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EXTENSION GRANTED TO 07/15/2010

Form **990****Return of Organization Exempt From Income Tax**

OMB No 1545-0047

**2008**Department of the Treasury  
Internal Revenue Service

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

Open to Public  
Inspection

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

**A** For the 2008 calendar year, or tax year beginning **SEP 1, 2008** and ending **AUG 31, 2009**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type:  See Specific Instructions	<b>C</b> Name of organization <b>YOUNG MEN'S CHRISTIAN ASSOCIATION</b>		<b>D</b> Employer identification number <b>91-0568717</b>
		Doing Business As		<b>E</b> Telephone number <b>509-248-1202</b>
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>5 NORTH NACHES AVE.</b>		<b>G</b> Gross receipts \$ <b>4,563,209.</b>
		City or town, state or country, and ZIP + 4 <b>YAKIMA, WA 98901</b>		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) <b>H(c)</b> Group exemption number ▶
<b>F</b> Name and address of principal officer: <b>BOB ROMERO</b> <b>5 NORTH NACHES AVE, YAKIMA, WA 98901</b>				
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c) ( 3 ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
<b>J</b> Website: ▶ <b>WWW.YAKIMAYMCA.ORG</b>				
<b>K</b> Type of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input checked="" type="checkbox"/> Association <input type="checkbox"/> Other ▶				
<b>L</b> Year of formation: <b>1907</b> <b>M</b> State of legal domicile: <b>WA</b>				

**Part I Summary**

<b>Activities &amp; Governance</b> <b>Revenue</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>THE YAKIMA FAMILY YMCA SEEKS TO PUT CHRISTIAN PRINCIPLES INTO PRACTICE THROUGH PROGRAMS THAT BUILD A</b>			
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.			
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>22</b>	
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>22</b>	
	<b>5</b> Total number of employees (Part V, line 2a)	<b>5</b>	<b>227</b>	
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>525</b>	
	<b>7a</b> Total gross unrelated business revenue from Part VIII, line 12, column (C)	<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>	
	<b>Expenses</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
		<b>9</b> Program service revenue (Part VIII, line 2g)	<b>660,760.</b>	<b>1,458,800.</b>
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)		<b>2,547,339.</b>	<b>2,648,337.</b>	
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		<b>207,283.</b>	<b>69,231.</b>	
<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		<b>109,873.</b>	<b>127,948.</b>	
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)		<b>3,525,255.</b>	<b>4,304,316.</b>	
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		<b>91,000.</b>		
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)				
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		<b>1,960,350.</b>	<b>2,004,086.</b>	
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>50,441.</b>				
<b>Net Assets or Fund Balances</b>	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	<b>1,389,053.</b>	<b>1,510,774.</b>	
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>3,440,403.</b>	<b>3,514,860.</b>	
	<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>84,852.</b>	<b>789,456.</b>	
	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Year</b>	<b>End of Year</b>	
	<b>21</b> Total liabilities (Part X, line 26)	<b>7,847,456.</b>	<b>8,415,583.</b>	
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>157,393.</b>	<b>213,385.</b>	
		<b>7,690,063.</b>	<b>8,202,198.</b>	

**Part II Signature Block**

<b>Sign Here</b>	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.			
	<b>Signature of officer</b> <i>Bob Romero</i> <b>Date</b>			
<b>Paid Preparer's Use Only</b>	<b>BOB ROMERO, EXECUTIVE DIRECTOR</b> Type or print name and title			
	<b>Preparer's signature</b> <i>Pam R Cleaver</i> Firm's name (or yours if self-employed), address, and ZIP + 4 <b>MOSS ADAMS LLP</b> <b>P.O. BOX 22650</b> <b>YAKIMA, WA 98907-2650</b>	<b>Date</b> <b>6/10/10</b>	<b>Check if self-employed</b> <input type="checkbox"/>	<b>Preparer's identifying number (see instructions)</b> <b>P00022310</b>
		<b>EIN</b> ▶		<b>Phone no.</b> ▶ <b>509-248-7750</b>

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

**Part III** Statement of Program Service Accomplishments (see instructions)

- 1 Briefly describe the organization's mission: SEE SCHEDULE O FOR CONTINUATION  
THE YAKIMA FAMILY YMCA SEEKS TO PUT CHRISTIAN PRINCIPLES INTO PRACTICE  
THROUGH PROGRAMS THAT BUILD HEALTHY SPIRIT, MIND AND BODY FOR ALL. OUR  
MISSION STATEMENT IS BROUGHT TO LIFE THROUGH THE EFFORTS OF OUR  
PROFESSIONAL STAFF AND A GROUP OF COMMITTED VOLUNTEER LEADERS WHO
- 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 \$ 670,078. including grants of \$ ) (Revenue \$ 1,639,741.)  
THE YAKIMA FAMILY YMCA STRIVES TO BUILD STRONG KIDS, STRONG FAMILIES  
AND STRONG COMMUNITIES THROUGH A VARIETY OF PROGRAMS.

