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1 Form 990

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

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

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parer's Use Only Signature			<i>L</i> a	eh X. Su	rdls				,
Firm's name (or yours if self-employed). address, and ZIP + 4 May the IRS discuss this return with the preparer shown above? (see instructions) Firm's name (or yours if self-employed). ► 159 SOUTH WORTHEN STREET #100 EIN ► N/A Phone no. ► 509-662-9691 X Yes No	-	e- signature	► RÌC	CK L. LINDER, CPA		8/04/1			I/A
Only yours if self-employed), address, and ZIP + 4 159 SOUTH WORTHEN STREET #100 EIN ► N/A			ne (or I/TN			,, -			
Address, and ZIP + 4 WENATCHEE, WA 98801 Phone no. ► 509-662-9691 May the IRS discuss this return with the preparer shown above? (see instructions) . X Yes No		e yours if so	H		TREET #100			N/A	
May the IRS discuss this return with the preparer shown above? (see instructions)	Un	l address.			THE TIOU				-662-9691
	N4-				hour? (con undru-li)		Pho	one no 509	
BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. TEEA0113L 12/29/09 Form 990 (2009)	_						•		

Form **990** (2009)

			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	1	_ X_	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4	Х	
5	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	5		
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		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	7		<u>X</u>
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> _
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	9		х
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	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			ĺ
	• 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	AWas 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 12 A X			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>X</u>
t	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>
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	15		<u> </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> </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		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	18		<u> </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>

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
21	United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		<u>X</u>
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			v
	Schedule J	23		<u> X</u>
24	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
	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25	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		X
	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part I</i>	25b		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)			·
	a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
	b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
	c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member)	28c	х	
29	was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29	^	Х
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	-		
	contributions? If 'Yes,' complete Schedule M	30		X
31		31		
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		_X_
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		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 19? Note. All Form 990 filers are required to complete Schedule O	38	X	
RΔ	Δ	Form	990 (2009)

Tart V Statements regarding other me Timings and Tax Compliance		V	NI.				
		Yes	No				
1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U SInformation Returns Enter -0- if not applicable1a							
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable							
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	 1c	<u></u>					
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 139							
2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2Ь	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)	\neg						
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	3a		Х				
this return? b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule Q	3b						
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							
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X				
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?							
c if 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?							
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?							
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were no deductible?							
7 Organizations that may receive deductible contributions under section 170(c).							
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?							
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b		Х				
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file							
Form 8282?	7с		X				
d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d			<u></u>				
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х				
f 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?	7g		Х				
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		X				
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		X				
9 Sponsoring organizations maintaining donor advised funds.							
a 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?	9ь		X				
10 Section 501(c)(7) organizations. Enter							
a Initiation fees and capital contributions included on Part VIII, line 12							
b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b							
11 Section 501(c)(12) organizations. Enter	į						
a Gross income from other members or shareholders							
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)							
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	- '					
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b		<u> </u>					
The state of the different of the champs interest about the state of t							

BAA

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	1 a	30						
	b Enter the number of voting members that are independent	1 b	28						
2	Did any officer, director, trustee, or key employee have a family relationship or a business re officer, director, trustee or key employee?	elation	ship 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 pers	under 1	the direct supervision	3					
Δ	Did the organization make any significant changes to its organizational documents	OII;		4		X			
7	since the prior Form 990 was filed?			-4					
5	Did the organization become aware during the year of a material diversion of the organization	าก'ร สรา	sets?	5		Х			
	Does the organization have members or stockholders?	5 45.		6	Х				
	a Does the organization have members, stockholders, or other persons who may elect one or	more r	nambars of the						
	governing body?		•	7a 7b	X				
		•		70	_^	<u> </u>			
	Did the organization contemporaneously document the meetings held or written actions under the following:	ertaker	during the year by						
	a The governing body?			8a	X				
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	ction B. Policies (This Section B requests information about policies not	requii	red by the Internal						
Rev	enue Code)								
					Yes	No			
10	a Does the organization have local chapters, branches, or affiliates?			10 a		<u>X</u>			
	b 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 before filing the form?									
11 ADescribe in Schedule O the process, if any, used by the organization to review this Form 990 SEE SCHEDULE O									
12a Does the organization have a written conflict of interest policy? If 'No,' go to line 13									
i	b Are officers, directors or trustees, and key employees required to disclose annually interests to conflicts?	that c	ould give rise	12b	Х				
1	c Does the organization regularly and consistently monitor and enforce compliance with the po Schedule O how this is done	olicy? I	f 'Yes,' describe in	12 c	Х				
	Does the organization have a written whistleblower policy?			13	Х				
	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	appro	val by independent						
	a The organization's CEO, Executive Director, or top management official	CISIOIT		15 a	χ]			
	b Other officers of key employees of the organization			15 b		<u>X</u>			
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions.)		ı	-195					
16	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar	arran	gement with a taxable						
	entity during the year? b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization	n to ev	aluate its participation	16 a	-	<u> </u>			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard status with respect to such arrangements?	the o	rganızatıon's exempt	16b		i			
	ction C. Disclosures								
17	List the states with which a copy of this Form 990 is required to be filed $- WA$								
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, a inspection. Indicate how you make these available. Check all that apply	nd 990	0-T (501(c)(3)s only) av	/aılabl	e for p	oublic			
X 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, an statements available to the public SEE SCHEDULE O									
	State the name, physical address, and telephone number of the person who possesses the t			anızatı	on				
	ERIC NELSON - EXEC DIR 217 ORONDO WENATCHEE WA 98801 (509	3) 003							

Partivilla 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 no	ot comper	isate a	any (curre	ent	officer	, dır	ector, or trustee			
(A)	(B)			(c)			(D)	(D) (E)		
Name and Title	Average hours per week	ndividual trustee or director	Institutional trustee	officer Officer	a Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related	
		irustee	i trustee		yee	mpensated				organizations	
KRISTA BECK]										
TREASURER	0.5	X		X			<u> </u>	0.	0.	0.	
TRACY BRANDT	<u> </u>										
DIRECTOR	0.5	X						0.	0.	0.	
BOB BULLIS	Ţ										
DIRECTOR	0.5	X						0.	0.	0.	
JIM CALDWELL]	1									
DIRECTOR	0.5	Х						0.	0.	0.	
DON CAMPBELL											
TRUSTEE	0.3	Х						0.	0.	0.	
CHUCK CLUGSTON											
DIRECTOR	0.5	Х	-					0.	0.	0.	
IRV CONNER											
DIRECTOR	0.5	Х						0.	0.	0.	
ALAN CRAIN											
DIRECTOR	0.5	Х						0.	0.	0.	
CHERYL DAMSTETTER											
DIRECTOR	0.5	Х						0.	0.	0.	
JOHN DOYLE											
DIRECTOR	0.5	Х						0.	0.	0.	
STEPHANIE EBERLE											
DIRECTOR	0.5	Х						0.	0.	0.	
DON FAGER											
TRUSTEE	0.3	X						0.	0.	0.	
NORMA GALLEGOS											
DIRECTOR	0.5	Х						0.	0.	0.	
KATIE HERSHEY											
DIRECTOR	0.5	X					l	0.	0.	0.	
CHUCK JOHNSON											
DIRECTOR	0.5	Х						0.	0.	0.	
DOUG JOHNSON											
TRUSTEE	0.3	X			1			0.	0.	0.	
ROB JOHNSON		T								<u></u>	
TRUSTEE	0.3	Х						0.	0.	0.	
DAA							لــــا		3.1	5 000 (0000)	

