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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)

OMB No 1545-0047 2009

Depa Inter	artment of nal Rever	f the Treasury nue Service		► The organ	ization may have to use	a copy of this return	to satisfy state repo	rting requirer	nents	Oper	to Public Inspection			
	For the	2009 calend	lar year,	or tax year	beginning	,	2009, and endi	ng						
В		applicable		С	*			 	D Employ	er Identif	ication Number			
	Add	ress change	Please use IRS label	WHATCOM	FAMILY YMCA				91-	04826	590			
	I Nan	ne change	or print or type.		ATE STREET				E Telepho	one numbe	er			
	\vdash	al return	See specific	BELLING	HAM, WA 9822	5			360	-733-	-8630			
	\vdash	mination	Instruc- tions.											
	\vdash	ended return							G Gross r	eceints \$	4,597,108.			
	\mathbf{H}	lication pending	F Name a	and address of p	rincipal officer			H(a) Is this	a group retur	•				
				AS C ABO	·			1 ''	affiliates incl		Yes No			
$\overline{}$	Tax-	exempt status) ◀ (insert no)	4947(a)(1)	or 527	If 'No,'	attach a list	(see instr	ructions)			
i		site: N/A		(0) (0) (meere no)	13.7 (4)(1)	0	H(c) Group	exemption ni	umber ►				
K			X Corpora	ation Trus	Association	Other ►	L Year of Forma				gal domicile WA			
	ırt İ	Summa		- 1 1103	7.55001611011	00.01	1 - 1001 011 0111	20011	<u> </u>	Juste Of Ic	gar dominor 7122			
		Briefly describ	e the ord	anization's	mission or most sig	inificant activities	S: OUR MISS	SION IS	TO BE	AN A	ASSOCIATION			
Ф	1 .				HARED_VALUES									
ŭ	-	THE SPIR												
Ĕ	_													
Š	2 (zation discontinued		r disposed of m	ore than 2	5% of its	assets				
ক ক	3 1				governing body (Pa					3	16			
S	4	number of ind otal number	•	•	nbers of the govern	ing body (Part V	i, line ib)			5	<u>16</u> 453			
9 Additigs & Governance	6 7		•		ite if necessary)					6	1,000			
∀ ੁ	7a 7				enue from Part VIII	. column (C), line	e 12			7a	0.			
<u>ා</u>	bΛ	•			ome from Form 990					7b	0.			
								Р	rior Year		Current Year			
Revenue	8 (Contributions	and gran	ts (Part VIII	, line 1h).				472,3	374.	442,167.			
₽		Program servi						3	3,436,3		3,601,518.			
⊃§	10 h	nvestment ind	come (Pa	art VIII, colu	mn (A), lines 3, 4, a	and 7d)			42,3	353.	6,947.			
<u>j</u> æ			-		A), lines 5, 6d, 8c, 9				70,2		73,487.			
<u></u>	12 7	otal revenue	– add lii	nes 8 throug	h 11 (must equal P	art VIII, column	(A), line 12)	4	1,021,2	299.	4,124,119.			
3					Part IX, column (A)									
i	ľ	•			art IX, column (A),	•								
စ္					loyee benefits (Par		lines 5-10)	2	2,265,8	339.	2,437,194.			
30	16a F	Professional f	undraisin	ig fees (Part	IX, column (A), lin	e 11e)								
Expenses	b⊺	otal fundraisi	ıng exper	nses (Part I)	(, column (D), line	25) 🏲	13,586.		<u> </u>					
щ	17 (Other expense	es (Part I	X, column (A), lines 11a-11d, 1	11 24f) RFC	FIVED		.,579,7	716.	1,565,744.			
	18 7	otal expense	s Add III	nes 13-17 (r	nust equal Part IX,	cqlump (A), tine	25)IVLD		,845,5	555.	4,002,938.			
	19 F	Revenue less	expense	s Subtract l	ine 18 from line 12	8		<u> </u>	175,7	144.	121,181.			
8 8						SS AUG	2 4 2010	Begir	nning of Y	'ear	End of Year			
Net Assats or Fund Balancos	20 T	otal assets (I	Part X, III	ne 16)		ω (,109,7		5,312,406.			
A P	21 T	otal liabilities	(Part X	, line 26)		OGD	EN IIT	1 1	,557,7	192.	1,554,184.			
					act line 21 from line	e 20-7-7-7-7		<u>!' 3</u>	3,551,9	97.	3,758,222.			
Pa	irt II	Signatu	re Bloc	:k	,			_						
		Under penalties	of perjury,	I declare that I I	pave examined this return, preparer (other than office	, including accompany er) is based on all info	ing schedules and sta	atements, and parer has any	l to the best o	of my knov	wledge and belief, it is			
.						•		ĺ	0/2-	/14				
Sig He	jn ro	Signature of	J G	- Atha	7			O	10 /	10				
110	10	Signature			10 0	(60		Da	ii.c					
		Type or prii	nt name and		4 17G									
_		.,, ., ., ., ., ., ., ., ., ., ., ., .,		1+-			Date		hack if	Pre	parer's identifying number instructions)			
Pa	id		4	// /				se	heck if elf- moloved	(see	e instructions)			
Pre		Preparer's signature		110	Knn		8/04/1		nployed		'A			
pa	rer's	<u> </u>	ARC	HER GROT	IP, P.S., CPA	15	1 0/04/1			147.11				
Üs		Firm's name (or			LL AVENUE	10		——— EI	ın ► N	I/A				
On	ııy	employed), address, and ZIP + 4		LINGHAM,		34			hone no	/) 756-1010			
Mar	, the ID				parer shown above?		<u></u>		HOTE HO	(500	X Yes No			
					tion Act Notice se				TEF401131	12/20/0				