- AQUATICS. OUR AQUATICS PROGRAM INCLUDES A VARIETY OF ACTIVITIES: LAP  
SWIM, WATER WALKING, FAMILY SWIM, SWIM LESSONS, SWIM TEAM, WATER  
AEROBICS, ARTHRITIS CLASSES, LIFE GUARD TRAINING AND COMPETITIVE STROKE  
CLASSES. OUR LEARN TO SWIM PROGRAM IS CONDUCTED EACH YEAR DURING SPRING  
BREAK FOR LOCAL SCHOOLS. IN PARTNERSHIP WITH SUNRISE ROTARY, THIS  
PROGRAM IS PROVIDED AT NO CHARGE TO ABOUT 440 PARTICIPANTS. THE PROGRAM  
PROVIDES FREE SWIMMING LESSONS TO LOCAL YOUTH. THIS PROGRAM GIVES YOUNG  
PEOPLE CONFIDENCE IN THE WATER, THE ABILITY TO SWIM AND INSTRUCTION IN  
WATER SAFETY. GIVEN THE MANY IRRIGATION CANALS, UNPREDICTABLE RIVERS  
AND LAKES IN OUR COMMUNITY, THIS PROGRAM MEETS A NEED FOR PUBLIC

4b (Code ) (Expenses \$ 290,499. including grants of \$ ) (Revenue \$ 120,649.)  
CAMP DUDLEY. CAMP DUDLEY IS A YMCA RESIDENT CAMP LOCATED ON 13 ACRES OF  
FOREST LAND THAT SURROUNDS CLEAR LAKE NEAR WHITE PASS. CAMP DUDLEY'S SIX  
WEEK SUMMER RESIDENT CAMP PROVIDES RECREATION, ENVIRONMENTAL EDUCATION  
AND TRAINING IN YMCA CORE VALUES TO ABOUT 400 KIDS AGES 8-15. YOUNG  
ADULTS, AGE 18 AND OLDER, ENJOY EMPLOYMENT AS COUNSELORS. SPRING BREAK  
CAMP AND LEADERSHIP CAMP ALSO PROVIDE PERSONAL GROWTH OPPORTUNITIES FOR  
AREA YOUNGSTERS. MANY OF THE YOUNG PEOPLE WHO ATTEND CAMP DUDLEY, DO SO  
AS A RESULT OF DONATED FUNDS TO OUR PARTNER WITH YOUTH CAMPAIGN AND  
OTHER FUND-RAISING EFFORTS. CAMP DUDLEY IS OPEN YEAR ROUND FOR RENTAL  
AS A RETREAT CENTER.

4c (Code: ) (Expenses \$ 695,333. including grants of \$ ) (Revenue \$ 853,216.)  
CHILD CARE. SAFE, HIGH QUALITY AND AFFORDABLE PROGRAMS PROVIDE SERVICES  
THAT ALLOW PARENTS TO ATTEND SCHOOL OR WORK TO SUPPORT THEIR FAMILIES.  
FULLY LICENSED INFANT, TODDLER, PRE-SCHOOL AND PRE-KINDER PROGRAMS  
OFFER VALUES-BASED EDUCATIONAL OPPORTUNITIES FOR YOUNGSTERS FROM AGES  
SIX WEEKS TO FIVE YEARS. WE CONDUCT BEFORE AND AFTER SCHOOL ENRICHMENT  
(B.A.S.E.) PROGRAMS AT FIVE LOCAL SCHOOLS. BETWEEN CHILD CARE AND  
B.A.S.E. PROGRAMS, WE SERVE UP TO 230 KIDS PER DAY. OUR SUMMER DAY CAMP  
PROGRAM SERVED OVER 140 KIDS PER DAY FROM JUNE THROUGH AUGUST. SIMILAR  
CHILD CARE CAMPS ARE AVAILABLE DURING EXTENDED SCHOOL HOLIDAYS,  
PROVIDING A SAFE LEARNING AND RECREATIONAL ENVIRONMENT FOR CHILDREN  
WITH WORKING PARENTS. PARTNERS WITH YOUTH CAMPAIGN FUNDS DO HELP  
SUPPORT OUR CHILD CARE PROGRAMS.

4d Other program services (Describe in Schedule O.)  
 (Expenses \$ 1,169,737. including grants of \$ ) (Revenue \$ 34,732.)

4e Total program service expenses ► \$ 2,825,647. (Must equal Part IX, Line 25, column (B).)

**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 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 hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
13 Is the organization a school as 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 U.S.?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <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 more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total 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 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
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a <b>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 Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X

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

	Yes	No
<b>28</b> During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
<b>a</b> Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>b</b> Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>c</b> Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <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</b> <b>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

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**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.	13	
<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.	227	
<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 question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
<b>6a</b>	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</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?		X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<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	7d	
<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</b>	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
<b>9</b>	<b>Section 501(c)(3) and other 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</b>	<b>Section 501(c)(7) organizations.</b> Enter: <b>N/A</b>		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	10a	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter: <b>N/A</b>		
<b>a</b>	Gross income from members or shareholders	11a	
<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)	11b	
<b>12a</b>	<b>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 <b>N/A</b>	12b	

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**Part VI Governance, Management, and Disclosure** (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)**Section A. Governing Body and Management**