(A)	(B)	Γ		(c)			(D) (E)			(F)
Name and Title	Average hours		tion (check	k all t	hat a	pply)	Reportable	Reportable		Estimated
	per week	o p	Inst	Officer	Key	Highes employ	Former	the organization	compensation from related organization (W-2/1099-MISC)		amount of other compensation
	i	rect	tutio	<u> </u>	emp	iest blove	mer	(W-2/1099-MISC)	(W-2/1099-MISC)		from the organization and related
		Individual trustee or director	Institutional trustee		employee	Highest compensated					organizations
		stee	ruste		ď)ens					
			ñ			<u>ě</u>					
KATIE KAVANAUGH PAULY		<u> </u>		_						+	
DIRECTOR	0.5	x						0.	().	0.
BOB KIESZ	1										
TRUSTEE	0.3	X					ŀ	0.	().	0.
SHAUN KOOS											
DIRECTOR	0.5	X						0.	(١. ا	0.
DR. ROB MERRILL											
DIRECTOR	0.5	X			_	_	_	0.		<u>). </u>	<u> </u>
DELCIE MOTT											_
DIRECTOR	0.5	X		<u> </u>	_			0.	(<u>). </u>	0.
EARL MURDOCK	۰.	,							,	.	0
DIRECTOR	0.5	Х		_				0.	<u> </u>	<u>). </u>	0.
ED_NAVARRODIRECTOR	0.5	X						0.	,).	0.
CAITILIN NEWMAN	0.5	^						0.		' +	0.
DIRECTOR	0.5	x						0.	().l	0.
JULIA PRICE	0.5							0.		' +	
DIRECTOR	0.5	x						0.	().	0.
GARY RIESEN										+	
TRUSTEE	0.3	X						0.	C).	0.
RICHARD RIGGS											
DIRECTOR	0.5	Х						0.	C). <u> </u>	0.
JEFF ROUNDS											
DIRECTOR	0.5	X		X			_	0.	().	0.
FELICITY SABERHAGEN								_	_		_
DIRECTOR	0.5	X		<u> </u>	<u> </u>	L	Ļ	0.		<u>}-</u>	0.
1 b Total							-	112,082.	(21,929.
2 Total number of individuals (including but not limite from the organization ► 1	d to tho	se II	stec	ab	ove)) wh	o re	ceived more than	\$100,000 in repo	ortabl	e compensation
from the organization 1											Yes No
										Г	Tes No
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such it	or trust <i>ndıvıdua</i>	iee, i al	key	emp	oloy	ee,	or h	ighest compensati	ed employee	- 1	3 X
4 For any individual listed on line 1a, is the sum of re	portable	e cor	пре	nsai	lion	and	oth	er compensation	from	Ì	
the organization and related organizations greater t	han \$15	50,00	00'?	If 'Y	'es'	com	plet	e Schedule J for s	such	}	4 X
		_	_							}	
5 Did any person listed on line 1a receive or accrue or rendered to the organization? If 'Yes,' complete Sci	ompens hedule .	satio <i>I for</i>	n fro suc	om a h pe	any erso	unre n	elate	ed organization for	services	Ì	5 X
Section B. Independent Contractors											
Complete this table for your five highest compensation from the organization	ted inde	pend	dent	cor	itrac	tors	tha	it received more t	nan \$100,000 of		
											
(A) Name and business addres	s							(B) Description of		C	(C) ompensation
Name and basiness address									, Gervices		<u>Jinpensation</u>
								<u> </u>			
2 Total number of independent contractors (including		lımı	ted	to th	nose	e list	ed a	above) who receiv	ed more than		
\$100,000 in compensation from the organization	U										

Pa	rt 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
SS	1a Federated campaigns	1 a	54,681.			·	
N N	b Membership dues	1Ь					
S,G	c Fundraising events.	1 c					
AR/	d Related organizations	1 d					
ŧs,	e Government grants (contributions)	1 e	50,100.				
ER S	f All other contributions, gifts, grants, and						
SE E	f All other contributions, gifts, grants, and similar amounts not included above	1f	725,104.				
NO	g Noncash contribns included in Ins 1a-1f.	\$					
<u> </u>	h Total. Add lines 1a-1f		<u> </u>	829,885.			
NUE	- 1103 1 MIL DIVIS 110011011M		Business Code				ļ · · J
EVE	2a HEALTH ENHANCEMENT			732,121.	732,121.		
E R	b YOUTH DEVELOPMENT			410,746.	410,746.		
RVIC	c CAMPING			266,005.	266,005.		
A SE	<u>a</u>						
IRA	f All other program service revenue				1	······	
PROGRAM SERVICE REVENUE CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	a Total. Add lines 2a-2f	ן פ	>	1,408,872.			
-				1,400,672.			
	3 Investment income (including div other similar amounts)	iaena	s, interest and	28,533.			28,533.
	4 Income from investment of tax-ex	kempt	bond proceeds				
	5 Royalties	-	•				
	(ı) Re	al	(ii) Personal			- 	1
	6a Gross Rents 10,	021					
	b Less rental expenses						
	c Rental income or (loss) 10,	021					
	d Net rental income or (loss)		<u> </u>	10,021.			10,021.
	7a Gross amount from sales of (i) Secu		(II) Other				
	assets other than inventory 161, 34		•				
	b Less: cost or other basis	r 0.7	F 440				
	and sales expenses 203,						
	c Gain or (loss)	102	5,440.	-47,603.	-47,603.		
		•		-47,603.	-47,603.	······	
ENUE	8a Gross income from fundraising ex (not including \$						
OTHER REVENU	of contributions reported on line	IC).	11 000				
	See Part IV, line 18 b Less. direct expenses	i	11,000. b 5,500.				
5	c Net income or (loss) from fundrai	בוסם נ		5,500.			5,500.
	9a Gross income from gaming activity See Part IV, line 19	_	, verits	3,300.			3,300.
	b Less: direct expenses	•	a				
	c Net income or (loss) from gaming	ı actıv	uties ►				
	10a Gross sales of inventory, less reti						
	and allowances	11115	a				
	b Less cost of goods sold	1	b				
	c Net income or (loss) from sales of	f inve					
	Miscellaneous Revenue	ļ	Business Code				
	11a INSURANCE PROCEEDS	}		586,069.	586,069.		
	b UNREALIZED GAIN ON INVEST	}		178,746.	11 00		178,746.
	c MISCELLANEOUS	}		11,205.	11,205.		<u> </u>
	d All other revenue	L		776 000			
	e Total. Add lines 11a-11d			776,020. 3,011,228.	1 050 542		222 000
	12 Total revenue. See instructions			3,011,228.	1,958,543.	0.	222,800.

