

**Return of Organization Exempt From Income Tax**

**2009**

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

Department of the Treasury  
Internal Revenue Service

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

**Open to Public Inspection**

**A For the 2009 calendar year, or tax year beginning and ending**

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

Please use IRS label or print or type.  
 See Specific Instructions.

**C Name of organization**  
**YOUNG MEN'S CHRISTIAN ASSOCIATION OF CENTRAL AND NORTHERN WESTCHESTER, NY INC.**  
 Doing Business As  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**250 MAMARONECK AVE.**  
 City or town, state or country, and ZIP + 4  
**WHITE PLAINS, NY 10605**

**D Employer identification number**  
**13-1740518**

**E Telephone number**  
**914-287-2021**

**F Name and address of principal officer:** **DEBORAH BOWLES**  
**SAME AS C ABOVE**

**G Gross receipts \$** **9,058,671.**

**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** ) (insert no.)  4947(a)(1) or  527

**J Website:** ▶ **WWW.YMCA-CNW.ORG**

**K Form of organization:**  Corporation  Trust  Association  Other ▶ **L Year of formation:** **1900** **M State of legal domicile:** **NY**

**Part I Summary**

**1** Briefly describe the organization's mission or most significant activities: **THE YMCA OF CENTRAL AND NORTHERN WESTCHESTER IS COMMITTED TO BUILDING STRONG KIDS, STRONG FAMILIES**

**2** Check this box  if the organization discontinued its operations or disposed of more than 25% of its net assets.

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>20</b>
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>20</b>
<b>5</b> Total number of employees (Part V, line 2a)	<b>5</b>	<b>525</b>
<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>0</b>
<b>7a</b> Total gross unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0.</b>

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>2,071,834.</b>	<b>796,041.</b>
<b>9</b> Program service revenue (Part VIII, line 2g)	<b>6,355,450.</b>	<b>7,927,312.</b>
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>17,245.</b>	<b>4,609.</b>
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>308,491.</b>	<b>265,942.</b>
<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>8,753,020.</b>	<b>8,993,904.</b>

<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)		<b>10,000.</b>
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>5,647,530.</b>	<b>5,846,216.</b>
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		<b>86,015.</b>
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>222,937.</b>		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	<b>2,891,213.</b>	<b>2,971,533.</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>8,538,743.</b>	<b>8,913,764.</b>
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>214,277.</b>	<b>80,140.</b>

	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	<b>7,450,451.</b>	<b>7,438,511.</b>
<b>21</b> Total liabilities (Part X, line 26)	<b>7,330,808.</b>	<b>7,435,059.</b>
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>119,643.</b>	<b>3,452.</b>

**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 \_\_\_\_\_ Date \_\_\_\_\_  
 ▶ **DEBORAH BOWLES, PRESIDENT & CEO**  
 Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature ▶ \_\_\_\_\_ Date \_\_\_\_\_ Check if self-employed  Preparer's identifying number (see instructions) \_\_\_\_\_  
 Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ **O'CONNOR DAVIES MUNNS & DOBBINS, LLP**  
**500 MAMARONECK AVENUE**  
**HARRISON, NY 10528-1633** EIN ▶ \_\_\_\_\_  
 Phone no. ▶ **914-381-8900**

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

**Part III Statement of Program Service Accomplishments**

1 Briefly describe the organization's mission:  
**TO PUT CHRISTIAN PRINCIPLES INTO PRACTICE THROUGH PROGRAMS THAT BUILD  
HEALTHY SPIRIT, MIND AND BODY FOR ALL.**

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

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

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

**SEE SCHEDULE O FOR CONTINUATION(S)**

4a (Code: ) (Expenses \$ **4,350,135.** including grants of \$ ) (Revenue \$ **3,952,596.** )  
**PROGRAM ACTIVITIES**

**HEALTH ENHANCEMENT: THE DEVELOPMENT AND DELIVERY TO OUR YOUTH, TEEN, INDIVIDUAL ADULT, FAMILY AND SENIOR MEMBERS AND PROGRAM PARTICIPANTS OF A FULL RANGE OF MISSION-BASED PROGRAMS, LEARNING AND GROWTH OPPORTUNITIES, FAMILY-FOCUSED ACTIVITIES AND FITNESS PROGRAMS INCLUDING GROUP EXERCISES, SPORTS, DANCE, YOGA, AND OTHER HEALTH AND WELLNESS ENDEAVORS. A MULTITUDE OF ON- AND OFF-SITE PROGRAMS FOR SENIORS SUCH AS ACTIVE OLDER ADULTS (AOA) AND SILVERSNEAKERS(R) HELP OUR OLDER POPULATION DEVELOP AND MAINTAIN INCREASED LEVELS OF PHYSICAL FITNESS, FLEXIBILITY AND MENTAL AND SPIRITUAL HEALTH. YOUTH PROGRAMS - SUCH AS TEEN TUNE UP - HELP YOUNG PEOPLE LEARN ABOUT AND INCORPORATE THE FUNDAMENTALS OF FITNESS INTO THEIR LIVES AND ULTIMATELY, ASSIST IN**

4b (Code: ) (Expenses \$ **878,503.** including grants of \$ ) (Revenue \$ **1,238,253.** )  
**RESIDENT SERVICES**

**AFFORDABLE HOUSING: THE DEVELOPMENT AND DELIVERY OF CLEAN, SAFE, AFFORDABLE HOUSING FOR OVER 700 MEN EVERY YEAR, MANY OF WHOM MIGHT OTHERWISE BE HOMELESS OR IN SHELTERS. IN ADDITION, OUR YMCA OF CENTRAL & NORTHERN WESTCHESTER WORKS WITH A VARIETY OF COMMUNITY-BASED AND GOVERNMENT AGENCIES TO ENSURE THAT OUR RESIDENTS ARE PROVIDED WITH INFORMATION ABOUT AND ACCESS TO ANCILLARY SERVICES SUCH AS SUBSIDIZED HEALTHCARE, COUNSELING AND JOB TRAINING.**

4c (Code: ) (Expenses \$ **1,190,898.** including grants of \$ ) (Revenue \$ **1,028,006.** )  
**MEMBER SERVICES**