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body	22	
<b>b</b> Enter the number of voting members that are independent	22	
<b>2</b> 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
<b>3</b> 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
<b>4</b> Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
<b>5</b> Did the organization become aware during the year of a material diversion of the organization's assets?		X
<b>6</b> Does the organization have members or stockholders?	X	
<b>7a</b> Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	X	
<b>b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	X	
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body?	X	
<b>b</b> Each committee with authority to act on behalf of the governing body?	X	
<b>9a</b> Does the organization have local chapters, branches, or affiliates?		X
<b>b</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?		
<b>10</b> Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	X	
<b>11</b> Is there any officer, director or 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**

	Yes	No
<b>12a</b> Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b> Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		X
<b>c</b> Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
<b>13</b> Does the organization have a written whistleblower policy?	X	
<b>14</b> Does the organization have a written document retention and destruction policy?	X	
<b>15</b> 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:		
<b>a</b> The organization's CEO, Executive Director, or top management official?	X	
<b>b</b> Other officers or key employees of the organization?	X	
Describe the process in Schedule O. (see instructions)		
<b>16a</b> 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
<b>b</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?		
<b>16b</b>		

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed ► **WA**

**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 ►  
**BOB ROMERO - 509-248-1202**  
**YMCA, 5 NORTH NACHES AVE., YAKIMA, WA 98901**

**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. 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, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• 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 officer, director, trustee, or key employee.

(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			
BRIAN BLOUNT BOARD DIRECTOR	3.00	X						0.	0.	0.
MEL BRINK TREASURER	2.00	X		X				0.	0.	0.
BILL DOLSEN BOARD DIRECTOR	3.00	X						0.	0.	0.
JIM DWINELL VICE PRESIDENT	5.00	X		X				0.	0.	0.
DANIEL GARCIA BOARD DIRECTOR	1.00	X						0.	0.	0.
GAYLE HARTHCOCK BOARD DIRECTOR	1.00	X						0.	0.	0.
BEN HITTLE BOARD DIRECTOR	1.00	X						0.	0.	0.
ALEX HODGE BOARD DIRECTOR	3.00	X						0.	0.	0.
TOMAS HOLBROOK BOARD DIRECTOR	2.00	X						0.	0.	0.
JOE MANN BOARD DIRECTOR	1.00	X						0.	0.	0.
DAVE MCFADDEN BOARD DIRECTOR	1.00	X						0.	0.	0.
ELIZABETH MCGREE BOARD DIRECTOR	1.00	X						0.	0.	0.
GREGG PLEGER BOARD DIRECTOR	1.00	X						0.	0.	0.
KEITH RIFFE PRESIDENT	10.00	X		X				0.	0.	0.
MICHAEL SHEPARD BOARD DIRECTOR	2.00	X						0.	0.	0.
ERIC SILVERS BOARD DIRECTOR	2.00	X						0.	0.	0.
MARK SMITH BOARD DIRECTOR	1.00	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			
TOM SPARLING BOARD DIRECTOR	2.00	X						0.	0.	0.
KERRY STOUT BOARD DIRECTOR	2.00	X						0.	0.	0.
CHARLES HANSES BOARD DIRECTOR	1.00	X						0.	0.	0.
DUSTIN YEAGER BOARD DIRECTOR	1.00	X						0.	0.	0.
SUSAN EDLER BOARD DIRECTOR	1.00	X						0.	0.	0.
BOB ROMERO GENERAL DIRECTOR	40.00			X				80,000.	0.	18,185.
<b>1b Total</b>								<b>80,000.</b>	<b>0.</b>	<b>18,185.</b>

**2** Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization 0

- 3** Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 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
- 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

	Yes	No
<b>3</b>		X
<b>4</b>		X
<b>5</b>		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
<b>2</b> Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization <span style="float: right;">0</span>		

Form 990 (2008)

Part VIII Statement of Revenue				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a	176,810.				
	b Membership dues	1b					
	c Fundraising events	1c	4,941.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,277,049.				
	g Noncash contributions included in lines 1a-1f \$						
	h Total. Add lines 1a-1f			1458800.			
Program Service Revenue	2 a MEMBERSHIP DUES	Business Code	713940	1505396.	1505396.		
	b CHILD CARE		624410	853,216.			853,216.
	c RESIDENT CAMP		713940	120,649.	120,649.		
	d AQUATICS		713940	75,030.	75,030.		
	e PHYSICAL		713940	59,315.	59,315.		
	f All other program service revenue		713940	34,731.	34,731.		
	g Total. Add lines 2a-2f			2648337.			
	3 Investment income (including dividends, interest, and other similar amounts)			52,229.			52,229.
4 Income from investment of tax-exempt bond proceeds							
5 Royalties							
Other Revenue	6 a Gross Rents	(i) Real	81,785.	(ii) Personal	16,348.		
	b Less: rental expenses						
	c Rental income or (loss)		81,785.		16,348.		
	d Net rental income or (loss)					98,133.	98,133.
	7 a Gross amount from sales of assets other than inventory	(i) Securities	245030.	(ii) Other	50.		
	b Less: cost or other basis and sales expenses		228078.				
	c Gain or (loss)		16,952.		50.		
	d Net gain or (loss)					17,002.	17,002.
	8 a Gross income from fundraising events (not including \$ 4,941. of contributions reported on line 1c). See Part IV, line 18	a	19,633.				
	b Less direct expenses	b	4,964.				
	c Net income or (loss) from fundraising events					14,669.	14,669.
	9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less direct expenses	b					
	c Net income or (loss) from gaming activities						
	10 a Gross sales of inventory, less returns and allowances	a	26,821.				
	b Less: cost of goods sold	b	25,851.				
	c Net income or (loss) from sales of inventory					970.	970.
	Miscellaneous Revenue			Business Code			
11 a MISCELLANEOUS		713940	14,176.			14,176.	
b							
c							
d All other revenue							
e Total. Add lines 11a-11d			14,176.				
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e			4304316.	1795121.	0.	1,050,395.	