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).

	All other organizations must comp		······································		
	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	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	157,111.	157,111.		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				1
4	Benefits paid to or for members				,
5	Compensation of current officers, directors, trustees, and key employees	134,011.	105,951.	23,165.	4,895.
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	Other salaries and wages	913,708.	760,205.	125,909.	27,594.
8	Pension plan contributions (include section 401 (k) and section 403(b) employer contributions)				
9	Other employee benefits	126,627.	73,596.	44,433.	8,598.
10	Payroll taxes	97,880.	80,138.	14,332.	3,410.
11	Fees for services (non-employees)				
	a Management				
ı	Legal	4,976.		4,976.	
	Accounting	10,950.		10,950.	
	Lobbying				
	Prof fundraising svcs See Part IV, In 17				
	Investment management fees	4,632.		4,632.	
	1 Other	57,512.	42,692.	14,550.	270.
•	Advertising and promotion	82,499.	42,311.	33,448.	6,740.
		13,976.	12,202.	1,774.	0,740.
13	Office expenses	13,310.	12,202.	1,114.	
14	Information technology				
15	Royalties	220 200	220 000	200	
16	Occupancy	229, 208.	229,008.	200.	
17 18	Travel Payments of travel or entertainment expenses for any federal, state, or local public officials	16,261.	14,252.	2,009.	
19	Conferences, conventions, and meetings	23,666.	10,099.	13,567.	
20	Interest	50,157.		50,157.	·
21	Payments to affiliates				·
22	Depreciation, depletion, and amortization	159,104.	159,104.		
23	Insurance	8,901.		8,901.	
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.)				
	REPAIRS & MAINTENANCE	619,175.	605,127.	14,048.	
1	SUPPLIES	120,198.	105,683.	8,805.	5,710.
	: NATIONAL DUES	34,361.	22,935.	11,426.	
	TELEPHONE	13,413.	13,413.	·	
	POSTAGE AND SHIPPING	10,463.	7,141.	2,322.	1,000.
	All other expenses	10,692.	1,331.	9,361.	
	Total functional expenses. Add lines 1 through 24f	2,899,481.	2,442,299.	398,965.	58,217.
26					
BAA					Form 990 (2009)

		-			(A) Beginning of year		(B) End of year		
Т	1	Cash — non-interest-bearing			521,303.	1	338,501		
	2	Savings and temporary cash investments			2				
	3	Pledges and grants receivable, net	104,709.	3	47,915				
	4	Accounts receivable, net				4			
	5	Receivables from current and former officers, director and highest compensated employees Complete Part	es, key employees, [nedule L		5				
	6	Receivables from other disqualified persons (as define	ed unde	r section 4958(f)(1))					
		and persons described in section 4958(c)(3)(B) Comp		6					
A	7	Notes and loans receivable, net			7				
A S E T	8	Inventories for sale or use				8			
S	9	Prepaid expenses and deferred charges			9,859.	9	15,831		
-	10 a	Land, buildings, and equipment, cost or other basis.	10a	5,287,540.					
		Complete Part VI of Schedule D							
	b	Less accumulated depreciation	10Ь	2,066,277.	3,266,702.	10 c	3,221,263		
.	11	Investments – publicly-traded securities		580,768.	11	749,709			
	12	Investments – other securities See Part IV, line 11	Ť		12	•			
	13	Investments - program-related. See Part IV, line 11			13				
	14	Intangible assets				14			
- 1	15	Other assets See Part IV, line 11		ļ		15			
- 1	16	Total assets Add lines 1 through 15 (must equal line	341	Ī	4,483,341.	16	4,373,219		
\rightarrow	17	Accounts payable and accrued expenses		107,822.	17	84,749			
- i	18	Grants payable		18					
- 1	19	Deferred revenue			223,857.	19	108,982		
	20	Tax-exempt bond liabilities							
•	21	Escrow or custodial account liability. Complete Part I	V of Sch	nedule D.		20			
7	22	Payables to current and former officers, directors, trushighest compensated employees, and disqualified per	stees, ke	ev employees.					
Ť		of Schedule L		,		22			
E	23	Secured mortgages and notes payable to unrelated th	urd parti	es		23			
	24					24			
	25	Other liabilities Complete Part X of Schedule D			945,667.	25	861,746		
	26	Total liabilities. Add lines 17 through 25			1,277,346.	26	1,055,477		
N		Organizations that follow SFAS 117, check here	X and	complete lines	······································		· · · · · · · · · · · · · · · · · · ·		
E T		27 through 29 and lines 33 and 34.	LJ	'					
A S S	27	Unrestricted net assets			3,077,089.	27	3,193,609		
Ĕ.	28	Temporarily restricted net assets			13,066.	28	8,293		
1 1	29	Permanently restricted net assets		115,840.	29	115,840			
R		Organizations that do not follow SFAS 117, check he	•						
		lines 30 through 34.		and complete					
F UND	30	Capital stock or trust principal, or current funds				30	······································		
	31	Paid-in or capital surplus, or land, building, and equip	ment fu	nd T		31			
֝֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	32	Retained earnings, endowment, accumulated income,				32			
ฉิเ	33	Total net assets or fund balances	, =: 20		3,205,995.	33	3,317,742		
Ĕ	34	Total liabilities and net assets/fund balances			4,483,341.	34	4,373,219		
BAA		Total madmited and net additional balances			1, 103,311.		Form 990		

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Form 990 (2009)	YOUNG	MENS	CHRISTIAN	ASSOCIATION
FUIIII 33U (2003)	TOUNG	LILINO	CHUTOITUM	VOCCTUITON

91-0578224

Page 12

Part XI 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		X
b Were the organization's financial statements audited by an independent accountant?	2 b	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?	2 c	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			<u> </u>
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.