**YOUTH AND TEEN PROGRAMS: THE DEVELOPMENT AND DELIVERY OF A FULL SLATE OF MISSION-BASED YOUTH AND TEEN PROGRAMS THAT ARE OPEN TO ALL REGARDLESS OF RACE, RELILGION, GENDER OR SOCIOECONOMIC STATUS. TEENS INVOLVED IN PROGRAMS SUCH AS YOUTH ACHIEVERS, YOUTH & GOVERNMENT, CULTURE THROUGH TECHNOLOGY, ECT., APPRECIABLY BOOST SELF-ESTEEM, DEVELOP LEADERSHIP SKILLS, LEARN TO INTER-RELATE WITH DIVERSE CULTURES AND POPULATIONS, INCREASE SERVICE TO COMMUNITY AND BUILD CHARACTER BASED ON OUR YMCA CORE VALUES OF CARING, HONESTY, RESPECT, AND RESPONSIBILITY. MENTORING PROGRAMS ASSIST "AT RISK" YOUTH AND TEENS IN AREAS OF BEHAVIOR MODIFICATION, CONFLICT RESOLUTION, RELATIONSHIP BUILDING AND ACADEMIC ACHIEVEMENT. COLLABORATIONS WITH OTHER**

4d Other program services. (Describe in Schedule O.)  
(Expenses \$ **1,587,867.** including grants of \$ ) (Revenue \$ **1,708,457.** )

4e Total program service expenses ► \$ **8,007,403.**

**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> .....	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? .....	X	
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> .....		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i> .....		X
5	<b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i> .....		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....		X
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> .....		X
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> .....		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....		X
11	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i> .....	X	
	• 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>		
	• 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>		
	• 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>		
	• 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>		
	• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
	• 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? <i>If "Yes," complete Schedule D, Part X.</i>		
12	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i> .....	Yes No X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		X
14a	Did the organization maintain an office, employees, or agents outside of the United States? .....		X
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i> .....		X
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? <i>If "Yes," complete Schedule F, Part II</i> .....	X	
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? <i>If "Yes," complete Schedule F, Part III</i> .....		X
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</i> .....	X	
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> .....	X	
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> .....		X
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i> .....		X

**YOUNG MEN'S CHRISTIAN ASSOCIATION OF  
CENTRAL AND NORTHERN WESTCHESTER, NY INC.**

Form 990 (2009)

13-1740518 Page 4

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....		X
<b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
<b>23</b> 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> .....	X	
<b>24a</b> 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 25</i> .....	X	
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		X
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		X
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		X
<b>25a Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</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> .....		X
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....	X	
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....	X	
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> 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> .....		X
<b>33</b> 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> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> .....		X
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> 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> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O. ....	X	

Form **990** (2009)

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
	16		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	0		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
<b>2a</b>	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		
	525		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
<b>4a</b>	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)?		X
<b>b</b>	If "Yes," enter the name of the foreign country: _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
<b>6a</b>	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?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b>	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?	X	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<b>e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
<b>8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b>	Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b>	Did the organization make any taxable distributions under section 4966?		
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10 Section 501(c)(7) organizations.</b>	Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11 Section 501(c)(12) organizations.</b>	Enter:		
<b>a</b>	Gross income from members or shareholders		
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b>	Is the organization filing Form 990 in lieu of Form 1041?		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

**Section A. Governing Body and Management**

		Yes	No
1a	Enter the number of voting members of the governing body		
			20
1b	Enter the number of voting members that are independent		
			20
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?		X
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?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	a The governing body?	X	
8b	b Each committee with authority to act on behalf of the governing body?	X	
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		X

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

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

**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 Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website     Another's website     Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **TONY NINAN - 914-287-2021**  
**250 MAMARONECK AVENUE, WHITE PLAINS, NY 10605**

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

**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. Use Schedule J-2 if additional space is needed.

• 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. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
WILLIAM MACINTOSH CHAIR	5.00	X		X				0.	0.	0.
LEIGH J. ABRAMS BOARD MEMBER	1.00	X						0.	0.	0.
JOHN ALBERTO BOARD MEMBER	1.00	X						0.	0.	0.
JACK L. BESITO BOARD MEMBER	1.00	X						0.	0.	0.
JAMES BENEROFE BOARD MEMBER	1.00	X						0.	0.	0.
LISA COPELAND BOARD MEMBER	1.00	X						0.	0.	0.
ALFRED DONNELLAN, ESQ. BOARD MEMBER	1.00	X						0.	0.	0.
JIM FELAKOS BOARD MEMBER	1.00	X						0.	0.	0.
RICHARD GARDELLA, ESQ. BOARD MEMBER	1.00	X						0.	0.	0.
CHARLES A. GOLDBERGER, E BOARD MEMBER	3.00	X						0.	0.	0.
ROSANA GONZALEZ VICE CHAIR	3.00	X		X				0.	0.	0.
GEORGE M. HOMER, JR. BOARD MEMBER	1.00	X						0.	0.	0.
ANTHONY MARANO, MD BOARD MEMBER	1.00	X						0.	0.	0.
GEORGENE MONGARELLA BOARD MEMBER	1.00	X						0.	0.	0.
ANDREW MORZELLO BOARD MEMBER	1.00	X						0.	0.	0.
RALPH E. PENNY BOARD MEMBER	1.00	X						0.	0.	0.
JOHN A. RAMSDELL, MD SECRETARY	3.00	X		X				0.	0.	0.