**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				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	98,185.		98,185.	
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	1,568,650.	1,230,667.	328,488.	9,495.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	156,588.	109,498.	43,583.	3,507.
10 Payroll taxes	180,663.	82,831.	96,619.	1,213.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	15,400.		15,400.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses	265,656.	187,654.	74,968.	3,034.
14 Information technology				
15 Royalties				
16 Occupancy	635,145.	122,674.	512,471.	
17 Travel	14,342.	10,724.	3,618.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	16,826.	3,160.	12,867.	799.
20 Interest				
21 Payments to affiliates	53,789.	23,878.	29,911.	
22 Depreciation, depletion, and amortization	339,307.	299,099.	38,581.	1,627.
23 Insurance				
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 MISCELLANEOUS	75,076.	13,751.	61,025.	300.
b FINANCIAL AID	61,376.	30,993.	30,383.	0.
c MEMBERSHIP DUES	23,487.	2,668.	20,819.	0.
d POSTAGE AND SHIPPING	10,370.	3,661.	5,542.	1,167.
e BUILDING OVERHEAD ALLOC	0.	462,549.	<462,549.>	
f All other expenses		241,840.	<271,139.>	29,299.
25 Total functional expenses. Add lines 1 through 24f	3,514,860.	2,825,647.	638,772.	50,441.
26 Joint Costs. 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				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash - non-interest-bearing	3,080.	1	3,218.
	2 Savings and temporary cash investments	1,026,172.	2	1,303,006.
	3 Pledges and grants receivable, net	159,842.	3	1,159,265.
	4 Accounts receivable, net	43,035.	4	54,970.
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	9,126.	8	18,230.
	9 Prepaid expenses and deferred charges	41,282.	9	29,622.
	10a Land, buildings, and equipment, cost basis	9,988,172.		
	b Less: accumulated depreciation. Complete Part VI of Schedule D	5,756,420.	10c	4,231,752.
	11 Investments - publicly traded securities	3,794,579.	11	1,222,681.
	12 Investments - other securities. See Part IV, line 11	1,695,450.	12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	1,074,890.	15	392,839.
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	7,847,456.	16	8,415,583.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses	147,802.	17	203,450.
	18 Grants payable		18	
	19 Deferred revenue	9,591.	19	9,935.
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable		24	
	25 Other liabilities. Complete Part X of Schedule D		25	
	26 <b>Total liabilities.</b> Add lines 17 through 25	157,393.	26	213,385.
<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>			
	27 Unrestricted net assets	6,382,207.	27	5,871,092.
	28 Temporarily restricted net assets	464,567.	28	470,854.
	29 Permanently restricted net assets	843,289.	29	1,860,252.
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 <b>Total net assets or fund balances</b>	7,690,063.	33	8,202,198.
	34 <b>Total liabilities and net assets/fund balances</b>	7,847,456.	34	8,415,583.

**Part XI Financial Statements and Reporting**

- 1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
- b Were the organization's financial statements audited by an independent accountant?
- c If "Yes" to lines 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?
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If "Yes," did the organization undergo the required audit or audits?

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)  
nonexempt charitable trusts.

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

OMB No 1545-0047

**2008**

Open to Public  
Inspection

Name of the organization

**YOUNG MEN'S CHRISTIAN ASSOCIATION**

Employer identification number

**91-0568717**

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

The organization is not a private foundation because it is: (Please check only **one** organization.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).** (Attach Schedule H.)
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☒ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete the Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).** (see instructions)
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h
- a ☐ Type I      b ☐ Type II      c ☐ Type III - Functionally integrated      d ☐ Type III - Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the organizations the organization supports

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

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

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

Schedule A (Form 990 or 990-EZ) 2008

**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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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</b> <b>Total.</b> Add lines 1 - 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</b> <b>Public Support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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</b> <b>Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	
<b>13</b> <b>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 2008 (line 6, column (f) divided by line 11, column (f))	14	%
<b>15</b> Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	%
<b>16a</b> <b>33 1/3% support test - 2008.</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</b> <b>33 1/3% support test - 2007.</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</b> <b>10% -facts-and-circumstances test - 2008.</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</b> <b>10% -facts-and-circumstances test - 2007.</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</b> <b>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"/>		