OMB No 1545-0047 2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.
YOUNG MENS CHRISTIAN ASSOCIATION

Employer identification number

OF WENATCHEE

91-0578224

Part	1	Reason for Pu	blic Charity Statu	s (All organizations	must d	comple	te this	part.)	See ı	nstruct	ions		
The o	rgar	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 des	cribed in	section	170(b)	(1)(A)(i)).				
2		A school described	in section 170(b)(1)(A)(ii). (Attach Schedule I	E.)								
3		A hospital or coope	erative hospital servici	e organization described	ın secti	on 170(l	ул)(А)	īii).					
4		A medical research	n organization operate	d in conjunction with a h	nospital (describe	d in sec	tion 17	0(ь)(1)(/	A)(iii) Er	nter the ho	spital's	5
		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	y owned	or oper	ated by	a gove	rnmenta	I unit de:	scribed in s	sectio	n
6 7	П	An organization that		governmental unit descri substantial part of its su art II)					t or fron	n the ger	neral public	desc	rıbed
8	Ш	A community trust	described in section	170(b)(1)(A)(vi). (Comple	te Part I	I)							
9	9 X 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 org	ganized and operated	exclusively to test for pu	ublic safe	ety. See	section	1 509(a)	(4).				
11	_	more publicly supp	orted organizations of	exclusively for the bene- described in section 509(zation and complete lines	a)(1) or	section	509(a)(2	ctions (2) See	of, or ca section	rry out th 509(a)(3	ne purpose). Check t	s of o	ne or that
	_	a Type I	b Type II	c 🗌 Type II	I — Fund	tionally	ıntegrat	ted		d 🗌	Type III-	Other	5
е	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 check this box	received a written det	ermination from the IRS	that is a	Type I	, Type II	or Typ	e III sup	porting (organizatio	n,	
g		Since August 17, 2	1006, has the organiza	ition accepted any gift o	r contrib	ution fro	om any	of the f	ollowing	persons	?		
		<i></i>										Yes	No
				controls, either alone or upported organization?	togetner	with pe	rsons a	escribe	a in (ii) i	and (III)	11 g (i)		
		(ii) a family mem	ber of a person desc	cribed in (i) above?							11 g (ii)		
		(iii) a 35% contro	lled entity of a person	described in (i) or (ii) a	bove?						11 g (iii)		
h		Provide the following	ng information about t	the supported organization	ons								
	0	Name of Supported Organization	(i) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organizat (i) listed gove	s the ion in col i in your ining ment?	the organ	ou notify ization in (i) of ipport?	organizat (i) organi	s the ion in col zed in the S ?	(vii) Amour	t of Sup	port
					Yes	No	Yes	No	Yes	No			
													
											·		
Total													

1 41	Support Schedule for	-					. //~/	(*.)
Sec	(Complete only if you check tion A. Public Support	ed the box on line	e 5, 7, or 8 of Par	tl)		_		
	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 ')							
	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf							
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.							
4	Total. Add lines 1-through 3							
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							
6	Public support. Subtract line 5 from line 4							
Sec	tion B. Total Support	,			· · · · · · · · · · · · · · · · · · ·	,		
	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 200	9	(f) Total
7	Amounts from line 4 .							
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources							
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)		Man (s					
11	Total support. Add lines 7 through 10							
12	Gross receipts from related activ	vities, etc. (see ins	structions)				12	
13	13 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							
	tion C. Computation of Pu						 ,	
	Public support percentage for 20			ne 11, column (f)			14	<u> %</u>
15	5 Public support percentage from 2008 Schedule A, Part II, line 14 15 %							
16	16a 33-1/3 support test — 2009. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization							
ł	b 33-1/3 support test — 2008. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization							
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. Éxplaın ı	n Part	IV how
ł	o 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 s a publicly suppo	re. Explain i orted organiz	n Part ation.	IV how the ►
_18	Private foundation. If the organi	zation did not che	eck a box on line,	13, 16a, 16b, 17a				
BAA					Sc	hedule A (F	orm 9	90 or 990-EZ) 2009

Schedule A (Form 990 or 990-EZ) 2009 YOUNG MENS CHRISTIAN ASSOCIATION Partill Support Schedule for Organizations Described in Section 509(a)(2)

	(Complete only if you checked the box on line 9 of Part I)								
Sec	tion A. Public Support								
Caler	idar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total		
	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants ')	1,070,067.	454,556.	748,358.	900,000.	672,774.	3,845,755.		
2	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	1,280,894.	1,283,339.	1,387,882.	1,480,609.	1,408,872.	6,841,596.		
3	Gross receipts from activities that are not an unrelated trade or business under section 513		<u></u>				0.		
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.		
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0.		
	Total. Add lines 1 through 5	2,350,961.	1,737,895.	2,136,240.	2,380,609.	2,081,646.	10,687,351.		
7 a	Amounts included on lines 1, 2, 3 received from disqualified persons	0.	0.	0.	0.	0.	0.		
ь	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	0.	0.	0.	0.	0.	0		
_	year Add lines 7a and 7b	0.	0.	0.	0.	0.	0. 0.		
		0.	0.	0.	0.	0.	0.		
0	Public support (Subtract line						10 607 251		
Sac	7c from line 6) tion B. Total Support				l		10,687,351.		
		(-) 200E	(h) 2006	(=) 2007	(4) 2009	(-) 2000	(D Tatal		
	ndar year (or fiscal yr beginning in)	(a) 2005 2,350,961.	(b) 2006 1,737,895.	(c) 2007	(d) 2008 2,380,609.	(e) 2009 2, 081, 646.	(f) Total		
	Amounts from line 6 Gross income from interest,	2,350,961.	1, 131, 695.	2,130,240.	2,380,609.	2,001,040.	10,687,351.		
102	dividends, payments received on securities loans, rents, royalties and income form similar sources	19,215.	33,894.	20,373.	37,220.	28,533.	139,235.		
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0.		
	Add lines 10a and 10b	19,215.	33,894.	20,373.	37,220.	28,533.	139,235.		
11	Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on						0.		
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) SEE PART IV	42,242.	24,258.	29,268.	111,316.	618,295.	825,379.		
	Total support. (add Ins 9, 10c, 11, and 12) First five years. If the Form 990	is for the organiz	ation's first, secoi	nd, third, fourth,	or fifth tax year as	s a section 501(c)	11,651,965. (3) ▶□		
	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								
				ne 13 column (fl)		15	91.7%		
	15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 16 Public support percentage from 2008 Schedule A, Part III, line 15 16								
	16 Public support percentage from 2008 Schedule A, Part III, line 15 16 96.1 % Section D. Computation of Investment Income Percentage								
17 18	· · · · · · · · · · · · · · · · · · ·	· ·		=	······ (1))	——			
	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								
19 a	33-1/3 support tests - 2009. If the omore than 33-1/3%, check this h	organization did not ox and stop here	check the box on . The organization	line 14, and line 15 1 qualifies as a oi	is more than 33-1/3 ublicly supported o	i%, and line 17 is no proanization	ot ► [X]		
	33-1/3 support tests - 2009. If the comore than 33-1/3%, check this bit 33-1/3 support tests - 2008. If the comore than 33-1/3%, check is not more than 33-1/3%, check	ox and stop here he organization di	. The organization and not check a box	n qualifies as a pu x on line 14 or 19:	ublicly supported o a. and line 16 is r	organization nore than 33-1/39	[X] ► 6. and line 18		