<u></u> Forn	n 990 (2009) WHATCOM FAMILY YMCA	91-0482690	Page 2
Pa	Statement of Program Service Accomplishments	<u> </u>	
1	Briefly describe the organization's mission.		
	SEE SCHEDULE O		. -
_			
2	Did the organization undertake any significant program services during the year which were not listed or		7] No.
	Form 990 or 990-EZ? If 'Yes,' describe these new services on Schedule O	Yes [No No
3		rvices? Yes	No
3	If 'Yes,' describe these changes on Schedule O	141cc3	o
4	Describe the exempt purpose achievements for each of the organization's three largest program service	s 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 are	nd allocations to others, the	total
	expenses, and revenue, if any, for each program service reported.		
4:	**************************************	(Revenue \$ <u>1,854</u> ,	
	DAY CARE- THE CENTRAL FOCUS OF ALL YMCA CHILD CARE PROGRAMS IS T		ND
	DEVELOPMENT FOR THE CHILDREN AND FAMILIES SERVED. THESE PROGRAMS		-
	DEVELOP MORAL AND ETHICAL BEHAVIOR, SELF-ESTEEM AND LEADERSHIP.		
	BEFORE-SCHOOL, AFTER-SCHOOL, AND PRESCHOOL PROGRAMS OFFER FUN AND PROGRAMS OF THE PROGRAMS OF		
	EXPERIENCES TO CHILDREN. THESE PROGRAMS ASSIST WORKING PARENTS W CHILD CARE IN A SUPPORTIVE ENVIRONMENT. FOR THOSE FAMILIES WHO C		
	TOP PINANCIAL ACCIONANCE TO AVAILABLE		0.000
			. – – –
41	COME SUPPRINCE SUPPRINCE SUPPRINCE SUPPRINCE SUPERIENCES SPIRITUAL AWARENESS, MENTAL DEVELOPMENT, PHYSICAL WELL-BEING, GROTHERS AND THE ENVIRONMENT. FOR MANY FAMILIES CAMPING PROGRAMS SUBJECT SUPPRINCES CARE, ALLOWING PARENTS TO REMAIN EMPLOYED. FINANCIAL ASSISTANCE WHO CAN NOT AFFORD THE FULL FEE.	. THEY PROMOTE OWTH AND RESPECT DERVE ALSO AS CHILD	
40	C (Code) (Expenses \$ 594,602. including grants of \$) MEMBERSHIP AND PHYSICAL PLANT- MEMBERSHIP ACTIVITIES CONTRIBUTE OF OUR ORGANIZATION PURPOSES OF HEALTHY BODY, MIND, AND SPIRIT BE VALUE OF FITNESS. BY IMPROVING ONE'S PHYSICAL FITNESS, AN INDIVITINGEASES. ENCOURAGING A POSITIVE OUTLOOK ON LIFE. FINANCIAL ASS FOR THOSE WHO CAN NOT AFFORD THE FULL FEE.	TO THE ACCOMPLISH Y EMPHASIZING THE DUALS SELF CONFID	MENT
			-
4	d Other program services (Describe in Schedule O) SEE SCHEDULE O		
	(Expenses \$ 406,662. including grants of \$) (Revenue \$	265,728.)	
4	e Total program service expenses ► 3,361,600.		

WHATCOM FAMILY YMCA Form 990 (2009) 91-0482690 Page 3 Part IV **Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A Х 2 Is the organization required to complete Schedule B, Schedule of Contributors? 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I 3 Х Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II Х Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III

	reporting requirement and proxy tax in res, complete Scredule C, ran in	- 3		
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	6	Х	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7_		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		<u>X</u>
	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 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If	9		<u>X</u>
10	'Yes,' complete Schedule D, Part V	10	Х	
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	Х	
•	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 separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12	Х	
12 <i>A</i>	Was the organization included in consolidated, independent audited financial statement for the tax Yes No			
12	year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional 12 A X	12		<u>X</u>
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		X
		174		
	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	14b		<u>X</u>
	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	15		<u>X</u>
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	16		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I	17		<u>x</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		<u>x</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		х
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		<u>X</u>

Form 990 (2009) WHATCOM FAMILY YMCA

Part IV Checklist of Required Schedules (continued)

	·		Yes	No
21	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	21		х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2° If 'Yes,' complete Schedule I, Parts I and III	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J	23		Х
24 8	a 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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K If 'No, 'go to line 25	24a		Х
t	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
(c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
C	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		х
ŀ	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		Х
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? If 'Yes,' complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions).			
ä	a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
ŀ	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28ь		Х
(c 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	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36	į	Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 197 Note. All Form 990 filers are required to complete Schedule O	38	х	
3Δ5		Form	990 (20091

Form	1 990 (2009) WHATCOM FAMILY YMCA 91-04826	90	F	age !
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1 a	n Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable	4		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b	0		
С	: Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	10	X	
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 45	3		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	21	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> this return (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	32		Х
b	olf 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	3 t		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
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			
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 t		Х
С	: If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	50		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		X
	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were needeductible?	ot 6 t		
7	Organizations that may receive deductible contributions under section 170(c).			
2	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and service			
u	provided to the payor?	³		Х
b	olf 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 t	<u> </u>	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	70		Х
d	If 'Yes,' indicate the number of Forms 8282 filed during the year 7d		ļ	
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	ı	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the			
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	İ	X
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		X
b	Did the organization make any distribution to a donor, donor advisor, or related person?	96		Х
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12			
ь	Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	_]		
11	Section 501(c)(12) organizations. Enter			
	Gross income from other members or shareholders	_		
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	L	<u> </u>
b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			

BAA

Form 990 (2009)

Governing Body and Management

Section A.

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.