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
RODNEY REYNOLDS BOARD MEMBER	1.00	X						0.	0.	0.
WILLIAM H. VROOMAN BOARD MEMBER	1.00	X						0.	0.	0.
FRED ZINN TREASURER	3.00	X		X				0.	0.	0.
ROBERT W. LAPP PRESIDENT & CEO	40.00			X				192,000.	0.	32,070.
TONY T. NINAN CFO	40.00			X				122,000.	0.	21,420.
HELENE MOGRIDGE VICE PRESIDENT	40.00					X		110,870.	0.	20,300.
<b>1b Total</b>								<b>424,870.</b>	<b>0.</b>	<b>73,790.</b>

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **3**

	Yes	No
3 Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
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	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person		X

**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. **NONE**

(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 in compensation from the organization **0**



**YOUNG MEN'S CHRISTIAN ASSOCIATION OF  
CENTRAL AND NORTHERN WESTCHESTER, NY INC.**

Form 990 (2009)

13-1740518 Page **9**

<b>Part VIII Statement of Revenue</b>						
		(A)	(B)	(C)	(D)	
		Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>				
	<b>b</b> Membership dues .....	<b>1b</b>				
	<b>c</b> Fundraising events .....	<b>1c</b>	52,150.			
	<b>d</b> Related organizations .....	<b>1d</b>				
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	210,000.			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>	533,891.			
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....		17,524.			
	<b>h Total.</b> Add lines 1a-1f .....		796,041.			
	<b>Program Service Revenue</b>	<b>2 a</b> <b>PROGRAM FEES</b> .....	Business Code 900099	3,952,596.	3,952,596.	
<b>b</b> <b>CAMP REVENUES</b> .....		900099	1,708,457.	1,708,457.		
<b>c</b> <b>RESIDENT RENTALS</b> .....		900099	1,238,253.	1,238,253.		
<b>d</b> <b>MEMBER SERVICES</b> .....		900099	1,028,006.	1,028,006.		
<b>e</b> .....						
<b>f</b> All other program service revenue .....						
<b>g Total.</b> Add lines 2a-2f .....			7,927,312.			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		4,609.		4,609.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....					
	<b>5</b> Royalties .....					
	<b>6 a</b> Gross Rents .....	(i) Real	129,050.			
		(ii) Personal				
		<b>b</b> Less: rental expenses .....				
	<b>c</b> Rental income or (loss) .....		129,050.			
	<b>d</b> Net rental income or (loss) .....		129,050.		129,050.	
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities				
		(ii) Other				
		<b>b</b> Less: cost or other basis and sales expenses .....				
		<b>c</b> Gain or (loss) .....				
	<b>d</b> Net gain or (loss) .....					
	<b>8 a</b> Gross income from fundraising events (not including \$ 52,150. of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>	72,910.			
		<b>b</b> Less: direct expenses .....	<b>b</b>	64,767.		
<b>c</b> Net income or (loss) from fundraising events .....			8,143.		8,143.	
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>					
	<b>b</b> Less: direct expenses .....	<b>b</b>				
	<b>c</b> Net income or (loss) from gaming activities .....					
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>					
	<b>b</b> Less: cost of goods sold .....	<b>b</b>				
	<b>c</b> Net income or (loss) from sales of inventory .....					
Miscellaneous Revenue		Business Code				
<b>11 a</b> <b>OTHER REVENUES</b> .....	900099	128,749.			128,749.	
	<b>b</b> .....					
	<b>c</b> .....					
	<b>d</b> All other revenue .....					
	<b>e Total.</b> Add lines 11a-11d .....		128,749.			
<b>12 Total revenue.</b> See instructions. ....		8,993,904.	7,927,312.	0.	270,551.	

**YOUNG MEN'S CHRISTIAN ASSOCIATION OF  
CENTRAL AND NORTHERN WESTCHESTER, NY INC.**

**Part IX Statement of Functional Expenses**

**Section 501(c)(3) and 501(c)(4) organizations must complete all columns.  
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).**

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 .....				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 .....				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 .....	10,000.	10,000.		
4 Benefits paid to or for members .....				
5 Compensation of current officers, directors, trustees, and key employees .....	368,697.	331,827.	29,496.	7,374.
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 .....	4,527,133.	4,091,959.	344,631.	90,543.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) .....	196,436.	176,792.	15,715.	3,929.
9 Other employee benefits .....	389,299.	350,369.	31,144.	7,786.
10 Payroll taxes .....	364,651.	328,186.	29,172.	7,293.
11 Fees for services (non-employees):				
a Management .....				
b Legal .....	28,668.	25,801.	2,293.	574.
c Accounting .....	14,108.	12,697.	1,129.	282.
d Lobbying .....				
e Professional fundraising services. See Part IV, line 17 .....	86,015.			86,015.
f Investment management fees .....				
g Other .....	169,099.	153,128.	12,918.	3,053.
12 Advertising and promotion .....				
13 Office expenses .....	563,580.	507,943.	44,166.	11,471.
14 Information technology .....				
15 Royalties .....				
16 Occupancy .....	566,259.	511,332.	54,927.	
17 Travel .....	88,994.	80,361.	6,853.	1,780.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .....				
19 Conferences, conventions, and meetings .....	44,065.	39,791.	3,393.	881.
20 Interest .....	241,759.	218,308.	23,451.	
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....	604,402.	545,775.	58,627.	
23 Insurance .....	185,249.	167,280.	17,969.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a <b>BUILDING &amp; GROUNDS EXPE</b>	353,004.	353,004.		
b <b>NATIONAL FEES</b>	97,794.	88,308.	7,530.	1,956.
c <b>BAD DEBTS EXPENSE</b>	14,454.	14,454.		
d <b>MISCELLANEOUS</b>	98.	88.	10.	
e .....				
f All other expenses .....				
25 <b>Total functional expenses.</b> Add lines 1 through 24f	8,913,764.	8,007,403.	683,424.	222,937.
26 <b>Joint costs.</b> Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ...				

**YOUNG MEN'S CHRISTIAN ASSOCIATION OF  
CENTRAL AND NORTHERN WESTCHESTER, NY INC.**

Form 990 (2009)