Schedule #	(Form 9	90 or 99	90-EZ) 2	2009	YOUNG	MENS	CHRI	STIAN	ASSO	CIAT	ION	9	1-057	8224	1	Page 4
Part IV	Supple	ment	al Info	rmatio	on. Con	nplete	this pa	rt to p	rovide	the e	xplanation additional	s requir	ed by I	Part II,	line 10;	
	Part II,	line 1	7a or	17b; a	and Par	rt III, III	ne 12.	Provid	e any	other	additional	ınforma	tion. S	ee inst	ructions	S
400	ITIONIA	CLID	DI E84		LINEO	DRAAT	ION									
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SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047 2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

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

If the organization answered 'Yes,' to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then • Section 501(c)(3) organizations complete Parts I-A and B. Do not complete Part I-C

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

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

Section 527 organizations complete Part I-A only

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

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

• 5	Section 501(c)(4), (5), or (6) or	rganizations Complete Part III			
	of organization			Employer identification	ation number
YOU	JNG MENS CHRISTIAN	ASSOCIATION		91-057822	
Par	t I-A Complete if the or	rganization is exempt under section	on 501(c) or is a s	section 527 organia	zation.
1	Provide a description of the	organization's direct and indirect political o	ampaign activities in	Part IV	
2	Political expenditures			►\$	
3	Volunteer hours				
Par	rt I-B Complete if the or	rganization is exempt under section	on 501(c)(3).		
	<u> </u>	ise tax incurred by the organization under		▶\$	
2	Enter the amount of any exc	ise tax incurred by organization managers	under section 4955	▶\$	0.
3	If the organization incurred a		∐ Yes ☐ No		
4 8	Was a correction made?				∐Yes ∐No
	If 'Yes,' describe in Part IV				
Pai	rt I-C Complete if the or	rganization is exempt under section	on 501(c) , except	t section 501(c)(3).	<u>. </u>
1	Enter the amount directly ex	pended by the filing organization for section	on 527 exempt functio	on activities ►\$	· · · · · · · · · · · · · · · · · · ·
2	Enter the amount of the filing function activities	g organization's funds contributed to other	organizations for sec	tion 527 exempt ►\$	
3	Total of exempt function exp line 17b	enditures. Add lines 1 and 2. Enter here a	nd on Form 1120-PO	^L , ▶\$	
4	Did the filing organization file	e Form 1120-POL for this year?			Yes No
5	Enter the names, addresses made For each organization contributions received that w or a political action committed	ds Also enter the amounization, such as a sepa	unt of political		
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing	(e) Amount of political
	V		,,	organization's funds If none, enter-0-	contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
<u></u>					
			:		

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

Schedule C (Form 990 or 990-EZ) 2009

Schedule C (Form 990 or 990-EZ) 200	9 YOUNG MENS (CHRISTIAN ASSOCI	ATION	91-057	'8224 Page :		
		is exempt under se	ction 501(c)(3) a	and filed Form 5768 (e	lection under		
section 501(
—		ngs to an affiliated group					
B Check ► I if the filing	<u> </u>	ked box A and 'limited co	introl' provisions app				
(The term	Limits on Lobbyin 'expenditures' mear	g Expenditures — es amounts paid or incur	red.)	(a) Filing organization's totals	(b) Affiliated group totals		
1 a Total lobbying expendition	ures to influence pub	olic opinion (grass roots lo	obbying).		· · · · · · · · · · · · · · · · · · ·		
b Total lobbying expendition	ures to influence a le	gislative body (direct lob)	bying).				
c Total lobbying expenditi	ures (add lines 1a ar	nd 1b)					
d Other exempt purpose e	expenditures						
e Total exempt purpose e	xpenditures (add line	es 1c and 1d)					
f Lobbying nontaxable an both columns	nount. Enter the amo	ount from the following ta	ble ın				
If the amount on line 1e, column (a) or (b) is. The lobbying nontaxable amount is							
Not over \$500,000	:	20% of the amount on line 1e.					
Over \$500,000 but not over \$1,	,000,000	\$100,000 plus 15% of the excess	over \$500,000				
Over \$1,000,000 but not over \$	31,500,000	\$175,000 plus 10% of the excess	over \$1,000,000				
Over \$1,500,000 but not over \$	17,000,000	225,000 plus 5% of the excess	over \$1,500,000.				
Over \$17,000,000	-	\$1,000,000.					
g Grassroots nontaxable a	amount (enter 25% c	of line 1f) .					
h Subtract line 1g from lin	ne 1a If zero or less	enter -0-					
i Subtract line 1f from lin	e 1c. If zero or less,	enter -0-					
j If there is an amount ot section 4911 tax for this	her than zero on eith s year?	ner line 1h or line 1i, did t	he organization file	Form 4720 reporting	☐Yes ☐No		
(Som	e organizations that	-Year Averaging Period Umade a section 501(h) el below. See the instructi	ection do not have	to complete all of the five			
	Lobby	ring Expenditures During	4-Year Averaging I	Period			
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total		
2a Lobbying non-taxable amount							
b Lobbying ceiling amount (150% of line 2a, column (e))							
c Total lobbying expenditures							

f Grassroots lobbying expenditures

BAA

d Grassroots nontaxable amount

e Grassroots ceiling amount (150% of line 2d, column (e))

Schedule C (Form 990 or 990-EZ) 2009

Part II-B	Complete if the organ	ization is exempt under section 501(c)(3) and has NOT	filed Form 5768
-	(election under section	on 501(h)).	

During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? If 'Yes,' describe in Part IV SEE PART IV j Total Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If 'Yes,' enter the amount of any tax incurred under section 4912 c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		(3	a)	(b)
legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? If 'Yes,' describe in Part IV SEE PART IV j Total Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If 'Yes,' enter the amount of any tax incurred under section 4912 c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912		Yes	No	Amount
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? k Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? If 'Yes,' describe in Part IV SEE PART IV j Total Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? k If 'Yes,' enter the amount of any tax incurred under section 4912 c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912	legislation, including any attempt to influence public opinion on a legislative matter or referendum.		,	. ,
c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? If 'Yes,' describe in Part IV SEE PART IV j Total Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If 'Yes,' enter the amount of any tax incurred under section 4912 c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912	a Volunteers?		Х	
d Mailings to members, legislators, or the public? Re Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? If 'Yes,' describe in Part IV SEE PART IV j Total Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If 'Yes,' enter the amount of any tax incurred under section 4912 c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912	b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Х	7.
e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? k Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? If 'Yes,' describe in Part IV SEE PART IV j Total Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? k If 'Yes,' enter the amount of any tax incurred under section 4912 c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912	c Media advertisements?		Х	
f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? k Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? If 'Yes,' describe in Part IV SEE PART IV j Total Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? k If 'Yes,' enter the amount of any tax incurred under section 4912 c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912	d Mailings to members, legislators, or the public?		Х	
g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? If 'Yes,' describe in Part IV SEE PART IV j Total Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If 'Yes,' enter the amount of any tax incurred under section 4912 c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912	e Publications, or published or broadcast statements?		Х	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? If 'Yes,' describe in Part IV SEE PART IV j Total Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If 'Yes,' enter the amount of any tax incurred under section 4912 c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912	f Grants to other organizations for lobbying purposes?		Х	
i Other activities? If 'Yes,' describe in Part IV SEE PART IV j Total Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If 'Yes,' enter the amount of any tax incurred under section 4912 c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912	g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	· · · · · · · · · · · · · · · · · · ·
j Total Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If 'Yes,' enter the amount of any tax incurred under section 4912 c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912	h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х	
Pa Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If 'Yes,' enter the amount of any tax incurred under section 4912 c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912	i Other activities? If 'Yes,' describe in Part IV SEE PART IV		Х	
b If 'Yes,' enter the amount of any tax incurred under section 4912 c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912	j Total Add lines 1c through 1i			
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912	2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Х	
***************************************	b If 'Yes,' enter the amount of any tax incurred under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912			
	d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		Х	