				Yes	No				
1 a	Enter the number of voting members of the governing body	1a 16							
b	Enter the number of voting members that are independent								
2	Did any officer, director, trustee, or key employee have a family relationship or a business re officer, director, trustee or key employee?	elationship with any other	2		X				
3	Did the organization delegate control over management duties customarily performed by or of officers, directors or trustees, or key employees to a management company or other personal company or other personal company.	under the direct supervision	3		х				
4	Did the organization make any significant changes to its organizational documents	יווי	4		$\frac{x}{X}$				
7	since the prior Form 990 was filed?		-						
5	Did the organization become aware during the year of a material diversion of the organization	n's assets?	5		<u>X</u>				
6	Does the organization have members or stockholders?		_6		<u>X</u>				
7 a	Does the organization have members, stockholders, or other persons who may elect one or governing body?	more members of the	7a		X				
b	Are any decisions of the governing body subject to approval by members, stockholders, or o	ther persons?	7b		<u>X</u>				
8	Did the organization contemporaneously document the meetings held or written actions under the following	ertaken during the year by							
a The governing body?									
b Each committee with authority to act on behalf of the governing body?									
9 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									
Sec	tion B. Policies (This Section B requests information about policies not	required by the Internal							
Reve	nue Code)			- T					
				Yes	No				
	Does the organization have local chapters, branches, or affiliates?		10a		<u>X</u>				
þ	If 'Yes,' does the organization have written policies and procedures governing the activities of and branches to ensure their operations are consistent with those of the organization?	of such chapters, affiliates,	10Ь						
11	Has the organization provided a copy of this Form 990 to all members of its governing body	hefore filing the form?	11	х					
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			1					
	Does the organization have a written conflict of interest policy? If 'No,' go to line 13		12a	Х					
	Are officers, directors or trustees, and key employees required to disclose annually interests	that could give rise							
	to conflicts?	-	12b	Х					
С	Does the organization regularly and consistently monitor and enforce compliance with the positive Schedule O how this is done SEE SCHEDULE Q	licy? If 'Yes,' describe in	12 c	Х					
13	Does the organization have a written whistleblower policy?		13	Х					
14	Does the organization have a written document retention and destruction policy?		14	Х					
15	Did the process for determining compensation of the following persons include a review and persons, comparability data, and contemporaneous substantiation of the deliberation and de	approval by independent cision?							
	The organization's CEO, Executive Director, or top management official		15a	X					
b	Other officers of key employees of the organization SEE SCHEDULE Q		15 b	Х					
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions)								
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar entity during the year?	arrangement with a taxable	16a						
b	If 'Yes,' has the organization adopted a written policy or procedure requiring the organization in joint venture arrangements under applicable federal tax law, and taken steps to safeguard	to evaluate its participation							
_	status with respect to such arrangements?	Title organization's exempt	16b						
Sec	tion C. Disclosures								
17	List the states with which a copy of this Form 990 is required to be filed $\blacksquare \underline{WA}$			_ .					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, a inspection. Indicate how you make these available. Check all that apply.	nd 990-T (501(c)(3)s only) av	/aılabl	e for p	oublic				
Own website X Upon request									
19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and statements available to the public SEE SCHEDULE O									
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization									
► JEANETTE COCHRANE 1256 STATE STREET, BELLINGHAM, WA 98225 360-733-8630									

Form 990 (2009)

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organizations's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees See instructions for definition of 'key employees'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if the organization did not compensate any current officer, director, or trustee (A) (B) (c) (D) (E) (F)													
(A)	(B)	(D)	(E)	(F)									
Name and Title	Average hours		tion (k all t	hat app		Reportable compensation from	Reportable compensation from	Estimated amount of other			
	per week	week Individ			Х́еу	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the			
		Individual trustee or director	Institutional trustee	ğ	Key employee	lest o	ner .	(₩-2/1033-14/13C)	(W-2/1055-WIISC)	organization and related			
		9 5	na!		Joye	com				organizations			
		stee	ruste		n n	pens							
			8			ated	1						
DICK BEDLINGTON										_			
DIRECTOR	1.5							0.	0.	0.			
STEPHANIE BOWERS													
DIRECTOR	1.5							0.	0.	0.			
BRAD CORNWELL													
DIRECTOR	1.5							0.	0.	0.			
BRUCE SMITH													
DIRECTOR	1.5							0.	0.	0.			
BOB WESTFORD													
DIRECTOR	1.5							0.	0.	0.			
GARY GOODMAN													
DIRECTOR	1.5							0.	0.	0.			
RICK HAGGEN]												
DIRECTOR	1.5							0.	0.	0.			
DARRELL HILLAIRE													
DIRECTOR	1.5							0.	0.	0.			
KENNETH FERRY													
DIRECTOR	1.5							0.	0.	0.			
GLEN NARDI								_	_				
DIRECTOR	1.5	ļ						0.	0.	0.			
MEGAN_STANFIELD			ĺ						_				
DIRECTOR	1.5							0.	0.	0.			
BILL ZIELS			l							•			
DIRECTOR	1.5							0.	0.	0.			
KATHY_HUGES	١								•	•			
DIRECTOR	1.5		_					0.	0.	0.			
DAVE HARDING								101 050	•	•			
CEO/GEN DIR	40	-		Х	X			101,250.	0.	0.			
DAVID BOYER	١. ۔			.,					•	•			
PRESIDENT	1.5		_	Х			_	0.	0.	0.			
RUSS WILSON	, _			ι,						^			
TREASURER	1.5		\dashv	X				0.	0.	0.			
	{												
	<u> </u>												

Part VII Section A. Officers, Directors, Trus	tees, k	(ey	En	ıplo	oye	es,	an	d Highest Con	npensated Emp	loyee	s (co	nt.)
(A)	(B)	(c)						(D)	(E)		(F)	
Name and Title		e Position (check all that						Reportable compensation from	Reportable compensation from		Estimated	
	per week	or di	inst	Officer	Key	en Hg	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	co	mpensati from the	
		rect	tutio	ě	emp	lest o	ner	(W-2 1033-WISC)	(W-21033-W13C)	organization		
		o ž	nal t		employee	Former Highest compensa employee					ganizatio	
	1	stee	institutional trustee		") ens						
			ě			ed						
		<u> </u>			<u> </u>	-	_		_	ļ		
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										<u> </u>		
1h Tatal					L		┕	101,250.	0.			
Total Total number of individuals (including but not limited)	d to the		-tod	abo		wh				blo co	mpone	<u>0.</u>
from the organization • 1	J to thos	se ii:	steu	auc	vej	WIR	o rec	ceiveu more man	\$100,000 iii reporta	ible co	mpens	alion
non the organization										-	Yes	No
											100	
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in	or trusti ndividua	ee, i l	еу (emp	юує	ee, c	or ni	gnest compensate	ea employee	3		Х
4 For any individual listed on line 1a, is the sum of re the organization and related organizations greater the individual	nan \$15	0,00	٥°	If 'Y	es'	com	plet	e Schedule J for s	such	4	1	X
										-	 	<u> </u>
5 Did any person listed on line 1a receive or accrue or rendered to the organization? If 'Yes,' complete Sci	ompens	atioi I for	n fro	m a	iny i	unre	elate	d organization for	services	5	1	Х
Section B. Independent Contractors	iedule 3	101	Suci	n pe	1301	-						11
1 Complete this table for your five highest compensate	ed indep	end	lent	con	trac	tors	tha	t received more th	nan \$100,000 of			_
compensation from the organization								·				
(A)								(B))	_ ((C)	
Name and business addres							Description of	of Services	Comp	ensatio	n	
												
		-		-		-						
	-			-								
					-							
2 Total number of independent contractors (including	hut not	limit	ed t	n th	050	ict	ed a	hove) who receive	ed more than			•
\$100,000 in compensation from the organization			t		-550		Ju 4	, 1000140				l

