <input type="checkbox"/> 2178 S STATE ST STE D ANN ARBOR, MI 481048107				

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 or note to any line in this Part III

1 Briefly describe the organization's mission
 TO PUT JUDEO-CHRISTIAN PRINCIPLES IN PRACTICE THROUGH PROGRAMS THAT PROMOTE HEALTHY LIFESTYLES, STRONG FAMILIES, YOUTH LEADERSHIP, AND COMMUNITY DEVELOPMENT

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
 If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
 If "Yes," describe these changes on Schedule O

4 Describe the 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 \$ 2,566,973 including grants of \$) (Revenue \$ 3,904,252)
 THE ANN ARBOR YMCA IS A LEADING VOICE ON IMPROVING THE HEALTH AND WELL-BEING OF THE ANN ARBOR COMMUNITY WE BRING FAMILIES TOGETHER, FOSTER CONNECTIONS AND ENCOURAGE GOOD HEALTH THROUGH SHARED FITNESS, RECREATIONAL AND SOCIAL ACTIVITIES AS A RESULT, NEARLY 25,000 PEOPLE IN THE ANN ARBOR AND YPSILANTI COMMUNITY ARE RECEIVING THE GUIDANCE AND RESOURCES TO ACHIEVE HEALTH IN SPIRIT, MIND AND BODY THIS IS PARTICULARLY IMPORTANT AS OUR NATION STRUGGLES WITH AN OBESITY CRISIS, FAMILIES STRUGGLE WITH WORK/LIFE BALANCE ISSUES AND INDIVIDUALS SEARCH FOR PERSONAL FULFILLMENT OUR HEALTHY LIVING PROGRAMS INCLUDE AN ON-SITE OBESITY INTERVENTION PROGRAM FOR CHILDREN AGES 8-11 VIA A PARTNERSHIP WITH U OF M MOTT CHILDREN'S HOSPITAL, ADULT GROUP CLASSES, ADULT TEAM SPORTS AND RECREATION, AND LIVESTRONG AT THE YMCA, A FREE FITNESS AND SUPPPORT PROGRAM FOR CANCER SURVIVORS THE YMCA HAS SEVERAL PROGRAMS DESIGNED TO FIGHT CHRONIC DISEASE AND IS COMMITTED TO EMPOWERING OUR COMMUNITY TO LEAD FULLER LIVES YMCA PROGRAMS ARE ACCESSIBLE, AFFORDABLE AND OPEN TO ALL FAITHS, BACKGROUNDS, ABILITIES AND INCOME LEVELS IN 2013 THE ANN ARBOR YMCA PROVIDED 600,225 IN FINANCIAL ASSISTANCE TO INDIVIDUALS WHO WOULD HAVE FACED ECONOMIC BARRIERS TO PARTICIPATION

4b (Code) (Expenses \$ 1,448,276 including grants of \$) (Revenue \$ 491,453)
 YOUTH DEVELOPMENT-CAMPS THE YMCA IS COMMITTED TO NURTURING THE POTENTIAL OF EVERY CHILD AND TEEN WE BELIEVE THAT ALL CHILDREN DESERVE THE OPPORTUNITY TO DISCOVER WHO THEY ARE AND WHAT THEY CAN ACHIEVE OUR RESIDENTIAL CAMP PROGRAM AND DAY CAMP PROGRAMS IN ANN ARBOR AND YPSILANTI PROVIDE A SAFE COMMUNITY WHERE YOUNG PEOPLE EXPLORE, BUILD SELF-ESTEEM AND INTERPERSONAL SKILLS AND MAKE LASTING FRIENDSHIPS AND MEMORIES IN 2013, THE ANN ARBOR YMCA SERVED A TOTAL OF 2,681 UNIQUE CAMPERS EXPENSES INCLUDE SUBSIDIES AND DIRECT FINANCIAL ASSISTANCE THAT ENABLED 441 YOUNG PEOPLE TO PARTICIPATE IN THESE CAMP PROGRAMS WHO WOULD NOT HAVE OTHERWISE HAD ACCESS DUE TO FINANCIAL CONSTRAINTS