13-1740518 Page 11

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....		<b>1</b>		
	<b>2</b> Savings and temporary cash investments .....	475,381.	<b>2</b>	510,317.	
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>		
	<b>4</b> Accounts receivable, net .....	410,544.	<b>4</b>	662,196.	
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....				<b>5</b>
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L .....				<b>6</b>
	<b>7</b> Notes and loans receivable, net .....				<b>7</b>
	<b>8</b> Inventories for sale or use .....				<b>8</b>
	<b>9</b> Prepaid expenses and deferred charges .....	23,854.	<b>9</b>	11,493.	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	10a 12,682,204.			
	<b>b</b> Less: accumulated depreciation .....	10b 6,800,682.	6,206,708.	10c	5,881,522.
	<b>11</b> Investments - publicly traded securities .....	192,424.	<b>11</b>	222,148.	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	27,504.	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>		
	<b>14</b> Intangible assets .....		<b>14</b>		
	<b>15</b> Other assets. See Part IV, line 11 .....	141,540.	<b>15</b>	123,331.	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	7,450,451.	<b>16</b>	7,438,511.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	586,189.	<b>17</b>	484,443.	
	<b>18</b> Grants payable .....		<b>18</b>		
	<b>19</b> Deferred revenue .....	396,202.	<b>19</b>	508,007.	
	<b>20</b> Tax-exempt bond liabilities .....	3,958,146.	<b>20</b>	3,880,260.	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>		
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	688,124.	<b>23</b>	621,733.	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>		
	<b>25</b> Other liabilities. Complete Part X of Schedule D .....	1,702,147.	<b>25</b>	1,940,616.	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	7,330,808.	<b>26</b>	7,435,059.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>				
	<b>27</b> Unrestricted net assets .....	-476,683.	<b>27</b>	-836,356.	
	<b>28</b> Temporarily restricted net assets .....	596,326.	<b>28</b>	839,808.	
	<b>29</b> Permanently restricted net assets .....		<b>29</b>		
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>				
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>		
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>		
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>		
	<b>33</b> Total net assets or fund balances .....	119,643.	<b>33</b>	3,452.	
<b>34</b> Total liabilities and net assets/fund balances .....	7,450,451.	<b>34</b>	7,438,511.		

Form 990 (2009)

**Part XI Financial Statements and Reporting**

		Yes	No
<b>1</b>	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.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? .....		X
<b>2b</b>	Were the organization's financial statements audited by an independent accountant? .....	X	
<b>2c</b>	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? .....	X	
<b>d</b>	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
<b>3a</b>	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? .....		X
<b>b</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. ....		

Form **990** (2009)



**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....						
<b>5</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>7</b> Amounts from line 4 .....						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					<b>12</b>	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	%
<b>15</b> Public support percentage from 2008 Schedule A, Part II, line 14 .....	<b>15</b>	%
<b>16a 33 1/3% support test - 2009.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 33 1/3% support test - 2008.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2009.</b> 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 <b>stop here.</b> 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>b 10% -facts-and-circumstances test - 2008.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> 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"/>

**YOUNG MEN'S CHRISTIAN ASSOCIATION OF**

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1813889.	2136872.	1847597.	2071834.	796,041.	8666233.
<b>2</b> 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	5584447.	5522862.	5837716.	6355450.	7927312.	31227787.
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5	7398336.	7659734.	7685313.	8427284.	8723353.	39894020.
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
<b>b</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						0.
<b>c</b> Add lines 7a and 7b						0.
<b>8 Public support</b> (Subtract line 7c from line 6.)						39894020.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6	7398336.	7659734.	7685313.	8427284.	8723353.	39894020.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	19,528.	31,962.	35,006.	17,245.	4,609.	108,350.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b	19,528.	31,962.	35,006.	17,245.	4,609.	108,350.
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	351,661.	248,266.	248,063.	163,454.	128,749.	1140193.
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12.)	7769525.	7939962.	7968382.	8607983.	8856711.	41142563.

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	96.97 %
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15	<b>16</b>	96.17 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	.26 %
<b>18</b> Investment income percentage from 2008 Schedule A, Part III, line 17	<b>18</b>	.31 %

**19a 33 1/3% support tests - 2009.** 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 - 2008.** 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

**Schedule B**  
(Form 990, 990-EZ,  
or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

**2009**

**Name of the organization**

YOUNG MEN'S CHRISTIAN ASSOCIATION OF  
CENTRAL AND NORTHERN WESTCHESTER, NY INC.

**Employer identification number**

13-1740518

**Organization type** (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)



Name of organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF CENTRAL AND NORTHERN WESTCHESTER, NY INC.	Employer identification number 13-1740518
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**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	BEQUEST - ESTATE OF ELEANOR GARLOCK C/O SUZANNE M. BLOOMER 85 PONDFIELD ROAD  BRONXVILLE, NY 10708	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
2	BUBEL/AIKEN FOUNDATION  8601 SIX FORDS ROAD, SUITE 400  RALEIGH, NC 27615	\$ 19,218.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
3	COMBE INCORPORATED  1101 WESTCHESTER AVENUE  WHITE PLAINS, NY 10604	\$ 78,140.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
4	DEPARTMENT OF SENIOR PROGRAMS-WESTCHESTER GOVERNMENT  9 SOUTH FIRST AVENUE, 10TH FLOOR  MOUNT VERNON, NY 10550	\$ 17,374.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
5	GEORGE M. HOMER, JR.  25 INDIAN HILL ROAD  NEW ROCHELLE, NY 10804	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
6	HONEYWELL, INC  5 DAKOTA DRIVE  NEW HYDE PARK, NY 11042	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>

Name of organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF CENTRAL AND NORTHERN WESTCHESTER, NY INC.	Employer identification number 13-1740518
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**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	JC PENNY C/O YMCA OF USA PLANO, TX	\$ 5,037.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	MR. AND MRS. JAMES COYLE 4 EAST LOVELL STREET MAHOPAC, NY 10804	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	MS. COURTNEY COMBE ONE SPRING ROAD GREENWICH, CT 06830	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	ST. FAITH'S HOUSE FOUNDATION PO BOX 308 ARDSLEY ON HUDSON, NY 10503	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11	NEW YORK COMMUNITY TRUST HARRY D. TRIANTAFILLU FUND 2 PARK AVE. NEW YORK, NY 10016	\$ 25,480.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12	WHITE PLAINS RADIOLOGY ASSOC. 244 WESTCHESTER AVENUE WHITE PLAINS, NY 10604	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