Pa	rt VIII Statement of Revenue		T			
	•		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
· S	1a Federated campaigns 1a 93,	292.			·	
ANTS	b Membership dues. 1b					
§§	c Fundraising events 1c					
TS,	d Related organizations 1d					
₽₹	e Government grants (contributions)					İ
SIS	e dovernment grants (contributions)	-				
ĘĘ	f All other contributions, gifts, grants, and similar amounts not included above 1f 348,	075				
E OT	similar amounts not included above 1f 348,					
N ON	g Noncash contributes included in line 1a-1f \$ 123,	<u>∪∪∪.</u>	440 167			
<u>"</u>	h Total. Add lines 1a-1f Business C		442,167.			ļ
ĨN.	A. MEMDEDCUIDCDDOCDAM EEEC	oge	2 601 510	2 601 510		
Ē	2a MEMBERSHIP&PROGRAM FEES		3,601,518.	3,601,518.		
Ä	b					
Ž	·					
1 SE	d					
RAN	e					
PROGRAM SERVICE REVENUE OONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	f All other program service revenue		2 601 510			
<u> </u>			3,601,518.			
	3 Investment income (including dividends, interest ar other similar amounts)	nd 🕨	28,437.			28,437.
		odc 🏲	20,437.			20,431.
		us -		-		
	5 Royalties. (i) Real (ii) Perso	nal				-
	6a Gross Rents 126, 977.	,,,,,				
	•					
	c Rental income or (loss) 67,867.		67,867.			67,867.
	(A) Securities (II) Oth		01,001.			01,001.
	7a Gross amount from sales of assets other than inventory 384, 108.	-				
	b Less cost or other basis and sales expenses 405,598.					
	c Gain or (loss) -21, 490.					
	d Net gain or (loss)		-21,490.			-21,490.
	- · · · · · · · · · · · · · · · · · · ·		21,430.			21,450.
ä	8a Gross income from fundraising events (not including \$					
VEN	of contributions reported on line 1c)					
RE	See Part IV, line 18.					
OTHER REVEN	b Less direct expenses b					
2	c Net income or (loss) from fundraising events					
	· · ·			-		
	9a Gross income from gaming activities See Part IV, line 19					
	b Less direct expenses b					
	c Net income or (loss) from gaming activities.	•				
	10a Gross sales of inventory, less returns					
	and allowances. a 6,	974.				
		281.				<u></u>
	c Net income or (loss) from sales of inventory		-1,307.			-1,307.
	Miscellaneous Revenue Business C	ode				
	11a TOWEL/LOCKER FEES		6,927.			6,927.
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d	>	6,927.			
	12 Total revenue. See instructions	•	4,124,119.	3,601,518.	0.	80,434.

Page 10

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).

	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1			•		•
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	120,630.	120,630.	0.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7		1,961,711.	1,609,710.	343,603.	8,398.
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	89,540.	63,454.	26,086.	
9	Other employee benefits	78,493.	54,091.	24,402.	
10	Payroll taxes	186,820.	157,404.	29,416.	
11					
	a Management				
ı	b Legal				
(: Accounting	11,230.		11,230.	
•	d Lobbying				
•	Prof fundraising svcs See Part IV, In 17				
1	Investment management fees	_			
	g Other				
	Advertising and promotion	00 455	0.407	17.000	
13	Office expenses	20,475.	2,487.	17,988.	
14	Information technology				
15	Royalties	EE2 000	541,218.	11,671.	
16 17	Occupancy Travel	552,889. 18,212.	17,995.	217.	
	Payments of travel or entertainment expenses for any federal, state, or local public officials	10,212.	17,995.	217.	
19	Conferences, conventions, and meetings				
20	Interest	16,512.	16,065.	447.	
21	-				
22		237,745.	234,183.	3,562.	
23 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)	103,278.	83,795.	19,483.	
á	SUPPLIES	227,327.	227,327.		
ŀ	REPAIRS & MAINTENANCE	89,373.	68,392.	20,981.	
	OTHER EXPENSES	83,711.	80,466.	-1,943.	5,188.
	PROMOTION	66,443.	1,459.	64,984.	
•	NATIONAL DUES	55,042.	37,193.	17,849.	
	All other expenses	83,507.	45,731.	37,776.	
	Total functional expenses Add lines 1 through 24f	4,002,938.	3,361,600.	627,752.	13,586.
26	Joint costs. Check here ► 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				
BAA		<u> </u>			Form 990 (2009)

Balance Sheet

Part X

(B) End of year (A) Beginning of year 1,002,323 1,224,238. 1 Cash - non-interest-bearing 2 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 4 Accounts receivable, net 88,043. 4 96,986. Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L. 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)) 6 and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L Notes and loans receivable, net 7 8 Inventories for sale or use. 45,217. 9 41,826. 9 Prepaid expenses and deferred charges. 10a Land, buildings, and equipment cost or other basis 10a 6,783,621 Complete Part VI of Schedule D **b** Less accumulated depreciation 10 b 3,367,405 3,515,191 10 c 3,416,216. 428,214. 11 500,215. 11 Investments - publicly-traded securities 12 12 Investments - other securities See Part IV, line 11 13 13 Investments - program-related See Part IV, line 11 14 Intangible assets 14 15 Other assets See Part IV, line 11 30,801 15 32,925. 5,109,789 16 5,312,406. 16 Total assets Add lines 1 through 15 (must equal line 34) 318,918. 363,004. Accounts payable and accrued expenses 17 17 18 18 Grants payable Deferred revenue 19 20 20 Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D 21 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II 22 of Schedule L 872,170. 23 Secured mortgages and notes payable to unrelated third parties 918,923. 23 Unsecured notes and loans payable to unrelated third parties 24 319,951 25 319,010. Other liabilities Complete Part X of Schedule D 557,792. 554,184. Total liabilities. Add lines 17 through 25 26 X and complete lines Organizations that follow SFAS 117, check here 27 through 29 and lines 33 and 34. ASSETS 3,320,244 27 3,487,771. Unrestricted net assets. 28 Temporarily restricted net assets 28 231,753 29 270,451 29 Permanently restricted net assets. R Organizations that do not follow SFAS 117, check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds. 30 Paid-in or capital surplus, or land, building, and equipment fund 31 32 32 Retained earnings, endowment, accumulated income, or other funds 33 Total net assets or fund balances 3,551,997 33 3,758,222. Total liabilities and net assets/fund balances 5,109,789 34 5,312,406. Form 990 (2009) BAA

Part At Financial Statements and Reporting			
		Yes	No
1 Accounting method used to prepare the Form 990 Cash X Accrual Other			
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Х
b Were the organization's financial statements audited by an independent accountant?	2b	Х	
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Х	
If the organization changed either its oversight process or selection 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 for the year were issued on a consolidated basis, separate basis, or both			
X Separate basis Consolidated basis Both consolidated and separate basis			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		Х
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	t 3b		

BAA

Form 990 (2009)

SCHEDULE A (Form 990 or 990-EZ)

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.