Schedule A (Form 990 or 990-EZ) 2008

**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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	706,014.	1,369,334.	607,442.	660,760.	1,458,800.	4,802,350.
<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	1,646,683.	1,701,364.	1,780,635.	1,732,472.	1,795,121.	8,656,275.
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513	583,270.	639,721.	689,465.	814,867.	853,216.	3,580,539.
<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 - 5	2,935,967.	3,710,419.	3,077,542.	3,208,099.	4,107,137.	17,039,164.
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons	155,000.	17,005.	21,267.	23,497.	22,362.	239,131.
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
<b>c</b> Add lines 7a and 7b	155,000.	17,005.	21,267.	23,497.	22,362.	239,131.
<b>8 Public support</b> (Subtract line 7c from line 6)						16,800,033.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>9</b> Amounts from line 6	2,935,967.	3,710,419.	3,077,542.	3,208,099.	4,107,137.	17,039,164.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	143,585.	154,752.	191,063.	195,257.	150,362.	835,019.
<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	143,585.	154,752.	191,063.	195,257.	150,362.	835,019.
<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.)	19,577.	16,829.	17,640.	35,699.	60,630.	150,375.
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12)						18,024,558.
<b>14 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 stop here <span style="float: right;">▶ <input type="checkbox"/></span>						

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

<b>15</b> Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	93.21 %
<b>16</b> Public support percentage from 2007 Schedule A, Part IV-A, line 27g	<b>16</b>	93.93 %

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

<b>17</b> Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	4.63 %
<b>18</b> Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	<b>18</b>	4.58 %

**19a 33 1/3% support tests - 2008.** 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 - 2007.** 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 A (Form 990 or 990-EZ) 2008

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**  
**For Organizations Exempt From Income Tax Under section 501(c) and section 527**

► **To be completed by organizations described below.**

► **Attach to Form 990 or Form 990-EZ.**

OMB No 1545-0047

**2008**

**Open to Public  
Inspection**

**If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then**

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

**If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

**If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then**

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization <b>YOUNG MEN'S CHRISTIAN ASSOCIATION</b>	Employer identification number <b>91-0568717</b>
--	---

**Part I-A To be completed by all organizations exempt under section 501(c) and section 527 organizations.**

See the instructions for Schedule C for details.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ► \$ \_\_\_\_\_
- 3 Volunteer hours \_\_\_\_\_

**Part I-B To be completed by all organizations exempt under section 501(c)(3).**

See the instructions for Schedule C for details.

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ► \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ► \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  
☐ Yes ☐ No
- 4a Was a correction made?  
☐ Yes ☐ No
- b If "Yes," describe in Part IV

**Part I-C To be completed by all organizations exempt under section 501(c), except section 501(c)(3).**

See the instructions for Schedule C for details.

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ► \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ► \$ \_\_\_\_\_
- 3 Total of direct and indirect exempt function expenditures. Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b ► \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No
- 5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. Enter the amount paid and indicate if the amount was paid from the filing organization's funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.



**Part II-A** To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.

- A Check ☐ if the filing organization belongs to an affiliated group
- B Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount. Enter the amount from the following table in both columns															
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a. Enter -0- if line g is more than line a															
i Subtract line 1f from line 1c. Enter -0- if line f is more than line c															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?															

☐ Yes ☐ No

**4-Year Averaging Period Under Section 501(h)**  
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f of the instructions.)

**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2008

**Part II-B** To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.

	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers?		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
<b>c</b> Media advertisements?		X	
<b>d</b> Mailings to members, legislators, or the public?		X	
<b>e</b> Publications, or published or broadcast statements?		X	
<b>f</b> Grants to other organizations for lobbying purposes?		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?	X		1,596.
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		X	
<b>i</b> Other activities? If "Yes," describe in Part IV	X		
<b>j</b> Total lines 1c through 1i			1,596.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

**Part III-A** To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). See the instructions for Schedule C for details.

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?		
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
<b>3</b> Did the organization agree to carryover lobbying and political expenditures from the prior year?		

**Part III-B** To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes." See Schedule C instructions for details.

<b>1</b> Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b> Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year	<b>2a</b>	
<b>b</b> Carryover from last year	<b>2b</b>	
<b>c</b> Total	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>	
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)	<b>5</b>	

**Part IV** Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i. Also, complete this part for any additional information.

**PART II-B, LINE 1(i), OTHER LOBBYING ACTIVITIES:**

THE CEO OF THE YAKIMA FAMILY YMCA DID TESTIFY AT LEGISLATIVE HEARINGS

ON CHILD CARE BILLS THAT WOULD DIRECTLY IMPACT THE CHILD CARE CENTER

OPERATED BY THE YMCA. A PORTION OF THE DUES THAT ARE PAID TO THE STATE

ALLIANCE OF YMCAS ARE USED TO RETAIN PROFESSIONAL LOBBYISTS WHO WORK ON

BEHALF OF YMCAS IN THE STATE. WE PAY 399 QUARTERLY.

**Schedule D**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047

**2008**

Open to Public Inspection

Name of the organization

YOUNG MEN'S CHRISTIAN ASSOCIATION

Employer identification number

91-0568717

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other 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 certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Year
a Total number of conservation easements	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 taxable year ▶

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

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

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

7 Amount of expenses incurred in monitoring, inspecting, and enforcing 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 accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a ☐ Public exhibition

d ☐ Loan or exchange programs

b ☐ Scholarly research

e ☐ Other \_\_\_\_\_

c ☐ Preservation for future generations

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

**Part IV Trust, 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
1c	
1d	
1e	
1f	

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

2a Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

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

**Part V Endowment Funds.** Complete if 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	858,374.				
b Contributions	1000100.				
c Investment earnings or losses	<95,667.>				
d Grants or scholarships					
e Other expenditures for facilities and programs	50,877.				
f Administrative expenses	5,859.				
g End of year balance	1706071.				