<b>Name of organization</b> YOUNG MEN'S CHRISTIAN ASSOCIATION OF CENTRAL AND NORTHERN WESTCHESTER, NY INC.	<b>Employer identification number</b> 13-1740518
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**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13	RONALD MCDONALD HOUSE OF CHARITIES NEW YORK TRI-STATE AREA <hr/> 105 EISENSHOWER PARKWAY, 3RD FLOOR <hr/> ROSELAND, NJ 07068	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14	GIFT-IN-KIND IBM KIDSMART EARLY LEARNING PROGRAM <hr/> C/O YMCA OF USA <hr/> PLANO, TX	\$ 10,745.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
15	GIFT-IN-KIND BED BATH AND BEYOND 410 YORKTOWN <hr/> 3333 CROMPOND ROAD SUITE 5 <hr/> YORKTOWN HEIGHTS , NY	\$ 6,779.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
16	BANK OF NEW YORK THOMAS DORAN CHARITABLE ANNUITY <hr/> 701 WESTCHESTER AVE. <hr/> WHITE PLAINS, NY 10604	\$ 15,312.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ <hr/> _____ <hr/> _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ <hr/> _____ <hr/> _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

<b>Name of organization</b> YOUNG MEN'S CHRISTIAN ASSOCIATION OF CENTRAL AND NORTHERN WESTCHESTER, NY INC.	<b>Employer identification number</b> 13-1740518
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**Part II Noncash Property** (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
14	COMPUTERS FOR KIDS <hr/> <hr/> <hr/> <hr/>	\$ 10,745.	11/09/09
15	BEDDING FOR RESIDENTS <hr/> <hr/> <hr/> <hr/>	\$ 6,779.	07/14/09
	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____

**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, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization **YOUNG MEN'S CHRISTIAN ASSOCIATION OF  
CENTRAL AND NORTHERN WESTCHESTER, NY INC.** Employer identification number  
**13-1740518**

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

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

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

3 Using the organization's 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 XIV.

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

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

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

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

	Amount
c Beginning balance	<b>1c</b>
d Additions during the year	<b>1d</b>
e Distributions during the year	<b>1e</b>
f Ending balance	<b>1f</b>

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c 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 year end balance held as:

- a Board designated or quasi-endowment  \_\_\_\_\_ %
- b Permanent endowment  \_\_\_\_\_ %
- c Term endowment  \_\_\_\_\_ %

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		596,893.		596,893.
b Buildings		11,014,795.	6,222,041.	4,792,754.
c Leasehold improvements				
d Equipment		876,795.	422,827.	453,968.
e Other		193,721.	155,814.	37,907.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				<b>5,881,522.</b>



<b>Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements</b>		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	8,993,904.
2	Total expenses (Form 990, Part IX, column (A), line 25)	8,913,764.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	80,140.
4	Net unrealized gains (losses) on investments	57,228.
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV.)	-253,559.
9	Total adjustments (net). Add lines 4 through 8	-196,331.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	-116,191.

<b>Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return</b>		
1	Total revenue, gains, and other support per audited financial statements	9,051,132.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a	Net unrealized gains on investments	57,228.
b	Donated services and use of facilities	
c	Recoveries of prior year grants	
d	Other (Describe in Part XIV.)	
e	Add lines 2a through 2d	57,228.
3	Subtract line 2e from line 1	8,993,904.
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	
b	Other (Describe in Part XIV.)	
c	Add lines 4a and 4b	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	8,993,904.

<b>Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return</b>		
1	Total expenses and losses per audited financial statements	8,913,764.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a	Donated services and use of facilities	
b	Prior year adjustments	
c	Other losses	
d	Other (Describe in Part XIV.)	
e	Add lines 2a through 2d	0.
3	Subtract line 2e from line 1	8,913,764.
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	
b	Other (Describe in Part XIV.)	
c	Add lines 4a and 4b	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	8,913,764.

**Part XIV Supplemental Information**

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

**PART X: MANAGEMENT HAS DETERMINED THAT THE YMCA HAD NO**

**UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE FINANCIAL STATEMENT**

**RECOGNITION. THE YMCA IS NO LONGER SUBJECT TO AUDITS BY THE APPLICABLE**

**TAXING JURISDICTIONS FOR PERIODS PRIOR TO DECEMBER 31, 2006.**

**PART XI, LINE 8 - OTHER ADJUSTMENTS:**

**POST RETIREMENT BENEFIT LIABILITY ADJUSTMENT : -253559.**









**Part IV** Supplemental Information

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

PART II, COLUMN (D):

REGION: JAMAICA

(D) PURPOSE OF GRANT: UNDER INTERNATIONAL INITIATIVE OF THE YMCA MOVEMENT, YMCA OF CENTRAL AND NORTHERN WESTCHESTER PARTNER WITH SPANISH TOWN YMCA IN JAMAICA EXTENDING CO-OPERATION AND ASSISTANCE.



**YOUNG MEN'S CHRISTIAN ASSOCIATION OF**

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		GOLF OUTTING (event type)	FAMILY FUN DAY (event type)	9 (total number)	
Revenue	<b>1</b> Gross receipts .....	53,855.	19,728.	51,477.	125,060.
	<b>2</b> Less: Charitable contributions .....	39,150.	13,000.		52,150.
	<b>3</b> Gross income (line 1 minus line 2) .....	14,705.	6,728.	51,477.	72,910.
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....	11,990.		3,433.	15,423.
	<b>7</b> Food and beverages .....	4,980.			4,980.
	<b>8</b> Entertainment .....			350.	350.
	<b>9</b> Other direct expenses .....	11,831.	9,940.	22,243.	44,014.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				( 64,767 )
<b>11</b> Net income summary. Combine line 3, column (d), and line 10 .....				8,143.	

**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))
		<b>1</b> Gross revenue .....			
Direct Expenses	<b>2</b> Cash prizes .....				
	<b>3</b> Noncash prizes .....				
	<b>4</b> Rent/facility costs .....				
	<b>5</b> Other direct expenses .....				
	<b>6</b> Volunteer labor .....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....				( )	
<b>8</b> Net gaming income summary. Combine line 1, column (d), and line 7 .....					

	Yes	No
<b>9</b> Enter the state(s) in which the organization operates gaming activities: _____		
<b>a</b> Is the organization licensed to operate gaming activities in each of these states? .....	<b>9a</b>	
<b>b</b> If "No," explain: _____		
<b>10a</b> Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? .....	<b>10a</b>	
<b>b</b> If "Yes," explain: _____		
<b>11</b> Does the organization operate gaming activities with nonmembers? .....	<b>11</b>	
<b>12</b> 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? .....	<b>12</b>	

**YOUNG MEN'S CHRISTIAN ASSOCIATION OF**

**13** Indicate the percentage of gaming activity operated in:

- a** The organization's facility ..... 