4c (Code) (Expenses \$ 1,055,430 including grants of \$) (Revenue \$ 1,363,151)
 YOUTH DEVELPOMENT-SWIM,SPORTS,PLAY THE YMCA IS COMMITTED TO NURTURING THE POTENTIAL OF EVERY CHILD AND TEEN YEAR-ROUND YOUTH SPORTS, MARTIAL WAYS, GYMNASTICS, SWIMMING, AND OUTREACH PROGRAMS HELP YOUNG PEOPLE CULTIVATE THE SKILLS, VALUES AND RELATIONSHIPS THAT LEAD TO POSITIVE BEHAVIORS AND BETTER HEALTH THE ANN ARBOR YMCA HAS PARTNERED WITH A NUMBER OF OTHER COMMUNITY ORGANIZATIONS TO IDENTIFY AND RESPOND TO COMMUNITY NEEDS YMCA PROGRAMS IN YPSILANTI, INCLUDING OUR AFTER SCHOOL SPORTS AND RECREATION AND MIDDLE SCHOOL HEALTHY LIVING PROGRAMS AS WELL AS THE SUMMER BEGIN TO SWIM INITIATIVES, ARE EXAMPLES OF HOW THE ANN ARBOR YMCA STRENGHTENS COMMUNITY OVER 55 VOLUNTEERS HELP DELIVER THESE PROGRAMS TO THE YPSILANTI COMMUNITY, WHICH INVOLVED 802 YPSILANTI YOUTH IN 2013

(Code) (Expenses \$ 844,715 including grants of \$ 11,000) (Revenue \$ 600,294)
 OTHER PROGRAM SERVICES-OTHER PROGRAM SERVICES INCLUDE CHILD CARE, TEEN EDUCATION AND LEADERSHIP AND YOUTH VOLUNTEER PROGRAMS YMCA YOUTH DEVELOPMENT PROGRAMS GIVE CHILDREN AND TEENS A SAFE PLACE TO BELONG, BUILD CONFIDENCE AND LEARN POSITIVE BEHAVIORS CHILD CARE THE YMCA'S NAEYC-ACCREDITED EARLY CHILD CARE AND AFTER SCHOOL PROGRAMS PROVIDE A NURTURING ENVIRONMENT WHERE CHILDREN CAN LEARN, GROW AND DEVELOP SOCIAL SKILLS THESE PROGRAMS ALSO REINFORCE THE YMCA VALUES OF HONESTY, CARING, RESPECT AND RESPONSIBILITY AMONG CHILDREN AND THEIR FAMILIES AN ADDITIONAL ELEMENT TO THE YMCA'S CHILD CARE PROGRAMS IS THE HEALTHY EATING / PHYSICAL ACTIVITY CIRRICULUM IMPLEMENTED TO HELP REDUCE CHILDHOOD OBESITY THE YMCA MAKES IT POSSIBLE FOR FAMILIES OF ALL BACKGROUNDS AND INCOME LEVELS TO PARTICIPATE IN OUR PROGRAMS ON A SLIDING FEE SCALE IN 2013, 11 FAMILIES RECEIVED THIS FINANCIAL SUPPORT AT THE YMCA, WE HELP TEENS SET AND ACHIEVE THEIR GOALS THROUGH OUR TEEN EDUCATION AND LEADERSHIP PROGRAMS, INCLUDING THE TEEN AFTER SCHOOL PROGRAM,YOUTH IN GOVERNMENT AND LEADERS CLUB, TEENS AGES 11-17 HAVE THE OPPORTUNITY TO DEVELOP SELF-CONFIDENCE AND TAKE AN ACTIVE ROLE IN STRENGTHENING THEIR COMMUNITY IN 2013, OVER 130 TEENS PARTICIPATED IN THESE EDUCATION AND LEADERSHIP PROGRAMS YOUTH VOLUNTEER CORPS IS A SERVICE LEARNING PROGRAM THAT EMPOWERS YOUNG PEOPLE THROUGH EXTENDED VOLUNTEER SERVICE EXPERIENCES IN 2013 OVER 250 YOUTH PROVIDED OVER 8,000 HOURS OF COMMUNITY SERVICE THESE ACTIVITIES STRENGTHENED THE FOUNDATIONS OF OUR COMMUNITY THROUGH THE YOUTH TO 32 COMMUNITY AGENCIES AN EXTENSION OF THE YOUTH VOLUNTEER CORPS IS THE YMCA'S CHAIN OF PLENTY PROGRAM IN 2013, THIS PROGRAM GAVE 20 TEENS WITH SPECIAL NEEDS THE OPPORTUNITY TO GAIN JOB AND LIFE SKILLS, WHILE THEY PREPARED A TOTAL OF 15,000 LUNCHES FOR PATRONS OF THE LOCAL HOMELESS SHELTER