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

a Board designated or quasi-endowment ☒ 8.00 %

b Permanent endowment ☒ 92.00 %

c Term endowment ☐ %

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

(i) unrelated organizations

(ii) related organizations

	Yes	No
3a(i)	X	
3a(ii)		X
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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) Depreciation	(d) Book value
1a Land		481,669.		481,669.
b Buildings		7,982,787.	4,617,856.	3,364,931.
c Leasehold improvements				
d Equipment		1,523,716.	1,138,564.	385,152.
e Other				
<b>Total.</b> Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				4,231,752.

Schedule D (Form 990) 2008



**Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	4,304,316.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	3,514,860.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	789,456.
4	Net unrealized gains (losses) on investments	4	<277,321.>
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4-8	9	<277,321.>
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	512,135.

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	4,032,597.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	<277,321.>
b	Donated services and use of facilities	2b	638.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	4,964.
e	Add lines 2a through 2d	2e	<271,719.>
3	Subtract line 2e from line 1	3	4,304,316.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	4,304,316.

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

1	Total expenses and losses per audited financial statements	1	3,520,462.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	638.
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	4,964.
e	Add lines 2a through 2d	2e	5,602.
3	Subtract line 2e from line 1	3	3,514,860.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	3,514,860.

**Part XIV Supplemental Information**

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

**PART V, LINE 4: THE HELEN JEWETT ENDOWMENT FUND IS USED TO MAINTAIN**

**THE JEWETT CHILD DEVELOPMENT CENTER.**

**THE OLLIE NELSON YOUTH OUTREACH AND SAMUEL WRIGHT HAWKES FUNDS ARE USED**

**FOR YOUTH SERVICES.**

**PART XII, LINE 2D - OTHER ADJUSTMENTS:**

**DIRECT EXPENSE OF FUNDRAISING EVENTS: 4964.**

**Part XIV** Supplemental Information (continued)

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

DIRECT EXPENSE OF FUNDRAISING EVENTS: 4964.

Department of the Treasury  
Internal Revenue Service

## Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

# 2008

## Open To Public Inspection

► **Attach to Form 990 or Form 990-EZ.** Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Name of the organization

# YOUNG MEN'S CHRISTIAN ASSOCIATION

Employer identification number

91-0568717

<b>Part I</b>	<b>Fundraising Activities.</b> Complete if the organization answered "Yes" to Form 990, Part IV, line 17.
---------------	---

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** ☐ Mail solicitations  
**b** ☐ Email solicitations  
**c** ☐ Phone solicitations  
**d** ☐ In-person solicitations  
**e** ☐ Solicitation of non-government grants  
**f** ☐ Solicitation of government grants  
**g** ☐ Special fundraising events

**2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ **Yes**☐ **No**

**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
<b>Total</b>						

**3** List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing



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

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col (a) through col. (c))
		PARTNER WITH YOUTH CAMPA (event type)	(event type)	NONE (total number)	
Revenue	1	Gross receipts	19,633.		19,633.
	2	Less. Charitable contributions	4,941.		4,941.
	3	Gross revenue (line 1 minus line 2)	14,692.		14,692.
Direct Expenses	4	Cash prizes			
	5	Non-cash prizes			
	6	Rent/facility costs			
	7	Other direct expenses	4,964.		4,964.
	8	Direct expense summary. Add lines 4 through 7 in column (d)			( 4,964. )
	9	Net income summary. Combine lines 3 and 8 in column (d)			9,728.

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))	
Revenue	1	Gross revenue				
	2	Cash prizes				
	3	Non-cash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
Direct Expenses	6	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 _____ %	
	7	Direct expense summary. Add lines 2 through 5 in column (d)				( )
	8	Net gaming income summary. Combine lines 1 and 7 in column (d)				

9 Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_

a Is the organization licensed to operate gaming activities in each of these states?

b If "No," Explain:

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "Yes," Explain

11 Does the organization operate gaming activities with nonmembers?

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

	Yes	No
9a		
10a		
11		
12		

**13** Indicate the percentage of gaming activity operated in:**a** The organization's facility**13a** %**b** An outside facility**13b** %**14** Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?**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

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 distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ \_\_\_\_\_

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

**2008**

Open to Public  
Inspection

Name of the organization

YOUNG MEN'S CHRISTIAN ASSOCIATION

Employer identification number  
91-0568717

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

HEALTHY SPIRIT, MIND, AND BODY FOR ALL.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PROVIDE THEIR TIME, TALENT AND TREASURE TO SERVE THE COMMUNITY.

WE WELCOME PEOPLE OF ALL FAITHS, RACES, ABILITIES, AGES AND INCOMES. NO ONE IS TURNED AWAY FOR INABILITY TO PAY.