<b>13a</b>		%
<b>13b</b>		%
- b** An outside facility .....

**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? ..... **15a**

- 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? ..... **17a**

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

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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.

OMB No. 1545-0047

**2009**

Open to Public Inspection

Name of the organization **YOUNG MEN'S CHRISTIAN ASSOCIATION OF CENTRAL AND NORTHERN WESTCHESTER, NY INC.**

Employer identification number  
**13-1740518**

**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> 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"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<b>b</b> If any of the boxes on 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 .....	<b>1b</b>	
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? .....	<b>2</b>	X
<b>3</b> Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. <input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
<b>4</b> 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: <b>a</b> Receive a severance payment or change-of-control payment? .....	<b>4a</b>	X
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....	<b>4b</b>	X
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? .....	<b>4c</b>	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
<b>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</b>		
<b>5</b> 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: <b>a</b> The organization? .....	<b>5a</b>	X
<b>b</b> Any related organization? .....	<b>5b</b>	X
If "Yes" to line 5a or 5b, describe in Part III.		
<b>6</b> 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: <b>a</b> The organization? .....	<b>6a</b>	X
<b>b</b> Any related organization? .....	<b>6b</b>	X
If "Yes" to line 6a or 6b, describe in Part III.		
<b>7</b> 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 .....	<b>7</b>	X
<b>8</b> Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III .....	<b>8</b>	X
<b>9</b> If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....	<b>9</b>	

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2009



**YOUNG MEN'S CHRISTIAN ASSOCIATION OF  
CENTRAL AND NORTHERN WESTCHESTER, NY INC. 13-1740518**

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space is needed.

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
ROBERT W. LAPP	(i)	192,000.			19,200.	12,870.	224,070.	
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Supplemental Information on Tax-Exempt Bonds**

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

Name of the organization **YOUNG MEN'S CHRISTIAN ASSOCIATION OF CENTRAL AND NORTHERN WESTCHESTER, NY INC.** Employer identification number **13-1740518**

**Part I Bond Issues** SEE SCHEDULE O FOR COLUMN (F) CONTINUATIONS

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer	
							Yes	No	Yes	No
A	WESTCHESTER ID SERIES 2007A	52-1294265	N/A	05/04/07	3,555,336.	RENOVATIONS AND UPGRADE TO HVAC AND		X		X
B										
C										
D										
E										

**Part II Proceeds**

	A	B	C	D	E
1 Total proceeds of issue .....	3,555,336.				
2 Gross proceeds in reserve funds .....	3,373,065.				
3 Proceeds in refunding or defeasance escrows .....					
4 Other unspent proceeds .....					
5 Issuance costs from proceeds .....	71,107.				
6 Working capital expenditures from proceeds .....					
7 Capital expenditures from proceeds .....					
8 Year of substantial completion .....	2009				
	Yes	No	Yes	No	Yes
9 Were the bonds issued as part of a current refunding issue? ...		X			
10 Were the bonds issued as part of an advance refunding issue? .....		X			
11 Has the final allocation of proceeds been made? .....	X				
12 Does the organization maintain adequate books and records to support the final allocation of proceeds? .....	X				

**Part III Private Business Use**

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? .....		X								
2 Are there any lease arrangements with respect to the financed property which may result in private business use? .....		X								

**YOUNG MEN'S CHRISTIAN ASSOCIATION OF  
CENTRAL AND NORTHERN WESTCHESTER, NY INC.**

Schedule K (Form 990) 2009

13-1740518

Page 2

**Part III Private Business Use** (Continued)

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts with respect to the financed property which may result in private business use? .....		X								
<b>b</b> Are there any research agreements with respect to the financed property which may result in private business use? ...		X								
<b>c</b> Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property? .....		X								
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government .....	.00 %		%		%		%		%	
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government .....	.00 %		%		%		%		%	
<b>6</b> Total of lines 4 and 5 .....	.00 %		%		%		%		%	
<b>7</b> Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities? .....	X									

**Part IV Arbitrage**

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue? .....		X								
<b>2</b> Is the bond issue a variable rate issue? .....		X								
<b>3a</b> Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records? .....		X								
<b>b</b> Name of provider .....										
<b>c</b> Term of hedge .....										
<b>4a</b> Were gross proceeds invested in a GIC? .....		X								
<b>b</b> Name of provider .....										
<b>c</b> Term of GIC .....										
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? .....		X								
<b>5</b> Were any gross proceeds invested beyond an available temporary period? .....		X								
<b>6</b> Did the bond issue qualify for an exception to rebate? .....		X								



**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization	YOUNG MEN'S CHRISTIAN ASSOCIATION OF CENTRAL AND NORTHERN WESTCHESTER, NY INC.	Employer identification number	13-1740518
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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:  
AND STRONG COMMUNITIES THROUGHOUT OUR AREA. IT IS A CHARITABLE,  
NOT-FOR-PROFIT ORGANIZATION THAT WELCOMES ALL PEOPLE REGARDLESS OF AGE,  
RACE, RELIGION, OR ECONOMIC STATUS. OUR CHARITY STRIVES TO ENRICH EACH  
AND EVERY LIFE THROUGH A UNIQUE, DYNAMIC COMBINATION OF PROGRAMS THAT  
STRENGTHENS SPIRIT, MIND AND BODY.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS  
SETTING THE FOUNDATION FOR A LIFETIME OF HEALTH AND WELLNESS. OPEN TO  
ALL REGARDLESS OF RACE, RELIGION, AGE, GENDER, SOCIOECONOMIC STATUS OR  
ABILITY, ALL OUR YMCA OF CENTRAL & NORTHERN WESTCHESTER HEALTH  
ENHANCEMENT PROGRAMS ARE DESIGNED TO HELP EACH INDIVIDUAL REALIZE HIS  
OR HER POTENTIAL WHILE BUILDING A STRONG AND HEALTHY BODY, MIND AND  
SPIRIT.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS  
COMMUNITY-BASED ORGANIZATIONS, AGENCIES AND GOVERNMENT ADDITIONALLY  
ALLOW OUR YMCA OF CENTRAL & NORTHERN WESTCHESTER TO EXPAND SERVICE  
DELIVERY TO THOSE TRADITIONALLY UNDERSERVED YOUTH TEENS RESIDING IN  
URBAN AND ECONOMICALLY CHALLENGED AREAS OF THE COMMUNITY.  
AQUATICS: THE DEVELOPMENT AND DELIVERY OF SWIM CLASSES FOR CHILDREN,  
ADULTS AND SENIORS WHICH BUILD SKILLS, INCREASE SELF-CONFIDENCE AND  
PROMOTE WATER SAFETY AT EVERY AGE. SPECIAL TODDLER/PARENT CLASSES  
INTRODUCE CHILDREN AGES 6 TO 36 MONTHS TO THE WATER WITH EMPHASIS ON  
ENSURING A SAFE, POSITIVE "FIRST EXPERIENCE." A FULL ARRAY OF FAMILY  
SWIM PROGRAMS, RECREATIONAL

