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**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Department of the Treasury  
Internal Revenue Service

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

**A For the 2009 calendar year, or tax year beginning** , 2009, and ending , 20

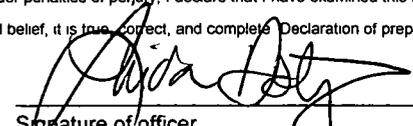
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	<b>C</b> Name of organization, number and street, city, town, state, and ZIP code THE FAMILY YMCA 1450 IRIS STREET Los Alamos NM 87544	<b>D</b> Employer identification number 85-0130054
		<b>F</b> Name and address of principal officer	<b>E</b> Telephone number 505-668-3100
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(03) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>G</b> Gross receipts \$	
<b>J</b> Website: ▶		<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? If "No", attach a list (see instructions) <input type="checkbox"/> Yes <input type="checkbox"/> No <b>H(c)</b> Group exemption number ▶	
<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	<b>L</b> Year of formation 1955	<b>M</b> State of legal domicile NM	

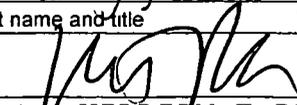
**Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities TO BUILD STRONG KIDS, STRONG FAMILIES AND STRONG COMMUNITIES THROUGH PROGRAMS TAHT PROMOTE HEALTHY LIFESTYLES		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	18
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	
	5	Total number of employees (Part V, line 2a)	5	180
	6	Total number of volunteers (estimate if necessary)	6	357
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	
b	Net unrelated business taxable income from Form 990-T, line 34	7b		
Revenue	8	Contributions and grants (Part VIII, line 1h)	110083.	203674.
	9	Program service revenue (Part VIII, line 2g)	857625.	798120.
	10	Investment income (Part VII, column (A), lines 3, 4, and 7d)	-3591.	248.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	736597.	871823.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1700714.	1873865.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1077252.	1129253.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	b	Total fundraising expenses, (Part IX, column (D), line 25) ▶ 9123.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	661871.	652291.	
18	Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 25)	1739123.	1781544.	
19	Revenue less expenses Subtract line 18 from line 12	-38409.	92321.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	1392333.	1462584.
	21	Total liabilities (Part X, line 26)	1321913.	1300513.
	22	Net assets or fund balances Subtract line 21 from line 20	70420.	162071.

**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** ▶  Date 8/2/10  
 Signature of officer  
 ▶ Linda Doly, CEO, Secretary of Board  
 Type or print name and title

<b>Paid Preparer's Use Only</b> Preparer's signature ▶  Firms name (or yours if self-employed), address, and ZIP + 4 WILLIAM T BARRETT, CPA 1313 B LUISANTA FE NM 87505-	Date  Preparer's identifying number (see instructions) 158-50-7936	Check if self-employed <input checked="" type="checkbox"/> EIN ▶ 85-0474653 Phone no ▶ 505-983-5111
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May the IRS discuss this return with the preparer shown above? (See instructions)  Yes  No

SCANNED AUG 25 2010

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Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission
SEE ATTACHED

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

4a (Code ) (Expenses \$ 429676 . including grants of \$ ) (Revenue \$ 482247 .)

HOLISTIC DEVELOPMENT OF CHILDREN AND YOUTH THROUGH
CHILD CARE - AFTERSCHOOL PROGRAMS
DAY CAMPS FOR YOUTH
TEEN LEADERSHIP PROGRAMS AND TEEN TECHNOLOGY AND RECREATION CENTER

4b (Code ) (Expenses \$ 450083 . including grants of \$ ) (Revenue \$ 641064 .)

HEALTH AND WELL-BEING FOR ALL MEMBERSHIP
HEALTH, NUTRITION PROGRAMS GEARED TOWARDS REDUCING OBESITY & DIABETES
PROGRAMS SPECIFICALLY FOR FAMILIES
YOUTH SPORTS AND RECREATIONAL PROGRAMS

4c (Code ) (Expenses \$ 398271 . including grants of \$ ) (Revenue \$ 315873 .)