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number

MHA	TC	OM FAMILY YMO	CA						91-04	<u> 482690</u>)		
Par	t I	Reason for Pu	blic Charity Statu	ıs (All organizations	must o	comple	te this	part.)	See ı	nstruct	ions		
he c	rga	nization is not a pri	vate foundation becau	ise it is (For lines 1 thro	ugh 11,	check o	nly one	box)					
1		A church, conventi-	on of churches or ass	ociation of churches desc	cribed in	section	170(b)	(1)(A)(i)).				
2		A school described	in section 170(b)(1) (A)(ii). (Attach Schedule i	Ξ)								
3		A hospital or coope	erative hospital service	e organization described	ın secti	on 170(i	b)(1)(A)(īii).					
4		A medical research	n organization operate	d in conjunction with a h	ospital o	describe	d in sec	tion 17	0(b)(1)(A	A)(iii) Er	ter the hos	spital's	í
		name, city, and sta											
5		An organization op 170(b)(1)(A)(iv). (0	erated for the benefit Complete Part II)	of a college or university	owned	or opera	ated by	a gover	nmental	unit des	cribed in	sectio	n
6 7													
8				170(b)(1)(A)(vi). (Comple	te Part I	1.)							
9		An organization that from activities relate investment income	normally receives: (1)	more than 33-1/3 % of its is — subject to certain excess taxable income (less	support f	rom con and (2) r	o more t	:han 33-	1/3 % of	its suppo	ort from aro	SS	fter
10		An organization org	ganized and operated	exclusively to test for pu	iblic safe	ety See	section	509(a)	(4).				
11		An organization or	ganized and operated orted organizations of of supporting organiz	exclusively for the benef lescribed in section 509(a ration and complete lines	fit of, to a)(1) or s 11e thr	perform section ough 11	the fun 509(a)(2 h.	ctions o 2) See	f, or car section	ry out th 509(a)(3	e purposes). Check t	s of on he box	e or that
		a ∏Type I	b Type II	c 🗌 Type III	l – Fund	ctionally	ıntegrat	ed		d 🗌	Type III-	Other	
е		By checking this bothan foundation ma 509(a)(2)	ox, I certify that the or anagers and other tha	ganization is not controll n one or more publicly si	ed direc upportec	tly or ind Lorgania	directly zations o	by one describe	or more ed in sec	disquali ction 509	fied perso (a)(1) or s	ns oth ection	er
f		If the organization check this box	received a written det	ermination from the IRS	that is a	Type I,	Type II	or Type	e III sup _l	porting o	rganızatıor	٦,	
g		Since August 17, 2	2006, has the organiza	ition accepted any gift o	r contrib	ution fro	m any	of the fo	ollowing	persons	7		
												Yes	No
		(i) a person who	o directly or indirectly overning body of the si	controls, either alone or f upported organization?	together	with pe	rsons de	escribed	in (II) a	and (III)	11 g (i)		
			nber of a person desc	.,							11 g (ii)		
		• •	•	described in (i) or (ii) al	oove?						11 g (iii)		
h			•	he supported organization							3 4 7		
	(i)	Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) lorganizat (i) listed gove	s the ion in col f in your rning ment?	(v) Did y the organ col y your su	ou notify ization in (i) of ipport?	organizati	s the ion in col zed in the S ?	(vii) Amour	nt of Sup	port
					Yes	No	Yes	No	Yes	No			
					1.55								
					İ								
					-								
otal													

	dule A (Form 990 or 990-EZ) 200					91-048		
Par	t II Support Schedule for	•			(b)(1)(A)(iv) ar	id 170(b)(1	(A)(I	(vi)
500	(Complete only if you check	ed the box on line	5, 7, or 8 of Par	t I.)				
	tion A. Public Support		<u> </u>					
begi	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 200	9	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ')	1,253,926.	1,253,935.	1,336,149.	1,379,938.	1,301,8	87.	6,525,835.
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf							0.
3	The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge					120,0	00.	120,000.
4	Total. Add lines 1-through 3	1,253,926.	1,253,935.	1,336,149.	1,379,938.	1,421,8		6,645,835.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							0.
6	Public support. Subtract line 5							C CAE 02E
Sec	from line 4 tion B. Total Support					l		6,645,835.
Cale	ndar year (or fiscal year	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 200	9	(f) Total
7	Amounts from line 4	1,253,926.	1,253,935.	1,336,149.	1,379,938.	1,421,8	87.	6,645,835.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	135,029.	148,169.	173,972.	164,111.	155,4	14.	776,695.
9	Net income from unrelated business activities, whether or not the business is regularly carried on							0.
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) SEE PART IV	5,885.	3,357.	10,325.	5,003.	6,9	27.	31,497.
11	Total support. Add lines 7 through 10							7,454,027.
12	Gross receipts from related activ	ıtıes, etc. (see ın:	structions)			<u> </u>	12	0.
	First five years. If the Form 990 organization, check this box and	stop here		nd, third, fourth,	or fifth tax year a	s a section 5	01(c)((3)
_	Bubble support percentage for 20		_	no 11 notice - (6		· 1	14	89.2%
15	Public support percentage for 20 Public support percentage from			ie 11, column (i)		ŀ	15	89.4%
16 a	33-1/3 support test — 2009. If the and stop here. The organization				the line 14 is 33	-1/3 % or mo	ore, ch	neck this box ► X
t	33-1/3 support test — 2008. If the and stop here. The organization	e organization did qualifies as a pul	I not check a box olicly supported o	on line 13, or 16a rganization	a, and line 15 is 3	3-1/3% or m	ore, c	heck this box
17 a	10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts'	meets the 'facts-a	and-circumstance:	s' test, check this	box and stop he	re. Explaın ıı	ո Part	IV how
	10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	meets the 'facts-a d-circumstances'	and-circumstance: test The organi	s' test, check this zation qualifies as	box and stop he a publicly suppo	re. Explain ii irted organiz	n Part ation.	IV how the ►
18 BAA	Private foundation. If the organi	zation did not che	eck a box on line,	13, 16a, 16b, 17a				structions ► 90 or 990-EZ) 2009
					30	incuaic A (i i	J. 111 J.	Ley 2003