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

Part III-B | Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered 'No' OR if Part III-A, line 3 is answered 'Yes.'

1	Dues, assessments and similar amounts from members	1
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	
а	Current year	
Ь	Carryover from last year	2b
c	Total	_2c
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4
5	Taxable amount of lobbying and political expenditures (see instructions)	5
	t IV Supplemental Information	
Comp Also,	plete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Pai complete this part for any additional information	·
	PART II-B, LINE 1L-OTHER ACTIVITIES DESCRIPTION	
	SEE_ATTACHED_SCHEDULE	

Statement of Lobbying Activities Young Men's Christian Association of Wenatchee Valley YMCA 91-578224 Form 990, Schedule C 2009

The Executive Director attended eleven meetings of the Eastmont Metropolitan District Board of Directors and provided information to the Director of the Eastmont Metropolitan Parks District to maintain and enhance financial support of the YMCA's operation and management of the Eastmont YMCA Aquatic Center.

The Executive Director met with the Mayor of Wenatchee to discuss various City projects and to explore opportunities for collaboration. The Executive Director met with two members of the Wenatchee Parks and Recreation Commission to discuss regional aquatic facility needs.

The Executive Director is a member of the Public Policy Committee of the Washington State Alliance of YMCAs. He attended two meetings of the committee at which he participated in discussions of how lobbying resources of the Alliance should be allocated.

The Wenatchee Valley YMCA is a member of and pays an assessment to the Washington State Alliance of YMCAs. A large portion of Washington State Alliance of YMCAs activities are devoted to monitoring and influencing state legislation.

The Wenatchee Valley YMCA is a member of and pays dues to the YMCA of the USA. A portion of the activities of the YMCA of the USA are devoted to monitoring and influencing legislation.

Members of the Wenatchee Valley YMCA Board of Directors met individually with the Mayor of East Wenatchee, members of the Wenatchee City Council, Wenatchee School Board, Eastmont School Board, and Wenatchee Parks and Recreation Commission to present activities offered by the YMCA and explore opportunities for collaboration.

Food, lodging, and transportation for YMCA Executive Director: Less than \$ 500.00 Three days of Executive Director Time: Less than \$1,500.00 Washington State Alliance of YMCAs and YMCA of the USA Less than \$1,500.00

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 Inspection

Name of the organization Employer Identification number YOUNG MENS CHRISTIAN ASSOCIATION OF WENATCHEE 91-0578224 Partill Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered 'Yes' to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year). Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or for any other purpose conferring impermissible private benefit?? Part II Conservation Easements Complete if the organization answered 'Yes' to Form 990. Part IV Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Preservation of certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year a Total number of conservation easements 2a 2b b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2 c d Number of conservation easements included in (c) acquired after 8/17/06 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easement it holds? No Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Partills Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Complete if the organization answered 'Yes' to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenues included in Form 990, Part VIII, line 1 ► S (ii) Assets included in Form 990, Part X ►\$ If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items. a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

		Yes	No
	3a(i)	X	
	3a(ii)		Х
	3b		
SEE	PART :	XIV	

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated Depreciation	(d) Book Value				
1a Land		409,665.		409,665.				
b Buildings		619,167.	331,203.	287,964.				
c Leasehold improvements		1,569,091.	1,056,127.	512,964.				
d Equipment		658,214.	434,977.	223,237.				
e Other		2,031,403.	243,970.	1,787,433.				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)).								