4d Other program services (Describe in Schedule O)
 (Expenses \$ 844,715 including grants of \$ 11,000) (Revenue \$ 600,294)

4e Total program service expenses 5,915,394

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> <input checked="" type="checkbox"/>	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? <input checked="" type="checkbox"/>	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		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? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</i> <input checked="" type="checkbox"/>		No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> <input checked="" type="checkbox"/>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> <input checked="" type="checkbox"/>		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? <i>If "Yes," complete Schedule D, Part IV</i> <input checked="" type="checkbox"/>		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> <input checked="" type="checkbox"/>		No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> <input checked="" type="checkbox"/>	Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> <input checked="" type="checkbox"/>		No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> <input checked="" type="checkbox"/>		No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> <input checked="" type="checkbox"/>		No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> <input checked="" type="checkbox"/>	Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> <input checked="" type="checkbox"/>		No
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> <input checked="" type="checkbox"/>	Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> <input checked="" type="checkbox"/>		No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions)</i>		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? <i>If "Yes," complete Schedule G, Part II</i>		No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 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 or note to any line in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.		
2b	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).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		No
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		No
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?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
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?		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		No
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	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.		
13b	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.		
13c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

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

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		No
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	Yes	
15b	Other officers or key employees of the organization	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		No
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the States with which a copy of this Form 990 is required to be filed MI
- 18** Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you 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
 JON MAKAREWICH 400 W WASHINGTON ST
 ANN ARBOR, MI 48103 (734) 661-8053

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514		
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns 1a	1,089					
	b	Membership dues 1b						
	c	Fundraising events 1c	6,902					
	d	Related organizations 1d						
	e	Government grants (contributions) 1e	117,364					
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	425,635					
	g	Noncash contributions included in lines 1a-1f \$						
	h	Total. Add lines 1a-1f	550,990					
Program Service Revenue	2a	HEALTHY LIVING	624110	3,904,252	3,904,252			
	b	YOUTH DEVELOPMENT-CAMPS	624110	1,363,151	1,363,151			
	c	CHILDCARE	624110	522,964	522,964			
	d	YOUTH DEVELOPMENT-SPRTS/REC	624110	491,453	491,453			
	e	TEEN	624110	77,330	77,330			
	f	All other program service revenue						
	g	Total. Add lines 2a-2f	6,359,150					
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		24,776		24,776	
4		Income from investment of tax-exempt bond proceeds						
5		Royalties						
6a		Gross rents	(i) Real					
			(ii) Personal					
			b	Less rental expenses				
			c	Rental income or (loss)				
d		Net rental income or (loss)						
7a		Gross amount from sales of assets other than inventory	(i) Securities					
			(ii) Other					
			b	Less cost or other basis and sales expenses		11,855		
			c	Gain or (loss)		-11,855		
d		Net gain or (loss)		-11,855		-11,855		
8a		Gross income from fundraising events (not including \$ 6,902 of contributions reported on line 1c) See Part IV, line 18						
b		Less direct expenses b	1,633					
c	Net income or (loss) from fundraising events		-1,633		-1,633			
9a	Gross income from gaming activities See Part IV, line 19							
b	Less direct expenses b							
c	Net income or (loss) from gaming activities							
10a	Gross sales of inventory, less returns and allowances	a	67,010					
		b	Less cost of goods sold b	46,803				
		c	Net income or (loss) from sales of inventory		20,207		20,207	
Miscellaneous Revenue		Business Code						
11a	MEMBER PARKING	900099	123,735		123,735			
b	BAD DEBT RECOVERY	900099	240	240				
c	ALL OTHER REVENUE		2	2				
d	All other revenue							
e	Total. Add lines 11a-11d		123,977					
12	Total revenue. See Instructions		7,065,612	6,359,392		155,230		