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 (a) 2005 (c) 2007 (d) 2008 (e) 2009 (f) Total **(b)** 2006 Calendar year (or fiscal yr beginning in)► Gifts, grants, contributions and membership fees received (Do not include 'unusual grants') Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, 3 received from disqualified persons **b** Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the vear c Add lines 7a and 7b Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal yr beginning in) (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 13 Total support. (add Ins 9, 10c, 11, and 12) 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 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 15 % 16 16 Public support percentage from 2008 Schedule A, Part III, line 15 % Section D. Computation of Investment Income Percentage Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 17 % 18 Investment income percentage from 2008 Schedule A. Part III, line 17 18 % 19a 33-1/3 support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization **b 33-1/3 support tests** – **2008.** If the organization did not check a box on line 14 or 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)	2009 WH	ATCOM FAM	ILY YMCA			91-0482690	D Page 4
Part IV	Supplemental Inf Part II, line 17a o	ormation.	Complete the	nis part to pr	rovide the exp	lanations requ	ired by Part	II, line 10;
	Part II, line 17a o	r 1/b; and	Part III, Iin	e 12. Provid	e any other ac	dditional inforn	nation. See i	nstructions.
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

 Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 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

Employer Identification number

WHZ	ATCOM FAMILY YMCA		91-0482690
Pa	rt Organizations Maintaining Donor	Advised Funds or Other Similar Fun	
	the organization answered 'Yes' to	o Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	1	
2	Aggregate contributions to (during year)	725.	
3	Aggregate grants from (during year)		
4	Aggregate value at end of year	270,451.	
5	Did the organization inform all donors and dor funds are the organization's property, subject		onor advised Yes X No
6	Did the organization inform all grantees, dono used only for charitable purposes and not for purpose conferring impermissible private bene	the benefit of the donor or donor advisor or for	ds may be any other Yes X No
Pai	rt II Conservation Easements Comple		——————————————————————————————————————
1	Purpose(s) of conservation easements held by		10 1 01111 330; 1 are 14; 1110 7:
•	Preservation of land for public use (e.g., r.		of an historically important land area
	Protection of natural habitat	· · · · · · · · · · · · · · · · · · ·	of certified historic structure
	Preservation of open space	<u> </u>	
2	Complete lines 2a through 2d if the organization last day of the tax year	on held a qualified conservation contribution in	the form of a conservation easement on the
			Held at the End of the Year
ā	Total number of conservation easements.		2a
t	Total acreage restricted by conservation easer	nents	2b
	Number of conservation easements on a certif		2c
	Number of conservation easements included in	• • •	2d
3	Number of conservation easements modified,	transferred, released, extinguished, or terminat	ted by the organization during the tax
4	year ► Number of states where property subject to co	nservation easement is located >	_
5	Does the organization have a written policy reand enforcement of the conservation easemen	garding the periodic monitoring, inspection, hai it it holds?	ndling of violations, Yes No
	Staff and volunteer hours devoted to monitoring the year		
7	Amount of expenses incurred in monitoring, in during the year ▶	specting, and enforcing conservation easemen	\$
8	Does each conservation easement reported or 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the requirements of se	ction Yes No
9	In Part XIV, describe how the organization reports include, if applicable, the text of the footnote to conservation easements	s conservation easements in its revenue and exper o the organization's financial statements that d	nse statement, and balance sheet, and lescribes the organization's accounting for
Pai	Organizations Maintaining Colle Complete if the organization ansi	ctions of Art, Historical Treasures, or wered 'Yes' to Form 990, Part IV, line	Other Similar Assets 8.
1 a	a If the organization elected, as permitted under treasures, or other similar assets held for publ the text of the footnote to its financial stateme	ic exhibition, education, or research in furthera	ent and balance sheet works of art, historical ince of public service, provide, in Part XIV,
t	amounts relating to these items	ic exhibition, education, or research in furthera	nce of public service, provide the following
	(i) Revenues included in Form 990, Part VIII,	line 1	►\$ ►\$
	(ii) Assets included in Form 990, Part X		·
	If the organization received or held works of a amounts required to be reported under SFAS	116 relating to these items	or financial gain, provide the following
	Revenues included in Form 990, Part VIII, line	1	►\$
t	Assets included in Form 990, Part X		► \$

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Schedule D (Form 990) 2009	WHAILUM	PAMILLY	Y MIL.A

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Page 2

Part III Organizations Mainta	ining Collection	s of Art, Histo	orica	l Treasures, or	Other Similar Ass	ets (c	ontını	ıed)
3 Using the organization's acquisit items (check all that apply)	ion accession and ot	her records, che	ck an	y of the following the	hat are a significant us	e of its	collect	on
a Public exhibition		d Loan	or exc	change programs				
b Scholarly research		e 🔲 Other	·					
c Preservation for future gener	ations							
4 Provide a description of the orga Part XIV	nization's collections	and explain ho	w they	further the organi	zation's exempt purpos	e ın		
5 During the year, did the organiza assets to be sold to raise funds r	tion solicit or receive ather than to be mai	e donations of ai ntained as part	rt, hist of the	orical treasures, or organization's coll	other similar ection?	Yes	[No
Part IV Escrow and Custodia 9, or reported an amo	I Arrangements unt on Form 990	Complete if on Part X, line	organ 21.	nization answer	ed 'Yes' to Form 99	90, Pa	rt IV,	line
1a Is the organization an agent, trus included on Form 990, Part X?	stee, custodian, or of	her intermediary	for c	ontributions or othe	er assets not	Yes		—— □No
b If 'Yes,' explain the arrangement					!		L	
, ,			J			Amoun	t	
c Beginning balance					1c			
d Additions during the year					1 d			
e Distributions during the year					1e			
f Ending balance					1f			
2a Did the organization include an a	mount on Form 990	Part X, line 21	7			Yes		No
b If 'Yes,' explain the arrangement	ın Part XIV				·			
Part V Endowment Funds Co	mplete if organiz	ation answer	ed 'Y	es' to Form 99	0, Part IV, line 10.			
	(a) Current year	(b) Prior yea	ır	(c) Two years back	(d) Three years back	(e)	Four year	s back
1 a Beginning of year balance	231,753.		0.					
b Contributions	725.							
c Net Investment earnings, gains, and losses	37,973.							
d Grants or scholarships								
 Other expenditures for facilities and programs 								
f Administrative expenses								
g End of year balance	270,451.		0.					
2 Provide the estimated percentage	e of the year end bal	ance held as:						
a Board designated or quasi-endov	vment ►	%						
b Permanent endowment ▶	ક							
c Term endowment ► 100	.00 %							
3a Are there endowment funds not a organization by	n the possession of	the organization	that a	are held and admin	istered for the		Yes	No
(i) unrelated organizations						3a(i)		X
(ii) related organizations.						3a(ii)		X
b If 'Yes' to 3a(II), are the related of	organizations listed a	s required on So	chedul	e R?		3b		L
4 Describe in Part XIV the intended		_						
Part VI Investments-Land, B	uildings, and Eq	uipment. Se	<u>e For</u>	<u>m 990, Part X,</u>	line 10.			
Description of investment		st or other basis nvestment)		Cost or other casis (other)	(c) Accumulated Deprectation	(d)	Book V	alue
1 a Land				285,309.				,309.
b Buildings		705,792.		3,473,722.	1,979,756.	2	,199	,758.
c Leasehold improvements				69,900.	28,348.		41	,552.
d Equipment				1,547,216.	1,170,411.		376	,805.
e Other				701,682.	188,890.		512	,792.
Total. Add lines 1a through 1e (Colum	n (d) must equal For	m 990, Part X, d	columi	n (B), line 10(c)	•	3	,416	,216.
BAA					Sched	ule D (F	orm 99	0) 2009