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

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SWIMMING, LIFEGUARD TRAINING, COMPETITIVE TEAM SWIM, SCUBA DIVING  
INSTRUCTION, NUMEROUS AQUATIC EXERCISE CLASSES AND A VARIETY OF AQUATIC  
PROGRAMS FOR THE DISABLED ALLOW FOR PARTICIPATION IN THE PROGRAMS  
APPROPRIATE TO EACH INDIVIDUAL'S LEVEL OF SKILL, NEEDS AND GOALS WHILE  
ENCOURAGING AND ADVANCING AN ACTIVE, HEALTHY LIFESTYLE.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

3CAMP ACTIVITIES

CHILDCARE/DAY CAMP: THE DEVELOPMENT AND DELIVERY OF SAFE, AFFORDABLE  
HIGH-QUALITY FULL DAY AND HALF DAY AFTER SCHOOL CHILDCARE PROGRAMS AT  
SITES THAT IN 2009 SERVED OVER 1,200 CHILDREN A DAY. DURING THE SUMMER  
MONTHS, 12 YMCA OF CENTRAL & NORTHERN WESTCHESTER SITES PROVIDED DAY  
CAMP FOR OVER 1,300 CHILDREN FROM THE AGES OF 3 TO 15. PROFESSIONALLY  
STAFFED, ALL YMCA OF CENTRAL & NORTHERN WESTCHESTER CHILDCARE PROGRAMS  
ARE MISSION-BASED AND PROVIDE A DEVELOPMENTALLY-ORIENTED CURRICULUM  
DESIGNED TO PROMOTE PERSONAL GROWTH, BUILD SOCIAL SKILLS AND  
RELATIONSHIPS, ENCOURAGE INDEPENDENCE AND APPRECIATION FOR DIVERSITY,  
DEVELOP CHARACTER BASED ON THE VALUES OF CARING HONESTY, RESPECT AND  
RESPONSIBILITY AND ACQUIRE LIFELONG LOVE OF LEARNING. IN 2009 THE YMCA  
OF CENTRAL & NORTHERN WESTCHESTER PROVIDED FINANCIAL ASSISTANCE TO  
FAMILIES WHICH ALLOWED THEM TO WORK ALL YEAR, SECURE IN THE KNOWLEDGE  
THAT THEIR CHILDREN WERE BEING CARED FOR IN A SAFE, NURTURING AND  
EDUCATIONALLY-FOCUSED ENVIRONMENT.

EXPENSES \$ 1587867. INCLUDING GRANTS OF \$ 0. REVENUE \$ 1708457.

FORM 990, PART VI, SECTION B, LINE 11: THE YMCA HAS ITS FORM 990 PREPARED

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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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, ITS SUBMITTED ELECTRONICALLY TO  
MEMBERS OF THE ORGANIZATION'S GOVERNING BODY FOR REVIEW PRIOR TO  
SUBMISSION. THE GOVERNING BODY IS PROVIDED WITH ONE WEEK TO REVIEW THE  
PREPARED FORM 990 AND PROVIDE THEIR COMMENTS. ANY COMMENTS ARE THEN  
GROUPED, SUMMARIZED AND PROVIDED TO THE COMPLIANCE OFFICER OR COMMITTEE IN  
CHARGE OF FILING THE RETURN FOR THEIR REVIEW. EACH ISSUE IS DOCUMENTED AND  
ADDRESSED UNTIL THE RETURN IS FINALIZED AND APPROVED FOR FILING.

FORM 990, PART VI, SECTION B, LINE 12C: YMCA CURRENTLY HAS IN PLACE A  
CONFLICT OF INTEREST POLICY WHICH IT ANNUALLY MONITORS AND ENFORCES. THE  
BOARD CURRENTLY MANDATES THAT ALL MEMBERS OF THE MANAGEMENT AND GOVERNING  
BODY ANNUALLY SIGN A CONFLICT OF INTEREST POLICY AND DISCLOSE ANY POTENTIAL  
OR ACTUAL CONFLICTS THAT MAY EXIST. THE SIGNED CONFLICT OF INTEREST IS  
SUBMITTED TO THE EXECUTIVE DIRECTOR WHO REVIEWS THE SIGNED ATTESTATIONS FOR  
POTENTIAL OR ACTUAL CONFLICTS. IF A POTENTIAL OR ACTUAL CONFLICT OF  
INTEREST EXISTS, THE EXECUTIVE DIRECTOR WILL NOTIFY A MEMBER OF MANAGEMENT  
OR GOVERNING BODY ABOUT SUCH CONFLICT AND INVESTIGATE THE CONFLICT. THE  
RESULTS OF THE INVESTIGATION WILL BE SUMMARIZED AND DOCUMENTED BY THE  
EXECUTIVE DIRECTOR AND BE REPORTED TO THE GOVERNING BODY. IF THE EXECUTIVE  
DIRECTOR ESTABLISHES THAT AN ACTUAL CONFLICT EXISTS, THE MEMBER OF  
MANAGEMENT OR THE GOVERNING BODY WILL BE NOTIFIED IMMEDIATELY AND WILL NOT  
BE ALLOWED TO VOTE OR BE PART OF ANY DECISIONS ABOUT SUCH TRANSACTIONS THAT  
HAVE TO DO WITH THE CONFLICT UNTIL SUCH TIME THERE IS NO LONGER CONFLICT.