FAMILY STRENGTHENING
PROGRAMS THAT MIGHT BE ALLOCATED TO THIS CATEGORY OF PROGRAM
SERVICE ACCOMPLISHMENTS
CHILD CARE
FAMILY MEMBERSHIPS
FAMILY NUTRITION/HEALTHY HOME PROGRAMS
FAMILY-BASED COMMUNITY EVENTS

4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$ )(Revenue \$ )

4e Total program service expenses 1278030 .

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	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? If "Yes," complete Schedule C, Part I		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		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? If "Yes," complete Schedule C, Part III		X
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? If "Yes," complete Schedule D, Part 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? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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? If "Yes," complete Schedule D, Part IV		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	X	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI		
	• Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		
	• Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		
	• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		
	• 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? If "Yes," complete Schedule D, Part X		
12	Did the organization obtain a separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	X	
12A	Was the organization included in consolidated, independent audited financial statement for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	Yes	No
			X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		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 United States? If "Yes," complete Schedule F, Part 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? If "Yes," complete Schedule F, Part II		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? If "Yes," complete Schedule F, Part III		X
17	Did the organization report more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I		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? If "Yes," complete Schedule G, Part II	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		

**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? If "Yes," complete Schedule I, Parts I and II		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? If "Yes," complete Schedule I, Parts I and III		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 employee's? If "Yes," complete Schedule J		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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to question 25		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</b> <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? If "Yes," complete Schedule L, Part 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 990EZ? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part II		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? If "Yes," complete Schedule L, Part III		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? If "Yes," complete Schedule L, Part IV		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		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? If "Yes," complete Schedule L, Part IV		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		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? If "Yes," complete Schedule R, Part I		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1		X
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		X
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		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? If "Yes," complete Schedule R, Part VI		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part IV, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O		X

**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		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable		
<b>1a</b>		0	
<b>1b</b>		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	180	
<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		X
<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?		X
<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?		X
<b>7</b>	<b>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?		X
<b>h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		X
<b>8</b>	<b>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?		X
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966?		X
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		X
<b>10</b>	<b>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</b>	<b>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</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		X
<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

<b>1a</b> Enter the number of voting members of the governing body	1a	18		
<b>b</b> Enter the number of voting members that are independent	1b			
<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?	<b>2</b>			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?	<b>3</b>			X
<b>4</b> Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	<b>4</b>			X
<b>5</b> Did the organization become aware during the year of a material diversion of the organization's assets?	<b>5</b>			X
<b>6</b> Does the organization have members or stockholders?	<b>6</b>			X
<b>7a</b> Does the organization have members, stockholders, or other persons who may elect one of more members of the governing body?	<b>7a</b>			X
<b>b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	<b>7b</b>			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?	<b>8a</b>		X	
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>8b</b>		X	
<b>9</b> 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	<b>9</b>			X

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

	Yes	No
<b>10a</b> Does the organization have local chapters, branches, or affiliates?	<input type="checkbox"/>	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?	<input type="checkbox"/>	X
<b>11</b> Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	<input type="checkbox"/>	X
<b>11A</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990		
<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?	<input type="checkbox"/>	X
If "Yes" to line 15a or 15b, 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?	<input type="checkbox"/>	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?	<input type="checkbox"/>	X

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed ▶ NM
- 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: ▶ TAXPAYER 1450 IRIS LOS ALAMOS NM 87544 505-662-3100