Sch	edule D (Form 990) 2009 WHATCOM FAMILY YMCA	91-0482690	Page 4
Pa	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII,column (A), line 12)		,124,119.
2	Total expenses (Form 990, Part IX, column (A), line 25)		,002,938.
3	Excess or (deficit) for the year Subtract line 2 from line 1		121,181.
4	Net unrealized gains (losses) on investments		
5	Donated services and use of facilities		
6	Investment expenses		
7	Prior period adjustments		
, e	Other (Describe in Part XIV) SEE PART XIV	'	85,044.
۵	Total adjustments (net). Add lines 4 through 8.		85,044.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		206,225.
10 Da	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue per	Peturn	200,223.
1			,276,554.
1	Total revenue, gains, and other support per audited financial statements		,270,334.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	4	
	a Net unrealized gains on investments 2a 85,04	4.	
	Donated services and use of facilities	\dashv \mid	
	Recoveries of prior year grants 2c	<u> </u>	
	d Other (Describe in Part XIV) SEE PART XIV 2d 67,39		
	e Add lines 2a through 2d	2e	152,435.
3	Subtract line 2e from line 1	3 4	<u>,124,119.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
;	a Investments expenses not included on Form 990, Part VIII, line 7b		
I	Other (Describe in Part XIV)		
(Add lines 4a and 4b	4c	
	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		<u>,124,119.</u>
Pa	t XIII Reconciliation of Expenses per Audited Financial Statements With Expenses p		
1	Total expenses and losses per audited financial statements	1 4	<u>,</u> 070,329.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
	Donated services and use of facilities 2a		
I	Prior year adjustments 2b		
(Other losses 2c		
(d Other (Describe in Part XIV) SEE PART XIV 2d 67,39	1.	
	Add lines 2a through 2d	2e	67,391.
3	Subtract line 2e from line 1	3 4	,002,938.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
;	Investments expenses not included on Form 990, Part VIII, line 7b		
1	Other (Describe in Part XIV)		
	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18).	5 4	,002,938.
Pa	t XIV Supplemental Information		
lıne	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part 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 mation	part to provide ar	ny additional
BAA	TEEA3304L 02/02/10	Schedule D (F	orm 990) 2009

TEEA3304L 02/02/10

BAA

91-0482690

Schedule D (Form 990) 2009 WHATCOM FAMILY YMCA Part XIV Supplemental Information (continued)	91-0482690	Page 5
Pan XIV Supplemental Information (continued)		
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TEEA3305L 07/10/09

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Schedule **D** (Form 990) 2009

SCHEDULE M (Form 990) .

Noncash Contributions

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

OMB No 1545-0047

2009

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

WHATCOM FAMILY YMCA

Employer identification number

91-0482690

Par	t I Types of Property							_
		(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	Metho	d of d rever	etermin	ıng
1	Art-Works of art							
2	Art-Historical treasures							
3	Art-Fractional interests							
4	Books and publications							
5	Clothing and household goods.	-			,			
6	Cars and other vehicles	 						
7	Boats and planes							
-	•							
8	Intellectual property							
9	Securities—Publicly traded							
10	Securities—Closely held stock							
11	Securities-Partnership, LLC, or trust interests	 	_					
12	Securities-Miscellaneous						_	
13	Qualified conservation contribution— Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential						_	
16	Real estate-Commercial	X	1	120,000.	YEARLY	REN	IT	
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies						<u>.</u>	
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens			-				
24	Archeological artifacts							
25	Other • ()							
26	Other ► ()							
27	Other ► (
28	Other ► (
29	Number of Forms 8283 received by the organization organization completed Form 8283, Part IV, Done	on during the e Acknowled	tax year for contributi gement	ons for which the	29			
							Yes	No
30 a	During the year, did the organization receive by countries the least three years from the date of the least three years from the least three years	ontribution ar	ny property reported in	Part I, lines 1-28 that	it must			
	purposes for the entire holding period?	muai contribt	ition, and which is not	required to be used for	exempt	30 a		X
ь	If 'Yes,' describe the arrangement in Part II							
	Does the organization have a gift acceptance poli	cy that requir	es the review of any n	on-standard contribution	ns?	31	Х	
	Does the organization hire or use third parties or noncash contributions?	•	-			32 a		x
L						a		
	If 'Yes,' describe in Part II	mn (a) for a f	was of proporty fort	uch column (a) is sheet	rod			
33	If the organization did not report revenues in columbia	mm (c) for a t	ype or property for wn	iich column (a) is check	∖eu,			
DA A	describe in Part II	otion con the	Instructions for Par	n 000	Schedu	o Ma C	Orm 00:	OV 3000
DAA	For Privacy Act and Paperwork Reduction Act N	vuce, see inc	: mstructions for FOM	ロ フプリ.	ocnedu.	e W (f	יצע ווווטי	J) ZUUS

Schedule	M (Form 990) 2009	_ WHATCOM	FAMILY YMCA	91-0482690	Page 2
Partu	Supplemental I and 33. Also co	nformation. Implete this	Complete this part to provide the information required part for any additional information.	by Part I, lines 30b,	32b,
	. 				
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SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

2009

Department of the Treasury Internal Revenue Service Name of the organization Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990.