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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FORM 990, PART VI, SECTION B, LINE 15: THE EXECUTIVE COMPENSATION COMMITTEE DERIVES ITS AUTHORITY FROM THE BOARD OF GOVERNORS. THE COMMITTEE WILL WORK TO IMPROVE THE OVERALL EFFECTIVENESS OF THE BOARD OF GOVERNORS, THROUGH THE DEVELOPMENT AND DETERMINATION OF THE ANNUAL PERFORMANCE OBJECTIVES, PERFORMANCE EVALUATION AND SALARY REVIEW OF THE PRESIDENT/CEO. THE WORK OF THE EXECUTIVE COMPENSATION COMMITTEE WILL REQUIRE THE COMMITTEE TO MEET TWO TO THREE TIMES A YEAR TO ESTABLISH, REGULARLY REVIEW, AND MODIFY, AS APPROPRIATE, THE ORGANIZATION'S EXECUTIVE COMPENSATION PHILOSOPHY.

THE PRIMARY RESPONSIBILITIES OF THE EXECUTIVE COMPENSATION COMMITTEE ARE TO:

DELEGATE AUTHORITY FOR ANY OF ITS RESPONSIBILITIES TO SUB-COMMITTEES, AS THE COMMITTEE MAY DEEM APPROPRIATE AT ITS SOLE DISCRETION.

RETAIN, ON ITS OWN AUTHORITY, SUCH COMPENSATION CONSULTANTS, OUTSIDE COUNSEL OR OTHER ADVISORS, AS THE COMMITTEE MAY DEEM APPROPRIATE IN ITS SOLE DISCRETION. THE COMMITTEE SHALL HAVE SOLE AUTHORITY TO APPROVE RELATED FEES AND RETENTION TERMS.

REVIEW CORPORATE GOALS AND OBJECTIVES RELEVANT TO THE PRESIDENT/CEO'S COMPENSATION, INCLUDING ONLY HIS/HER ANNUAL PERFORMANCE OBJECTIVES.

DEVELOP (IN CONSULTATION WITH THE PRESIDENT/CEO) SPECIFIC, MEASURABLE AND ATTAINABLE ANNUAL PERFORMANCE OBJECTIVES.

MAINTAIN, BY WAY OF SCHEDULED MEETINGS IF NECESSARY, A DIRECT LINE OF COMMUNICATION BETWEEN THE PRESIDENT/CEO AND THE COMMITTEE TO PROVIDE FOR EXCHANGES OF VIEWS AND INFORMATION.

CONDUCT AN ANNUAL PERFORMANCE INTERVIEW WITH THE PRESIDENT/CEO TO MEASURE



**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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--------------------------	---	--

PROGRESS AGAINST ESTABLISHED PERFORMANCE OBJECTIVES.

EVALUATE THE PRESIDENT/CEO PERFORMANCE AGAINST ESTABLISHED PERFORMANCE  
OBJECTIVES.

DETERMINE THE PRESIDENT/CEO COMPENSATION LEVEL BASED ON THE EVALUATION.

PROVIDE AND DISCUSS IN A FOLLOW UP MEETING WITH THE PRESIDENT/CEO A WRITTEN  
EVALUATION OF PERFORMANCE AND COMPENSATION DECISION.

ENSURE THE WRITTEN EVALUATION AND SALARY DETERMINATION ARE PLACED IN THE  
PERSONNEL FILE.

REPORT TO THE BOARD OF GOVERNORS ON EXECUTIVE COMPENSATION DECISIONS.

THE PRESIDENT /CEO SHALL CONDUCT A WRITTEN PERFORMANCE EVALUATION AND  
SALARY REVIEW FOR THE NEXT FOUR HIGHLY COMPENSATED EMPLOYEES, AND REPORT  
THE SALARY AWARDS TO THE COMMITTEE FOR THEIR REVIEW AND FINALIZATION.

ENSURE THAT COMPENSATION INFORMATION FOR THE TOP FIVE COMPENSATED EMPLOYEES  
IS FULLY AND FAIRLY DISCLOSED ON FEDERAL TAX RETURN FORM 990.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS  
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS  
AVAILABLE TO THE PUBLIC THROUGH THEIR WEBSITE AND UPON REQUEST.

FORM 990, PART XI, LINE 2C

THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR  
OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN  
INDEPENDENT ACCOUNTANT. THIS PROCESS DID NOT CHANGE FROM THE PRIOR  
YEAR.

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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**SCHEDULE K, PART I, BOND ISSUES:**

(A) ISSUER NAME: WESTCHESTER ID SERIES 2007A

(F) DESCRIPTION OF PURPOSE:

RENOVATIONS AND UPGRADE TO HVAC AND ELECTRICAL SYSTEMS

**SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:**

(A) NAME OF PERSON: CHARLES GOLDBERGER

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

IS LEGAL COUNSEL AND SERVES ON THE BOARD

(A) NAME OF PERSON: GEORGE HOMER

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

D&O INSURANCE PROVIDER AND SERVES ON THE BOARD

(D) DESCRIPTION OF TRANSACTION: INSURANCE PREMIUMS

(A) NAME OF PERSON: WILLIAM MACINTOSH

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

IS SENIOR VP OF HUDSON VALLEY BANK AND SERVES ON THE BOARD

(D) DESCRIPTION OF TRANSACTION: BANK SERVICES

FORM 990, PART X, LINE 26

TERMINATION OF THE POST RETIREMENT BENEFIT PLAN

SUBSEQUENT TO DECEMBER 31, 2009 THE YMCA'S BOARD OF DIRECTORS VOTED TO

TERMINATE THE POST RETIREMENT BENEFIT PLAN FOR ALL EMPLOYEES (CURRENT

AND FUTURE) WITH THE EXCEPTION OF FOUR RETIREES WHO ARE CURRENTLY

RECEIVING BENEFITS. TERMINATION OF THE PLAN IS EXPECTED TO DECREASE

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

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--------------------------	---	--

THE UNFUNDED LIABILITY BY \$1,300,000 IN 2010 AND THE NET PERIODIC  
POSTRETIREMENT BENEFIT COST IS EXPECTED TO DECREASE BY APPROXIMATELY  
\$340,000.