**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	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>					
	<b>b</b> Membership dues . . . . .	<b>1b</b>	641064.				
	<b>c</b> Fundraising events . . . . .	<b>1c</b>	126245.				
	<b>d</b> Related organizations . . . . .	<b>1d</b>					
	<b>e</b> Government grants (contributions) . . . . .	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b>	203674.				
	<b>g</b> Noncash contributions included in lines 1a-1f . . . . .		\$				
	<b>h</b> Total. Add lines 1a-1f . . . . .			970983.			
Program Service Revenue	<b>2a</b> VARIOUS PROGRAMS	Business Code	798120.	798120.			
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue . . . . .						
	<b>g</b> Total. Add lines 2a-2f . . . . .			798120.			
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		248.			248.	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .						
	<b>5</b> Royalties . . . . .						
	<b>6a</b> Gross Rents . . . . .	(i) Real	(ii) Personal				
		<b>b</b> Less rental expenses . . . . .					
		<b>c</b> Rental income or (loss) . . . . .					
		<b>d</b> Net rental income or (loss) . . . . .					
	<b>7a</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>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b>					
	<b>b</b> Less direct expenses . . . . .	<b>b</b>					
	<b>c</b> Net income or (loss) from fundraising events . . . . .						
	<b>9a</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>10a</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 . . . . .							
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11a</b>							
<b>b</b>							
<b>c</b> MISCELLANEOUS			104514.		104514.		
<b>d</b> All other revenue . . . . .							
<b>e</b> Total. Add lines 11a-11d . . . . .			104514.				
<b>12</b> Total revenue See instructions . . . . .			1873865.	798120.		104762.	

**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				
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	972765.	742461.	230304.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	30396.	23209.	7187.	
9 Other employee benefits	51741.	39523.	12218.	
10 Payroll taxes	74351.	56707.	17644.	
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	45216.		45216.	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other	7950.	7950.		
12 Advertising and promotion	11535.	11535.		
13 Office expenses	22597.		22597.	
14 Information technology				
15 Royalties				
16 Occupancy	124714.	124714.		
17 Travel	3542.	3542.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	10157.	7719.	2438.	
20 Interest	72498.		72498.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	54551.		54551.	
23 Insurance	57607.	52998.	4609.	
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 SEE STMT	2033.			
b	66577.			
c	16116.			
d	12068.			
e	20595.			
f All other expenses.	124535.			
<b>25 Total functional expenses. Add lines 1 through 24f</b>	<b>1781544.</b>	<b>1278030.</b>	<b>494391.</b>	<b>9123.</b>
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)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing	71860.	<b>1</b>	131523.
	<b>2</b> Savings and temporary cash investments	21650.	<b>2</b>	24127.
	<b>3</b> Pledges and grants receivable, net		<b>3</b>	
	<b>4</b> Accounts receivable, net		<b>4</b>	
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Sch 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	7830.	<b>9</b>	12144.
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	<b>10a</b> 2401307.		
	<b>b</b> Less accumulated depreciation	<b>10b</b> 1114815.	1282695.	<b>10c</b> 1286492.
	<b>11</b> Investments - publicly traded securities		<b>11</b>	
	<b>12</b> Investments - other securities See Part IV, line 11		<b>12</b>	
	<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	8298.	<b>15</b>	8298.
<b>16 Total assets</b> Add lines 1 through 15 (must equal line 34)	1392333.	<b>16</b>	1462584.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	34982.	<b>17</b>	23916.
	<b>18</b> Grants payable		<b>18</b>	
	<b>19</b> Deferred revenue		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities		<b>20</b>	
	<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	1284658.	<b>23</b>	1274324.
	<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	2273.	<b>25</b>	2273.
	<b>26 Total liabilities</b> Add lines 17 through 25	1321913.	<b>26</b>	1300513.
<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	48770.	<b>27</b>	137944.
	<b>28</b> Temporarily restricted net assets		<b>28</b>	
	<b>29</b> Permanently restricted net assets	21650.	<b>29</b>	24127.
	<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	70420.	<b>33</b>	162071.	
<b>34</b> Total liabilities and net assets/fund balances	1392333.	<b>34</b>	1462584.	