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 or note to any line 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	11,000	11,000		
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	480,626	325,358	98,893	56,375
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	2,367,685	2,316,779	23,374	27,532
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	111,093	107,036	2,204	1,853
9	Other employee benefits	171,316	164,745	2,863	3,708
10	Payroll taxes	206,539	193,950	7,373	5,216
11	Fees for services (non-employees)				
a	Management				
b	Legal	1,516		1,516	
c	Accounting	15,000		15,000	
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)	95,290	88,645	5,937	708
12	Advertising and promotion	172,528	145,544	7,456	19,528
13	Office expenses	694,470	670,534	15,229	8,707
14	Information technology	86,975	75,122	9,392	2,461
15	Royalties				
16	Occupancy	962,362	928,611	33,751	
17	Travel	143,979	138,341	5,083	555
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	17,566	14,550	2,947	69
20	Interest	44		44	
21	Payments to affiliates	84,700	84,700		
22	Depreciation, depletion, and amortization	649,968	632,859	17,109	
23	Insurance	23,520	6,258	17,262	
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	ALL OTHER EXPENSES	13,137	11,362	935	840
b					
c					
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	6,309,314	5,915,394	266,368	127,552
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash-non-interest-bearing	408,476	1	169,599
	2 Savings and temporary cash investments	2,629,721	2	4,241,666
	3 Pledges and grants receivable, net	4,323	3	4,323
	4 Accounts receivable, net	37,891	4	5,314
	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	100,508	9	109,785
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 24,081,031		
	b Less accumulated depreciation	10b 5,517,773	18,803,604	10c 18,563,258
	11 Investments—publicly traded securities	853,784	11	622,336
	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)	22,838,307	16	23,716,281	
Liabilities	17 Accounts payable and accrued expenses	240,771	17	259,491
	18 Grants payable		18	
	19 Deferred revenue	270,274	19	342,176
	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	6,615	25	950
	26 Total liabilities. Add lines 17 through 25	517,660	26	602,617
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	22,202,101	27	23,037,847
	28 Temporarily restricted net assets	118,546	28	75,817
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	22,320,647	33	23,113,664	
34 Total liabilities and net assets/fund balances	22,838,307	34	23,716,281	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,065,612
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,309,314
3	Revenue less expenses Subtract line 2 from line 1	3	756,298
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	22,320,647
5	Net unrealized gains (losses) on investments	5	36,719
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	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	23,113,664

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? 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 <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? 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 <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c	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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
3b	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		

Additional Data

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

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

(A) Name and Title	(B) Average hours per week (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			
LINDA BORGDORF SECRETARY	2 00	X						0	0	0
TOM BOURQUE TREASURER	2 00	X						0	0	0
DAN GAMBLE	2 00	X						0	0	0
BILL HOLMES	2 00	X						0	0	0
NEAL KESSLER	1 00	X						0	0	0
NICK LACY	1 00	X						0	0	0
DAVID LAMB PAST CHAIR	2 00	X						0	0	0
JIM O'LEARY	1 00	X						0	0	0
ROBBIE STAPLETON	1 00	X						0	0	0
SHARON SWINDELL	1 00	X						0	0	0
FRAN TALSMA CHAIR	3 00	X						0	0	0
PAT TAMBLYN	2 00	X						0	0	0
KAREN UFER	1 00	X						0	0	0
LORI WARD	1 00	X						0	0	0
PAT WARNER	1 00	X						0	0	0
TOMMY YORK	1 00	X						0	0	0
ALFORD YOUNG JR	1 00	X						0	0	0
EVANS YOUNG	1 00	X						0	0	0
DICK BEEDEN	1 00	X						0	0	0
MICHAEL HYMES	1 00	X						0	0	0
ALFREDA ROOKS	1 00	X						0	0	0
DEBBIE TIRICO	1 00	X						0	0	0
JENNIFER HALL	1 00	X						0	0	0
JEFF LASSALINE	1 00	X						0	0	0
MARK MELCHI	1 00	X						0	0	0

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2013

Open to Public Inspection

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

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**
▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

Department of the Treasury
Internal Revenue Service

Name of the organization
ANN ARBOR YMCA

Employer identification number
38-1525162

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

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

- 1 A church, convention of churches, or association of churches 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?
(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?