Schedule **D** (Form 990) 2009

Total. (Column (b) must equal Form 990, Part X, col (B), line 15) Part X Other Liabilities (See Form 990, Part X, une 25) (a) Description of Liability (b) Amount Federal Income Taxes ALPINE WATER DISTRICT 140, 360. CVB MORTGAGE PAYABLE 705, 274. L.U.D. 16, 112.	Schedule D (Form 990) 2009 YOUNG MENS CHRIST		91-057	8224 Page 3
Total. (Column (b) must equal Form 990, Part X, col (B), line 15) Total. (Column (b) must equal Form 990, Part X, col (B), line 15) Total. (Column (b) must equal Form 990, Part X, col (B), line 15) Total. (Column (b) must equal Form 990, Part X, col (B), line 15) Total. (Column (b) must equal Form 990, Part X, col (B), line 15) Total. (Column (b) must equal Form 990, Part X, col (B), line 15) Total. (Column (b) must equal Form 990, Part X, col (B), line 15) Total. (Column (b) must equal Form 990, Part X, col (B), line 15) Total. (Column (b) must equal Form 990, Part X, col (B), line 15) Total. (Column (b) must equal Form 990, Part X, col (B), line 15) Total. (Column (b) must equal Form 990, Part X, col (B), line 15) Total. (Column (b) must equal Form 990, Part X, col (B), line 15) Total. (Column (b) must equal Form 990, Part X, col (B), line 15) Total. (Column (b) must equal Form 990, Part X, col (B), line 15) Total. (Column (b) must equal Form 990, Part X, col (B), line 15) Total. (Column (b) must equal Form 990, Part X, col (B), line 15) (b) Amount Edderal Income Taxes ALPINE NATER DISTRICT 140, 360. CVB MORTGAGE PAYABLE 705, 274. L. U. D 16, 112.		T		
Closely-held equity interests Other Total. (Column (b) must equal form 990 Part X, col. (B) line 12) Part VIII Investments—Popram Related (See Form 990, Part X, line 13) (a) Description of investment type (b) Book value Cost or end-of-year market value Total. (Column (b) must equal form 990, Part X, col. (B) line 15) Part IX Other Assets (See Form 990, Part X, col. (B) line 15) Total. (Column (b) must equal form 990, Part X, col. (B) line 15) Part X Other Liabilities (See Form 990, Part X, col. (B), line 15) Part X Other Liabilities (See Form 990, Part X, col. (B), line 15) (b) Book value Total. (Column (b) must equal form 990, Part X, col. (B), line 15) Part X Other Liabilities (See Form 990, Part X, col. (B), line 15) Part X Other Liabilities (See Form 990, Part X, col. (B), line 15) (c) Description (b) must equal form 990, Part X, col. (B), line 15) Part X Other Liabilities (See Form 990, Part X, col. (B), line 15) Part X Other Liabilities (See Form 990, Part X, col. (B), line 15) Part X Other Liabilities (See Form 990, Part X, col. (B), line 15) Part X Other Liabilities (See Form 990, Part X, col. (B), line 15) Part X Other Liabilities (See Form 990, Part X, col. (B), line 15) Part X Other Liabilities (See Form 990, Part X, col. (B), line 15) Part X Other Liabilities (See Form 990, Part X, col. (B), line 15) Part X Other Liabilities (See Form 990, Part X, col. (B), line 15) Part X Other Liabilities (See Form 990, Part X, col. (B), line 15) Part X Other Liabilities (See Form 990, Part X, col. (B), line 15) Part X Other Liabilities (See Form 990, Part X, col. (B), line 15) Part X Other Liabilities (See Form 990, Part X, col. (B), line 15) Part X Other Liabilities (See Form 990, Part X, col. (B), line 15) Part X Other Liabilities (See Form 990, Part X, col. (B), line 15) Part X Other Liabilities (See Form 990, Part X, col. (B), line 15) Part X Other Liabilities (See Form 990, Part X, col. (B), line 15) Part X Other Liabilities (See F		(b) Book value	(c) Method of valua Cost or end-of-year mar	tion ket value
Total. (Column (b) must equal form 990 Part X, col (B) line 12) Part VIII Investments - Program Related (See Form 990, Part X, line 13) N/A (c) Method of valuation Cost or end-of-year market value Cost or end-o				······
Total. (Column (b) must equal from 990 Part X, col (B) line 12). Part Vill Investments - Program Related (See Form 990, Part X, line 13) N/A (a) Description of investment type (b) Book value (c) Method of valuation Coal or end of year market value (c) Method of valuation Coal or end of year market value (c) Method of valuation Coal or end of year market value (a) Description (b) Book value (c) Description (c) Description (d) Book value (e) Book value (f) Description (h) Book value (h) Bo				
Part VIII Investments - Program Related (See Form 990, Part X, Inne 13)	Other			
Part VIII Investments - Program Related (See Form 990, Part X, Inne 13)				
Part VIII Investments - Program Related (See Form 990, Part X, Inne 13)				
Part VIII Investments - Program Related (See Form 990, Part X, Inne 13)				
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Part VIII Investments - Program Related (See Form 990, Part X, Inne 13)	Total. (Column (b) must equal Form 990 Part X, col (B) line 12.)			
Total. (Column (b) must equal Form 990, Part X, Col. (B) Inne 13) Part IX Other Assets (See Form 990, Part X, Inne 15) N/A (a) Description (b) Book value Total. (Column (b) must equal Form 990, Part X, col. (B), Inne 15) Part X Other Liabilities (See Form 990, Part X, Inne 25) (a) Description of Liability (b) Amount Federal Income Taxes ALPINE MATER DISTRICT 140, 360. CVB MORTGAGE PAYABLE 705, 274. L. U. D. 16, 112.		Form 990, Part X, line	13) N/A	
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Other Assets (See Form 990, Part X, Inne 15) N/A	<u> </u>			
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Other Assets (See Form 990, Part X, Inne 15) N/A				
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Other Assets (See Form 990, Part X, Inne 15) N/A				
(a) Description (b) Book value Total. (Column (b) must equal Form 990, Part X, col (B), line 15) Part X Other Liabilities (See Form 990, Part X, line 25) (a) Description of Liability (b) Amount	TOTAL (CONTINUE CO) THE CONTINUE CONTI			
Total. (Column (b) must equal Form 990, Part X, col (B), line 15) Part X Other Liabilities (See Form 990, Part X, line 25) (a) Description of Liability (b) Amount Federal Income Taxes ALPINE WATER DISTRICT 140, 360. CVB MORTGAGE PAYABLE 705, 274. L.U.D. 16, 112.			· · · · · · · · · · · · · · · · · · ·	
Part X Other Liabilities (See Form 990, Part X, Inne 25) (a) Description of Liability (b) Amount Federal Income Taxes ALPINE WATER DISTRICT 140, 360. CVB MORTGAGE PAYABLE 705, 274. L.U.D. 16, 112.	(a) De	escription		(b) Book value
Part X Other Liabilities (See Form 990, Part X, Inne 25) (a) Description of Liability (b) Amount Federal Income Taxes ALPINE WATER DISTRICT 140, 360. CVB MORTGAGE PAYABLE 705, 274. L.U.D. 16, 112.				
Part X Other Liabilities (See Form 990, Part X, Inne 25) (a) Description of Liability (b) Amount Federal Income Taxes ALPINE WATER DISTRICT 140, 360. CVB MORTGAGE PAYABLE 705, 274. L.U.D. 16, 112.				
Part X Other Liabilities (See Form 990, Part X, Inne 25) (a) Description of Liability (b) Amount Federal Income Taxes ALPINE WATER DISTRICT 140, 360. CVB MORTGAGE PAYABLE 705, 274. L.U.D. 16, 112.				
Part X Other Liabilities (See Form 990, Part X, Inne 25) (a) Description of Liability (b) Amount Federal Income Taxes ALPINE WATER DISTRICT 140, 360. CVB MORTGAGE PAYABLE 705, 274. L.U.D. 16, 112.				
Part X Other Liabilities (See Form 990, Part X, Inne 25) (a) Description of Liability (b) Amount Federal Income Taxes ALPINE WATER DISTRICT 140, 360. CVB MORTGAGE PAYABLE 705, 274. L.U.D. 16, 112.				
Part X Other Liabilities (See Form 990, Part X, Inne 25) (a) Description of Liability (b) Amount Federal Income Taxes ALPINE WATER DISTRICT 140, 360. CVB MORTGAGE PAYABLE 705, 274. L.U.D. 16, 112.				
Part X Other Liabilities (See Form 990, Part X, Inne 25) (a) Description of Liability (b) Amount Federal Income Taxes ALPINE WATER DISTRICT 140, 360. CVB MORTGAGE PAYABLE 705, 274. L.U.D. 16, 112.				
Part X Other Liabilities (See Form 990, Part X, Inne 25) (a) Description of Liability (b) Amount Federal Income Taxes ALPINE WATER DISTRICT 140, 360. CVB MORTGAGE PAYABLE 705, 274. L.U.D. 16, 112.				
Part X Other Liabilities (See Form 990, Part X, Inne 25) (a) Description of Liability (b) Amount Federal Income Taxes ALPINE WATER DISTRICT 140, 360. CVB MORTGAGE PAYABLE 705, 274. L.U.D. 16, 112.				
(a) Description of Liability (b) Amount Federal Income Taxes ALPINE WATER DISTRICT 140,360. CVB MORTGAGE PAYABLE 705,274. L.U.D. 16,112.			<u> </u>	
ALPINE WATER DISTRICT 140,360. CVB MORTGAGE PAYABLE 705,274. L.U.D. 16,112.				
ALPINE WATER DISTRICT CVB MORTGAGE PAYABLE L.U.D. 16,112.	· · · · · · · · · · · · · · · · · · ·	(b) Amount		
CVB MORTGAGE PAYABLE 705,274. L.U.D. 16,112.		140 360		
L.U.D. 16,112.	·			
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ► 861,746.	<u></u>	10,112.		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ► 861,746.				
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ► 861,746.				
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ► 861,746.				
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ► 861,746.				
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ► 861,746.				
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) 861,746.				
	Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ►	861,746.		