Form 990 (2009)

**Part XI Financial Statements and Reporting**

	Yes	No
--	-----	----

**1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O

<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .		X
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<b>b</b> Were the organization's financial statements audited by an independent accountant? . . . . .	X	
---	---	--

<b>c</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	
---	---	--

If the organization changed either its oversight process or selected process during the tax year, explain in Schedule O

**d** If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements of the year were issued on a consolidated basis, separate basis, or both  
 Separate basis  Consolidated basis  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		
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Form **990** (2009)

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**  
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

**2009**

**Open to Public Inspection**

<b>Name of the organization</b> THE FAMILY YMCA	<b>Employer identification number</b> 85-0130054
--	---

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

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

- 1  A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)
- 3  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii)
- 4  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)
- 6  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II)
- 8  A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)
- 9  An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Complete Part III)
- 10  An organization organized and operated exclusively to test for public safety See section 509(a)(4).
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h  
 a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - 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?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? <span style="float:right">11g(i)</span>		
(ii) A family member of a person described in (i) above? <span style="float:right">11g(ii)</span>		
(iii) A 35% controlled entity of a person described in (i) or (ii) above? <span style="float:right">11g(iii)</span>		

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

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

**Total**

**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")						
<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	770177.	821448.	843531.	857625.	798120.	4090901.
<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	770177.	821448.	843531.	857625.	798120.	4090901.
<b>7 a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6)						4090901.

**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	770177.	821448.	843531.	857625.	798120.	4090901.
<b>10 a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<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						
<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)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, & 12)	770177.	821448.	843531.	857625.	798120.	4090901.

**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>	100.00 %
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15	<b>16</b>	100.00 %

**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>	0.00 %
<b>18</b> Investment income percentage from 2008 Schedule A, Part III, line 17	<b>18</b>	0.00 %

**19 a 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 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 THE FAMILY YMCA

Employer identification number 85-0130054

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" to Form 990, Part IV, line 6

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and questions about donor advisement.

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

Form for Part II Conservation Easements. Includes checkboxes for types of easements (public use, natural habitat, open space, historic area, historic structure) and a table for 'Held at the End of the Year' with rows 2a-2d.

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

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting requirements and amounts for revenues and assets.

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

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

b If "Yes," explain the arrangement in Part 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					
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  0.00 %
- b Permanent endowment  0.00 %
- c Term endowment  0.00 %

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)		
3a(ii)		
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) Accumulated Depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

Total. Add lines 1a through 1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c))



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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,873,865.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,781,544.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	92,321.
4	Net unrealized gains (losses) on investments	4	
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 through 8	9	
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	92,321.

**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	1,873,865.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	1,873,865.
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	
5	Total revenue Add lines 3 and 4c (This should equal Form 990, Part I, line 12)	5	1,873,865.

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

1	Total expenses and losses per audited financial statements	1	1,781,544.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	1,781,544.
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	
5	Total expenses Add lines 3 and 4c (This should equal Form 990, Part I, line 18)	5	1,781,544.

**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 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	
		(event type)	(event type)	(total number)	(add col (a) through col (c))	
Revenue	1	Gross receipts		126,745.	126,745.	
	2	Less Charitable contributions				
	3	Gross income (line 1 minus line 2)		126,745.	126,745.	
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses			9,123.	9,123.
	10	Direct expense summary Add lines 4 through 9 in column (d)				9,123.
11	Net income summary Combine line 3, column (d), and line 10				117,622.	