WE OFFER NUMEROUS PROGRAMS TO MEET COMMUNITY NEEDS, INCLUDING CAMPING, CHILD CARE, YOUTH SPORTS, YOUTH MENTORING, YOUTH OUTREACH, ADULT HEALTH AND FITNESS AND MANY MORE. MEMBERSHIP IN THE YMCA HELPS FUND THE MANY SERVICES OUR ORGANIZATION PROVIDES TO THE COMMUNITY.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS

EDUCATION IN WATER SAFETY.

- HEALTH & WELLNESS. HEALTH & WELLNESS FEATURES MANY AEROBICS CLASSES DESIGNED FOR PEOPLE FROM YOUNG ADULT THROUGH SENIOR AGE GROUPS. LEAGUES FOR BASKETBALL AND RACQUETBALL PROVIDE MANY OPPORTUNITIES FOR PARTICIPATORY RECREATION. GROUP EXERCISE CLASSES PROVIDE MANY HEALTH AND SOCIAL BENEFITS FOR PARTICIPANTS. DANCE, YOGA AND PILATES CLASSES ARE ALSO OFFERED THROUGH HEALTH & WELLNESS.

- GENERAL MEMBERSHIP. A MEMBERSHIP AT THE YMCA GIVES PEOPLE ACCESS TO OUR FULL RANGE OF EQUIPMENT AND PROGRAMS. FINANCIAL ASSISTANCE IS AVAILABLE TO THOSE WHO CANNOT AFFORD MEMBERSHIP FEES. REVENUE FROM

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

Schedule O (Form 990) 2008

832211  
12-18-08

**SCHEDULE O**  
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MEMBERSHIP HELPS FUND OTHER PROGRAMS AND OPERATIONS, INCLUDING YOUTH OUTREACH ACTIVITIES. IN ADDITION TO FACILITY USE, WE ENCOURAGE MEMBER INVOLVEMENT. MEMBERS MAKE UP OUR BOARD OF DIRECTORS AS WELL AS THE EIGHT COMMITTEES THAT HELP SHAPE OUR POLICIES AND OPERATION. VOLUNTEER MEMBERS LEAD AND INFLUENCE THE OPERATION AND COMMUNITY INVOLVEMENT OF OUR YMCA. SOME MEMBERS VOLUNTEER TO HELP RAISE FUNDS FOR OUR ANNUAL PARTNER WITH YOUTH CAMPAIGN. MANY MEMBERS DONATE THEIR TIME AND TALENT TO MAKE THE YMCA A POSITIVE PLACE FOR OTHER MEMBERS AND THE COMMUNITY AT-LARGE.

APPROXIMATELY 12,000 PEOPLE SERVED

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

YOUTH SPORTS & OUTREACH. THIS CATEGORY ENCOMPASSES SEVERAL PROGRAMS THAT PROVIDE IMPORTANT YOUTH SERVICES TO OUR COMMUNITY. THE EASTSIDE SPORTS PROGRAM SERVES APPROXIMATELY 700 KIDS EACH YEAR. THESE ARE YOUNG PEOPLE WHO HAVE TRANSPORTATION, FAMILY AND FINANCIAL BARRIERS THAT KEEP THEM OUT OF TRADITIONAL LITTLE LEAGUE, YOUTH SOCCER AND AAU BASKETBALL PROGRAMS. EASTSIDE SPORTS CREATES NEIGHBORHOOD SPORTS LEAGUES THAT REMOVE THOSE BARRIERS. THERE IS NO COST TO PARTICIPATE. THE PROGRAM IS OPERATED ENTIRELY WITH VOLUNTEER COACHES AND OFFICIALS. OUR ASPIRE MENTORING PROGRAM GREW FROM UNDER TWENTY PAIRS OF MENTORS AND STUDENTS TO ABOUT 135 ADULTS SERVING AS ROLE MODELS FOR HIGH-RISK KIDS. THIS PROGRAM PROVIDES HOPE AND DIRECTION TO KIDS WHO LACK POSITIVE ADULT INFLUENCE IN THEIR LIVES. OUR DROP-IN YOUTH ROOM GIVES KIDS A SAFE PLACE TO MEET AND ENJOY FELLOWSHIP AND RECREATION. IN COLLABORATION WITH YOUNG LIFE, OUR SATURDAY NIGHT LIVE PROGRAM HAS GROWN TO THE POINT

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THAT WE FREQUENTLY SURPASS 200 ATTENDEES EACH WEEK. ITS A FREE SATURDAY EVENING PROGRAM FOR KIDS AGES 7-15. OUR FRIDAY MIDNIGHT MADNESS PROGRAM FOR HIGH SCHOOL STUDENTS SERVES ABOUT 65-70 HIGH SCHOOL YOUTH EACH WEEK. C.O.R.E. IS A OUTDOOR RECREATION PROGRAM FOR MIDDLE SCHOOL STUDENTS THAT FEATURES A VALUES BASED CURRICULUM WITH THE ADDED ADVENTURE OF SNOWBOARDING, ROCK CLIMBING AND HIKING. OUR YOUTH SPORTS PROGRAMS PROVIDE A FUN ENVIRONMENT WHERE HUNDREDS OF PARTICIPANTS DEVELOP FUNDAMENTAL SKILLS, EMBRACE SPORTSMANSHIP AND LEARN TO COMPETE IN BASKETBALL, SOCCER, WRESTLING, BASEBALL AND SOFTBALL. COMBINED, THESE PROGRAMS SERVE APPROXIMATELY 3400 YOUNG PEOPLE. MOST OF THESE PROGRAMS ARE SUPPORTED WITH FUNDS GENERATED THROUGH OUR ANNUAL PARTNER WITH YOUTH CAMPAIGN WITH SUPPORT FROM UNITED WAY FUNDS. EXPENSES \$ 1169737. INCLUDING GRANTS OF \$ 0. REVENUE \$ 34732.