Open to Public Inspection

Employer identification number

WHATCOM FAMILY YMCA	91-0482690
FORM 990, PART III, LINE 1 - ORGANIZATION MISSION	
OUR MISSION IS TO BE AN ASSOCIATION OF INDIVIDUALS WITH SHARED	VALUES WHICH ENHANCE
OUR COMMUNITY WITH PROGRAMS FOR THE SPIRIT, MIND, AND BODY.	
OUR OBJECTIVE IS TO BUILD STRONG KIDS, STRONG FAMILIES AND A S	TRONG COMMUNITY.
OUR METHODS INCLUDE THE USE OF 'CHARACTER COUNTS' THEME, WHERE	THE CORE VALUES OF
CARING, HONESTY, RESPECT AND RESPONSIBILITY ARE INCORPORATED I	NTO ALL OF OUR
PROGRAMS.	
OUR GOALS ARE TO PROVIDE AS MANY OPPORTUNITIES AS POSSIBLE FOR	R_INDIVIDUALS_TO
THRIVE. TO ACCOMPLISH THIS, OUR RESOURCES ARE FOCUSED ON PROVI	DING THE FOLLOWING:
SAFE_PLACES, WHICH_INCORPORATE_CLEAR_BOUNDARIES_AND_RULES, STA	NDARDS FOR PROGRAMS
AND_SERVICES, CARE AND RESPECT FOR EACH INDIVIDUAL-BOTH EMOTIO	NALLY AND PHYSICALLY,
AND_THE_PRESENCE_OF_CHRISTIAN_PRINCIPLES	
SUPPORTIVE AND CARING RELATIONSHIPS, BY PROMOTING POSITIVE INT	'ER-GENERATIONAL_AND
MULTI-CULTURAL RELATIONSHIPS, ADULT AND YOUTH ROLE MODELS AND	POSITIVE_INCLUSIVE
GROUPS.	
OPPORTUNITIES FOR GROWTH, WHICH INCLUDE LOTS OF PROGRESSIVE PR	
MOTIVATING_AND_CHALLENGING_ENVIRONMENT	
FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION	
PHYSICAL EDUCATION- THESE ACTIVITIES CONTRIBUTE TO THE ACCOMPL	ISHMENT OF OUR PURPOSE
BY PROVIDING FITNESS INSTRUCTION, YOUTH SPORTS, FAMILY SPORTS	ACTIVITIES: SENIOR

ame of the organization	Employer identification number 91 – 0482690
WHATCOM FAMILY YMCA	91-0482690
FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIP	PTION (CONTINUED)
WELL NESS PROGRAMS, AND VARIOUS HEALTH PROGRAMS. FINANCI	IAL ASSISTANCE IS AVAILABLE
IF REQUIRED.	
AQUATICS- YMCA AQUATICS' PROGRAMS ARE PART OF THE OVERAL	LL ORGANIZATIONS MISSION OF
BUILDING HEALTHY BODY, MIND, AND SPIRIT, IN ADDITION TO	PROVIDING SWIMMING AND WATER
SAFETY INSTRUCTION THE PROGRAM PROMOTES GOOD HEALTH THRO	DUGH REGULAR EXERCISE.
CLASSES ALSO PROMOTE TEAM-BUILDING, SELF-CONFIDENCE AND	LEADERSHIP. PROGRAMS ARE
AFFORDABLE AND OFFERED TO THE COMMUNITY AT LARGE. FINANC	CIAL ASSISTANCE IS AVAILABLE
IF REQUIRED.	
	-
FORM 990, PART VI, LINE 11 - FORM 990 REVIEW PROCESS	
FORM 990 WILL BE MADE AVAILABLE BY THE EXECUTIVE DIRECTO	OR FOR THE BOARD OF DIRECTORS
TO VIEW ON THE YMCA'S WEBSITE PRIOR TO FILING.	
FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND EN	FORCEMENT OF CONFLICTS
ANNUAL SURVEY COLLECTED BY DAVE HARDING	
FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL F	PROCESS FOR OFFICERS & KEY EMPLO
EXECUTORY REVIEW WHICH CONSISTS OF COLLECTING INFORMATIO	ON FROM YMCA USA AND REGIONAL
OFFICES TO DETERMINE REASONABLE SALARY. CONSIDERATION IS	GIVEN FOR TIME IN CURRENT
POSITION AND COMPARABLE SALARIES FOR SIMILAR POSITIONS.	
FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUB	BLICLY AVAILABLE
DOCUMENTS ARE AVAILABLE UPON REQUEST. THIS OPTION IS NOT	TED IN THE BROCHURE AND
NEWLETTERS SENT TO ALL MEMBERS.	
	
	

Schedule 0 (Form 990) 2009 Page 2							
Name of the organization		Employer identification number					
WHATCOM FAM:	ILY YMCA	91-0482690					
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2009 · SCHEDUI Cuent Alegon	LE D, PANT AIV - SUPPLEME WHATCOM FAMILY YMCA	ENTAL INFORMATIONPAGE 6 91-0:32:39
8/04/10		09 23AM
SCHEDULE D, PART XI, LINE OTHER CHANGES IN NET AS	: 8 SSETS OR FUND BALANCES	
UNREALIZED GAINS ON INV		TOTAL \$ 85,044.
SCHEDULE D, PART XII, LINI OTHER REVENUE INCLUDED	E 2D D IN F/S BUT NOT INCLUDED ON FORM	990
RENTAL EXPENSES COST OF GOODS SOLD		TOTAL $\frac{\$}{8,281}$.
SCHEDULE D, PART XIII, LIN OTHER EXPENSES AND LOS	E 2D SSES PER AUDITED F/S	
RENTAL EXPENSES COST OF GOODS SOLD		$\begin{array}{cccccccccccccccccccccccccccccccccccc$
		•

2009 SCHEDULE A, PART IV - SUPPLEMENTAL INFORMATION PAGE 5 CHEVY AND SUPPLEMENTAL INFORMATION PAGE 5 8/04/10 09 23AM PART II, LINE 10 - OTHER INCOME

NATURE AND SOURCE		2009	2008	2007	2006	2005
MISCELLANEOUS TOWEL FEES				5,787.	2,358.	4,290. 130.
LOCKER FEES		6,927.	5,003.	4,538.	999.	1,465.
	TOTAL	\$ 6,927.	\$ 5,003.	10,325.	\$ 3,357.	\$ 5,885.