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	Yes 0.0% No	Yes 0.0% No	Yes 0.0% No
7	Direct expense summary Add lines 2 through 5 in column (d)				
8	Net gaming income summary Combine line 1, column d, and line 7				

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? **9a** | Yes | No |

b If "No," Explain \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? **10a** | Yes | No |

b If "Yes," Explain \_\_\_\_\_

11 Does the organization operate gaming activities with nonmembers? **11** | Yes | No |

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? **12** | Yes | No |

**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

THE FAMILY YMCA

Employer identification number

85-0130054

MISSION STATEMENT

THE FAMILY YMCA IS A VOLUNTEER LED PUBLIC CHARITY THAT INCLUDES MEN,  
WOMEN, AND CHILDREN OF ALL AGES, ABILITIES, INCOMES, RACES AND  
RELIGIONS, OUR MISSION IS TO BUILD STRONG KIDS, STRONG FAMILIIES AND  
STRONG COMMUNITIES THROUGH PROGRAMS THAT PROMOTE HELATHY LIFESTYLES,  
STRONG VALUES, LEADERSHIP DEVELOPMENT AND INTERNATIONAL UNDERSTANDING  
NO ONE ISTURNED AWASY DUE TO INABLIITY TO PAY - FINANCIAL AID IS  
AVAILABLE.

US 990

Other Functional Expenses: Page 10, Line 24

2009

Description of the Asset	Total	Program Services	Management and General	Fundraising
POSTAGE	2,033.		2,033.	
PROGRAM	66,577.	66,577.		
COMPUTER	16,116.		16,116.	
MEMBER SERVICES	12,068.	12,068.		
TRANSPORTATION	20,595.	20,595.		
NATIONAL DUES	31,441.	31,441.		
TELEPHONE	10,113.	10,113.		
EQUIPMENT	14,845.	14,845.		
CAMP EXPENSE	12,008.	12,008.		
OTHER	18,919.	11,939.	6,980.	
SCHOLARSHIPS	28,086.	28,086.		
CAPITAL CAMPAIGN	9,123.			9,123.
	241,924.	207,672.	25,129.	9,123.

For calendar year 2009 or tax year beginning \_\_\_\_\_ and ending \_\_\_\_\_

Name THE FAMILY YMCA EIN 85-0130054
Name line 2
Address 1450 IRIS STREET Telephone No 505-668-3100
City, State, and Zip Code Los Alamos NM 87544

Email address
Web site address
Fiduciary name, if applicable
Name of officer signing return
Title of officer/trustee/fiduciary signing return
Group exemption number
Check if exemption application is pending
Accounting method Cash Accrual Other Specify
List states desired

Type of exempt organization:

- Organization exempt under section 501(c), 527 or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) (Form 990)
Organization exempt under section 501(c), 527 or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year (Form 990-EZ)
Private foundation or section 4947(a)(1) nonexempt charitable trust treated as a private foundation (Form 990-PF)
Exempt organization with unrelated business income (Form 990-T)

Preparer ID
Preparer name WILLIAM T BARRETT Time in this return 339 minutes
Preparer SSN 158-50-7936 Date
Firm's name WILLIAM T BARRETT, CPA PTIN
Address 1313 B LUISA STREET Self-employed
City, State, ZIP Code SANTA FE NM 87505- Firm's EIN 85-0474653
Phone 505-983-5111

Preparer notes These notes will print and proforma

Preparer notes section with horizontal lines for text entry.

Preparer's use fields

1 2 3
4 5 6

2009 ASSET DETAIL REPORT

Description	Date Acqd	Cost	Bus. Use Spec.	179+	Basis	Method	Rec. Per.	Cv	Prior Depr.	Current Depr.	Next Year	Prior AMT	Current AMT	Gain/Price	Sales Price	Date Sold
-----																

Form: Depreciation and Amortization Pg 1

Rental Property: N/A

Depreciation Class: N/A

In Service Year: N/A

SEE ATTACHED 100

Form Totals:



**THE FAMILY YMCA**  
 1450 Iris Street  
 Los Alamos, NM 87544  
 (505) 662-3100  
 Fax: (505) 662-7505

**2010 YMCA Board of Directors**

Name	Terms (Ending 12/31 of year listed)	Address	Work	Home	Email
Matt Schmidt President	2012	3580 Arizona Los Alamos, NM	662-3421	661-4230	matt@lascu.org
Maria Wolfe Vice President	2010	2105 Loma Linda Los Alamos, NM	983-7646 fax-983-7666	662-7652 ex)102	mwolfe@ndi-nm.org
John Wolfe Treasurer	2011	939 Iris St. #17 Los Alamos, NM	663-2239	864-8432	j.wolfe@laschools.net
Elizabeth Bezerides	2010	2363 36th Street Los Alamos, NM	660-9113	662-3750	ebezszolo@juno.com
John Elder	2012	77 Loma Vista Los Alamos, NM		662-2634	j3elder@aol.com
Hugo Hinojosa	2011	1495 40 <sup>th</sup> St. Los Alamos, NM	699-5700	661-1366	hugo@seccimmgmt.com
Jackie Hurtle	2012	484 Louise Ave. White Rock, NM	665-4380	672-0018	jhurtle@lanl.gov
Albert Jiron	2011	102 Chapel Lane Española, NM 87532	665-5005	747-0185	ajiron@lanl.gov, ajiron@valornet.com
Shay Kendricks, Esq.	2010	1350 Canyon Los Alamos, NM	662-7025	661-9664	shay@cybermesa.com
D. Chris Ortega Past President	2010	111 Sierra Vista White Rock, NM		672-9789	dco19@yahoo.com
Veronica Rodriguez	2011	5080 Alegria Los Alamos, NM	660-9662	663-0370	VERodriguez@att.net
Lou Santoro	2012	110 Central Park Sq 914 Circle, Los Alamos	661-0600	661-4130	lou.santoro.nz8@statefarm.com
Christina Sierk	2013	4640 Ridgeway Los Alamos, NM		662-3894	acsierk@att.net
Cheryl Sowder	2010	464 Aspen Grove Jemez Springs 87025	662-3388 690-2879	829-3615 Fax: 662-4966	design@los-alamos.net
Sharon Stover	2011	389 Richards Ct. White Rock, NM		672-1706	sstover@cybermesa.com
Roger Waterman	2012	303 Rim Road Los Alamos, NM	662-0620 Fax: 661-6333/ Cell: 660-3018	662-9142	rogerw@trkmgmt.com
Donald Winchell	2011	138 State Road 399 Española, NM 87532	667-5105	753-4029	dwinchell@ncwmexico.com
Carolyn Zerkle	2012	15 Chaco Los Alamos, NM	665-6446	661-7602	czerkle@lanl.gov
Executive Director/Secretary Linda Daly		1450 Iris St, Los Alamos 428 Estancia Way, Wht. Rock	662-3100 310-9006	672-4145	ldaly@laymca.org casadaly@aol.com