FORM 990, PART VI, SECTION A, LINE 6: THE ORGANIZATION HAS MEMBERS WHO PAY MEMBERSHIP DUES TO USE THE ORGANIZATION'S FACILITIES AND BE PROVIDED WITH SERVICES. ALL REGULAR MEMBERS ARE ELIGIBLE TO VOTE ON THE ELECTION OF DIRECTORS AND ON MODIFICATIONS OF THE BY-LAWS.

FORM 990, PART VI, SECTION A, LINE 7A: ALL REGULAR MEMBERS ARE ELIGIBLE TO VOTE ON THE ELECTION OF DIRECTORS.

FORM 990, PART VI, SECTION A, LINE 7B: ALL REGULAR MEMBERS ARE ELIGIBLE TO VOTE ON MODIFICATIONS OF THE BY-LAWS.

FORM 990, PART VI, SECTION A, LINE 10: THE FORM 990 IS PROVIDED TO THE

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Schedule O (Form 990) 2008

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**SCHEDULE O**  
(Form 990)

Department of the Treasury  
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FINANCE COMMITTEE AND AUDIT COMMITTEE WHERE IT IS DISCUSSED AND THEN  
PRESENTED TO THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 12C: BOARD MEMBERS COMPLETE CONFLICT OF  
INTEREST STATEMENTS ANNUALLY. THE COPIES ARE MAINTAINED BY THE CEO, WHO  
ALSO SERVES AS SECRETARY OF THE BOARD OF DIRECTORS. HOWEVER, KEY EMPLOYEES  
AND OFFICERS ARE NOT REQUIRED TO FILL OUT THE STATEMENTS

FORM 990, PART VI, SECTION B, LINE 15: CEO COMPENSATION IS SET BY THE  
EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS. EACH YEAR, THE EXECUTIVE  
COMMITTEE DOES A REVIEW OF THE CEO THAT INCLUDES STAFF AND VOLUNTEER  
EVALUATIONS. A COMPARABLE WAGE REPORT FOR CEO'S OF OTHER EASTERN WASHINGTON  
YMCA'S IS PROVIDED TO THE EXECUTIVE COMMITTEE FOR REVIEW. OFFICER AND KEY  
EMPLOYEE COMPENSATION IS DETERMINED BY THE CEO USING A REVIEW PROCESS AND  
BUDGET PARAMETERS FROM THE FINANCE COMMITTEE.

FORM 990, PART VI, SECTION C, LINE 19: THE CONFLICT OF INTEREST POLICY AND  
FINANCIAL STATEMENTS ARE AVAILABLE FOR REVIEW UPON REQUEST.

FORM 990, PART XI, LINE 2C: THE PROCESS FOR SELECTING THE INDEPENDENT  
ACCOUNTANT AND OVERSEEING THE AUDIT HAS NOT CHANGED FROM THE PRIOR  
YEAR.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

<b>Part II</b>	<b>Additional (Not Automatic) 3-Month Extension of Time.</b> Only file the original (no copies needed)	
Type or print  File by the extended due date for filing the return. See instructions.	Name of Exempt Organization	Employer identification number
	YOUNG MEN'S CHRISTIAN ASSOCIATION	91-0568717
	Number, street, and room or suite no. If a P.O. box, see instructions.	For IRS use only
	5 NORTH NACHES AVE.	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	YAKIMA, WA 98901	

Check type of return to be filed (File a separate application for each return).

- ☒ Form 990   
 ☐ Form 990-EZ   
 ☐ Form 990-T (sec. 401(a) or 408(a) trust)   
 ☐ Form 1041-A   
 ☐ Form 5227   
 ☐ Form 8870  
☐ Form 990-BL   
☐ Form 990-PF   
☐ Form 990-T (trust other than above)   
☐ Form 4720   
☐ Form 6069

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

BOB ROMERO

- The books are in the care of **YMCA, 5 NORTH NACHES AVE. - YAKIMA, WA 98901**  
 Telephone No. **509-248-1202** FAX No.
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for

- 4 I request an additional 3-month extension of time until **JULY 15, 2010**
- 5 For calendar year , or other tax year beginning **SEP 1, 2008**, and ending **AUG 31, 2009**
- 6 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension  
**ADDITIONAL TIME IS NEEDED TO GATHER THE NECESSARY INFORMATION TO FILE FORM 990**

<b>8a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>8a</b>	\$
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	<b>8b</b>	\$
<b>c Balance Due.</b> Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>8c</b>	\$ <b>N/A</b>

### Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature  Title **CPA** Date

Form 8868 (Rev. 4-2009)