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

(ii) A family member of a person described in (i) above?
(iii) A 35% controlled entity of a person described in (i) or (ii) above?
h Provide the following information about the supported organization(s)

(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2012 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2013. 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 <input type="checkbox"/>		
b 33 1/3% support test—2012. 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 <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2013. 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 <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2012. 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 <input type="checkbox"/>		
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 <input type="checkbox"/>		

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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	474,849	441,228	491,178	454,191	550,990	2,412,436
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	6,442,602	6,216,159	6,360,968	6,433,396	6,359,392	31,812,517
3 Gross receipts from activities that are not an unrelated trade or business under section 513	189,469	192,891	197,910	193,210	190,745	964,225
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	7,106,920	6,850,278	7,050,056	7,080,797	7,101,127	35,189,178
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.)						35,189,178

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6	7,106,920	6,850,278	7,050,056	7,080,797	7,101,127	35,189,178
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	94,072	39,919	28,422	27,137	24,776	214,326
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	94,072	39,919	28,422	27,137	24,776	214,326
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.)	7,200,992	6,890,197	7,078,478	7,107,934	7,125,903	35,403,504
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	99.390 %
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	99.240 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	1.000 %
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	1.000 %

- 19a 33 1/3% support tests—2013.** 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—2012.** 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.** 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

Return Reference

Explanation

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2013

Open to Public Inspection

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. Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

Name of the organization ANN ARBOR YMCA

Employer identification number 38-1525162

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

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

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds 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?

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)
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

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

- 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?
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)?
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
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

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

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

b If "Yes," explain the arrangement in Part 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. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. 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		3,118,838		3,118,838
b Buildings		19,611,556	4,670,491	14,941,065
c Leasehold improvements				
d Equipment		1,195,836	847,282	348,554
e Other		154,801		154,801
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				18,563,258

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	7,150,767
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains on investments	2a	36,719	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d	48,436	
e	Add lines 2a through 2d			2e 85,155
3	Subtract line 2e from line 1			3 7,065,612
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
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)			5 7,065,612

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	6,357,750
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	48,436	
e	Add lines 2a through 2d			2e 48,436
3	Subtract line 2e from line 1			3 6,309,314
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
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)			5 6,309,314

Part XIII Supplemental Information

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

Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XI, LINE 2D	DIRECT EXPENSES RELATED TO FUNDRAISING EVENTS 1,633 COST OF GOODS SOLD RELATED TO MERCHANDISE SALES 46,803
SCHEDULE D, PAGE 4, PART XII, LINE 2D	DIRECT EXPENSES RELATED TO FUNDRAISING EVENTS 1,633 COST OF GOODS SOLD RELATED TO MERCHANDISE SALES 46,803

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

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

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2013

Open to Public Inspection

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

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

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

▶ **Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.**

Department of the Treasury
Internal Revenue Service

Name of the organization
ANN ARBOR YMCA

Employer identification number

38-1525162

Part I Questions Regarding Compensation

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

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

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

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III

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

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

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

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

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

- a** The organization?
- b** Any related organization?
- If "Yes," to line 5a or 5b, describe in Part III

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

- a** The organization?
- b** Any related organization?
- If "Yes," to line 6a or 6b, describe in Part III

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

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

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

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

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

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) CATHI DUCHON PRESIDENT/CEO	(i)	168,885			20,471	4,107	193,463	
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2013

Open to Public Inspection

Name of the organization
ANN ARBOR YMCA

Employer identification number

38-1525162

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4A	PARTNERSHIP WITH U OF M MOTT CHILDREN'S HOSPITAL, ADULT GROUP CLASSES, ADULT TEAM SPORTS AND RECREATION, AND LIVESTRONG AT THE YMCA, A FREE FITNESS AND SUPPPORT PROGRAM FOR CANCER SURVIVORS THE YMCA HAS SEVERAL PROGRAMS DESIGNED TO FIGHT CHRONIC DISEASE AND IS COMMITTED TO EMPOWERING OUR COMMUNITY TO LEAD FULLER LIVES YMCA PROGRAMS ARE ACCESSIBLE, AFFORDABLE AND OPEN TO ALL FAITHS, BACKGROUNDS, ABILITIES AND INCOME LEVELS IN 2013 THE ANN ARBOR YMCA PROVIDED 600,225 IN FINANCIAL ASSISTANCE TO INDIVIDUALS WHO WOULD HAVE FACED ECONOMIC BARRIERS TO PARTICIPATION