50510



*We build strong kids, strong families, strong communities.*

MEMBER AGENCY OF LOS ALAMOS AREA UNITED WAY

Los Alamos Family YMCA  
DEPRECIATION SCHEDULE

Date	Life	Cost	Method	Acc Dep 12/31/2005	Depr	Acc Dep 12/31/2006	Depr	Acc Dep 12/31/2007	Depr	Acc Dep 12/31/2008	Depr	Acc Dep 12/31/2009
Purchased Descriptions Furniture & Fixtures:												
Beginning Balance		102,086		102,086	-	102,086	-	102,086	-	102,086	-	102,086
6/30/1993 Cybex Exercise Equipment		35,396		35,396	-	35,396	-	35,396	-	35,396	-	35,396
6/30/1994 Cybex Exercise Equipment		1,747		1,747	-	1,747	-	1,747	-	1,747	-	1,747
6/30/1996 Cybex Exercise Equipment	10	26,666	sl	25,332	1,334	26,666	-	26,666	-	26,666	-	26,666
1/29/1999 Television		178		178	-	178	-	178	-	178	-	178
6/15/1999 Cybex Treadmill		7,000		7,000	-	7,000	-	7,000	-	7,000	-	7,000
6/15/1999 Body Trek		4,255		4,255	-	4,255	-	4,255	-	4,255	-	4,255
6/15/1999 Fax		150		150	-	150	-	150	-	150	-	150
7/12/1999 Free Weights		1,561		1,561	-	1,561	-	1,561	-	1,561	-	1,561
12/10/1999 Sony Dual Cassette		314		314	-	314	-	314	-	314	-	314
3/10/2001 Rebok CCS Body Tread		4,420		4,420	-	4,420	-	4,420	-	4,420	-	4,420
5/11/2001 Incline Bench		578		578	-	578	-	578	-	578	-	578
12/31/2001 Computer		818		818	-	818	-	818	-	818	-	818
12/31/2001 Printer		261		261	-	261	-	261	-	261	-	261
1/15/2002 Treadmills		13,023		13,023	-	13,023	-	13,023	-	13,023	-	13,023
2/5/2002 Cell Phone		160		160	-	160	-	160	-	160	-	160
4/30/2002 Ladder		828		828	-	828	-	828	-	828	-	828
5/6/2002 Swamp Cooler		550		550	-	550	-	550	-	550	-	550
6/27/2002 Cybex Smith Press		3,055		3,055	-	3,055	-	3,055	-	3,055	-	3,055
7/3/2002 Phone System		3,845		3,845	-	3,845	-	3,845	-	3,845	-	3,845
7/8/2002 Computer		1,110		1,110	-	1,110	-	1,110	-	1,110	-	1,110
7/31/2002 Goals		1,306		1,306	-	1,306	-	1,306	-	1,306	-	1,306
10/10/2002 Sauna		4,343		4,343	-	4,343	-	4,343	-	4,343	-	4,343
10/23/2002 Scanner		364		364	-	364	-	364	-	364	-	364
11/11/2002 Equipment		769		769	-	769	-	769	-	769	-	769
11/11/2002 Alarm System		896		896	-	896	-	896	-	896	-	896
5/28/2003 Elliptical		3,538		3,538	-	3,538	-	3,538	-	3,538	-	3,538
12/23/2003 AED Machine	3	4,710	sl	3,140	1,570	4,710	-	4,710	-	4,710	-	4,710
12/23/2003 Leg Machine	3	2,779	sl	1,853	926	2,779	-	2,779	-	2,779	-	2,779
6/30/2003 Misc Equipment	3	3,039	sl	2,533	506	3,039	-	3,039	-	3,039	-	3,039
1/26/2004 Back Extension	3	804	sl	536	268	804	-	804	-	804	-	804
3/10/2004 Treadmills	3	5,403	sl	3,152	1,801	4,953	450	5,403	-	5,403	-	5,403
3/24/2004 Recumbent Bike	3	3,799	sl	2,216	1,266	3,482	317	3,799	-	3,799	-	3,799
6/25/2004 Computers Dell	5	4,592	sl	1,378	918	2,296	918	3,215	918	4,133	459	4,592
5/3/2005 Computers	5	3,506	sl	295	701	996	701	1,697	701	2,398	701	3,099
6/14/2005 Spinners	5	1,788	sl	179	358	537	358	894	358	1,252	358	1,610
12/17/2005 SnowBlower	5	850	sl	14	170	184	170	354	170	524	170	694
7/1/2005 Vacuum	5	200	sl	20	40	60	40	100	40	140	40	180