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4C	OVER 55 VOLUNTEERS HELP DELIVER THESE PROGRAMS TO THE YPSILANTI COMMUNITY, WHICH INVOLVED 802 YPSILANTI YOUTH IN 2013

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4D	<p>OTHER PROGRAM SERVICES-OTHER PROGRAM SERVICES INCLUDE CHILD CARE, TEEN EDUCATION AND LEADERSHIP AND YOUTH VOLUNTEER PROGRAMS. YMCA YOUTH DEVELOPMENT PROGRAMS GIVE CHILDREN AND TEENS A SAFE PLACE TO BELONG, BUILD CONFIDENCE AND LEARN POSITIVE BEHAVIORS. CHILD CARE: THE YMCA'S NAEYC-ACCREDITED EARLY CHILD CARE AND AFTER SCHOOL PROGRAMS PROVIDE A NURTURING ENVIRONMENT WHERE CHILDREN CAN LEARN, GROW AND DEVELOP SOCIAL SKILLS. THESE PROGRAMS ALSO REINFORCE THE YMCA VALUES OF HONESTY, CARING, RESPECT AND RESPONSIBILITY AMONG CHILDREN AND THEIR FAMILIES. AN ADDITIONAL ELEMENT TO THE YMCA'S CHILD CARE PROGRAMS IS THE HEALTHY EATING / PHYSICAL ACTIVITY CURRICULUM IMPLEMENTED TO HELP REDUCE CHILDHOOD OBESITY. THE YMCA MAKES IT POSSIBLE FOR FAMILIES OF ALL BACKGROUNDS AND INCOME LEVELS TO PARTICIPATE IN OUR PROGRAMS ON A SLIDING FEE SCALE. IN 2013, 11 FAMILIES RECEIVED THIS FINANCIAL SUPPORT. AT THE YMCA, WE HELP TEENS SET AND ACHIEVE THEIR GOALS. THROUGH OUR TEEN EDUCATION AND LEADERSHIP PROGRAMS, INCLUDING THE TEEN AFTER SCHOOL PROGRAM, YOUTH IN GOVERNMENT AND LEADERS CLUB, TEENS AGES 11-17 HAVE THE OPPORTUNITY TO DEVELOP SELF-CONFIDENCE AND TAKE AN ACTIVE ROLE IN STRENGTHENING THEIR COMMUNITY. IN 2013, OVER 130 TEENS PARTICIPATED IN THESE EDUCATION AND LEADERSHIP PROGRAMS. YOUTH VOLUNTEER CORPS IS A SERVICE LEARNING PROGRAM THAT EMPOWERS YOUNG PEOPLE THROUGH EXTENDED VOLUNTEER SERVICE EXPERIENCES. IN 2013 OVER 250 YOUTH PROVIDED OVER 8,000 HOURS OF COMMUNITY SERVICE. THESE ACTIVITIES STRENGTHENED THE FOUNDATIONS OF OUR COMMUNITY THROUGH THE YOUTH TO 32 COMMUNITY AGENCIES. AN EXTENSION OF THE YOUTH VOLUNTEER CORPS IS THE YMCA'S CHAIN OF PLENTY PROGRAM. IN 2013, THIS PROGRAM GAVE 20 TEENS WITH SPECIAL NEEDS THE OPPORTUNITY TO GAIN JOB AND LIFE SKILLS, WHILE THEY PREPARED A TOTAL OF 15,000 LUNCHESES FOR PATRONS OF THE LOCAL HOMELESS SHELTER.</p>

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

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

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

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

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

Return Reference	Explanation
FORM 990, PART XI, LINE 9	DIRECT EXPENSES RELATED TO FUNDRAISING EVENTS 1,633 COST OF GOODS SOLD RELATED TO MERCHANDISE SALES 46,803 DIRECT EXPENSES RELATED TO FUNDRAISING EVENTS -1,633 COST OF GOODS SOLD RELATED TO MERCHANDISE SALES -46,803