3/15/2006 Shed	1,245	5	sl	187	187	249	436	249	685	249	934
5/25/2006 Copier	1,977	5	sl	231	231	395	626	395	1,021	395	1,416
5/25/2006 Equipment	11,565	5	sl	1,349	1,349	2,313	3,662	2,313	5,975	2,313	8,288
12/31/2007 Equipment	1,732	5	sl			346		346		346	693
6/30/2008 Equipment	25,279	5	sl			2,528		2,528		5,056	7,584
6/30/2009 Equipment	58,347	5	sl			-		-		5,835	5,835
Total	350,832			11,626	244,825	5,912	250,736	8,018	258,754	15,922	274,676
Vehicles											
1/1/1983 Chevy Tan	4200	5	sl	-	4,200	-	4,200	-	4,200	-	4,200
1/1/1983 Dodge Red	6839	5	sl	-	6,839	-	6,839	-	6,839	-	6,839
1/1/1983 Ford White	19455	5	sl	-	19,455	-	19,455	-	19,455	-	19,455
6/2/2002 Dodge	24604	5	sl	4,921	22,144	2,460	24,604	-	24,604	-	24,604
4/17/2003 Van	8500	5	sl	1,700	6,800	1,700	8,500	1,700	10,200	(1,700)	8,500
1/31/2005 Van	23074	5	sl	4,615	9,230	4,615	13,845	4,615	18,460	4,614	23,074
Total	86,672			11,236	68,668	8,775	77,442	6,315	83,757	2,914	86,671
Building											
Beginning Balance	137687				137,687		137,687		137,687		137,687
1/1/1998 Bldg/Imp	450418	50	sl	9,008	162,150	9,008	171,159	9,008	180,167	9,008	189,175
6/30/1996 Building Facelift	3306	10	sl	-	3,306	-	3,306	-	3,306	-	3,306
12/31/1996 Bldg/Imp	234205	50	sl	4,684	46,840	4,684	51,524	4,684	56,208	4,684	60,892
1/2/1997 Climbing Wall	71812	10	sl	7,181	71,811	1	71,812	-	71,812	-	71,812
1/17/1997 Laminated Low Wall	1823	5	sl	-	1,823	-	1,823	-	1,823	-	1,823
3/31/1997 Illum Sign Annex	2362	10	sl	335	2,362	-	2,362	-	2,362	-	2,362
4/2/1/1998 Everflex Floor	25348	10	sl	2,535	21,969	2,535	24,504	844	25,348	-	25,348
12/31/1997 Building Improvements	167370	50	sl	3,347	125,737	3,347	129,085	3,347	132,432	3,347	135,779
12/31/2005 Movable Walls	8375	10	sl	838	838	838	1,675	838	2,513	838	3,351
6/30/2006 Movable Walls	8375	10	sl	419	419	838	1,256	838	2,094	838	2,932
Total	1,111,081			28,347	574,942	21,251	596,193	19,559	615,752	18,715	634,467
Gym	850015	50	sl	17,000	68,001	17,000	85,002	17,000	102,002	17,000	119,002
Land	2709										
Grand Total	2,401,309			68,209	956,436	52,937	1,009,373	50,892	1,060,265	54,551	1,114,816

## Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

**Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868**

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed)

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only   
 All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T) However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868 For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits

<b>Type or print</b>	Name of Exempt Organization THE FAMILY YMCA	Employer identification number 85-0130054
File by the due date for filing your return See instructions	Number, street, and room or suite no If a P O box, see instructions 1450 IRIS STREET	
	City, town or post office, state, and ZIP code For a foreign address, see instructions Los Alamos NM 87544	

**Check type of return to be filed** (file a separate application for each return)

- |  |  |                                    |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)     | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                             | <input type="checkbox"/> Form 8870 |

- The books are in the care of ▶ **TAXPAYER**  
 Telephone No ▶ 505-662-3100 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 will cover

**1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until AUG 15, 2010, to file the exempt organization return for the organization named above The extension is for the organization's return for  
 ▶  calendar year 2009 or  
 ▶  tax year beginning \_\_\_\_\_, 20\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_

**2** If this tax year is for less than 12 months, check reason  Initial return  Final return  Change in accounting period

<b>3a</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>3a</b> \$
<b>b</b> If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit	<b>3b</b> \$
<b>c Balance Due.</b> Subtract line 3b from line 3a 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>3c</b> \$

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

**For Privacy Act and Paperwork Reduction Act Notice, see Instructions.**

Form **8868** (Rev 4-2009)