^{2.} FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Schedule D	(Form 990) 2009 YOUNG MENS CHRISTIAN ASSOCIATION Supplemental Information (continued)	91-0578224	Page 5
Part XIV	Supplemental Information (continued)		
	·		
			
			 -
			
			-
			

SCHEDULE D, PART XII, LINE 2D OTHER REVENUE INCLUDED IN F/S BUT NOT INCLUDED ON FORM 990 FUND RAISING EXPENSES NETTED AGAINST INC LOSS ON SALE OF ASSETS SCHEDULE D, PART XII, LINE 4B OTHER REVENUE INCLUDED ON FORM 990 BUT NOT INCLUDED IN F/S SCHOLARSHIP EXPENSE NETTED SCHEDULE D, PART XIII, LINE 2D OTHER EXPENSES AND LOSSES PER AUDITED F/S FUND RAISING EXPENSES NETTED AGAINST INC LOSS ON SALE OF ASSETS \$ 5,500. 5,440. TOTAL \$ 5,500. 5,440. SCHEDULE D, PART XIII, LINE 4B OTHER REVENUE INCLUDED ON FORM 990 BUT NOT INCLUDED IN F/S SCHEDULE D, PART XIII, LINE 4B OTHER REVENUE INCLUDED ON FORM 990 BUT NOT INCLUDED IN F/S	ATRICE LE LA COMO COMO SE SENDIA COMO COMO COMO COMO COMO COMO COMO COM	LUNFORMATIONPACE (6 9H957822A 02 12PM
FUND RAISING EXPENSES NETTED AGAINST INC LOSS ON SALE OF ASSETS SCHEDULE D, PART XII, LINE 4B OTHER REVENUE INCLUDED ON FORM 990 BUT NOT INCLUDED IN F/S SCHOLARSHIP EXPENSE NETTED SCHEDULE D, PART XIII, LINE 2D OTHER EXPENSES AND LOSSES PER AUDITED F/S FUND RAISING EXPENSES NETTED AGAINST INC LOSS ON SALE OF ASSETS SCHEDULE D, PART XIII, LINE 4B OTHER REVENUE INCLUDED ON FORM 990 BUT NOT INCLUDED IN F/S SCHEDULE D, PART XIII, LINE 4B OTHER REVENUE INCLUDED ON FORM 990 BUT NOT INCLUDED IN F/S SCHOLARSHIP EXPENSE NETTED AGAINST INC \$ 157,111.	SCHEDULE D. PART XII. LINE 2D	UZ IZFIVI
SCHEDULE D, PART XIII, LINE 2D OTHER EXPENSES NETTED AGAINST INC LOSS ON SALE OF ASSETS SCHEDULE D, PART XIII, LINE 4B OTHER REVENUE INCLUDED ON FORM 990 BUT NOT INCLUDED IN F/S SCHEDULE D, PART XIII, LINE 4B OTHER REVENUE INCLUDED ON FORM 990 BUT NOT INCLUDED IN F/S SCHOLARSHIP EXPENSE NETTED AGAINST INC \$ 5,500. 5,440. \$ 10,940.	FUND RAISING EXPENSES NETTED AGAINST INC	5,440.
FUND RAISING EXPENSES NETTED AGAINST INC LOSS ON SALE OF ASSETS SCHEDULE D, PART XIII, LINE 4B OTHER REVENUE INCLUDED ON FORM 990 BUT NOT INCLUDED IN F/S SCHOLARSHIP EXPENSE NETTED AGAINST INC \$ 5,500. 5,440. \$ 10,940.	OTHER REVENUE INCLUDED ON FORM 990 BUT NOT INCLUDED IN F/S	TOTAL \$ 157,111.
SCHOLARSHIP EXPENSE NETTED AGAINST INC \$ 157,111.	FUND RAISING EXPENSES NETTED AGAINST INC	5,440.
		TOTAL \$ 157,111.

SCHEDULE I

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

OMB No 1545-0047

Openito Public

Employer identification number

91-0578224

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22. ► Attatch to Form 990.

Paring General Information on Grants and Assistance

YOUNG MENS CHRISTIAN ASSOCIATION

Department of the Treasury Internal Revenue Service Name of the organization

 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States 	ds to substantiate the grants or assistant procedures for moni	s amount of the grace?toring the use of gr	f the grants or assistance, the grantees use of grant funds in the United States	rantees' eligibility for th States	e grants or assistance		X Yes No
Pa时間 Grants and Other Assistance to Governments and	ice to Governme		Organizations in the United States. Complete if the organization answered 'Yes' to Form	ed States. Complet	e if the organizati	on answered 'Ye	s' to Form
990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed	y recipient that ro Form 990) if addi	eceived more th tional space is r	an \$5,000. Check t reeded	his box if no one r	ecipient received i	more than \$5,000	J. Use ▼X
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
						15 15 15 15 15 15 15 15 15 15 15 15 15 1	
2 Enter total number of section 501(c)(3) and government organizations	3) and government or	rganizations				•	0
3 Enter total number of other organizations	ons					A	0
BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instru	ıction Act Notice, se	e the Instructions fo	ctions for Form 990.	TEEA3901L 02/10/10	02/10/10	Schedu	Schedule I (Form 990) 2009

Schedule I (Form 990) 2009 YOUNG MENS CHRISTIAN ASSOCIATION

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

Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

Page 2

(a) Tune of great or accordance	A Northbay of	o lancard (a)	to torong (b)	dood, notesting to bothod (a)	Constitution days for the conference (A)
istance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIPS FOR YMCA CAMPING PROGRAMS	200		47,069.	PUBLISHED PRICE	CREDIT AGAINST CAMP REGISTRATION
SCHOLARSHIPS FOR YMCA YOUTH DEVELOPMENT					CREDIT AGAINST YOUTH MEMBERSHIP
	5, 800		110,042.	PUBLISHED PRICE	AND PROGRAM FEES
Supplemental Information. Complete this part to		provide the informat	the information required in Part I,	line 2, and any	other additional information.
<u>PART IV - ADDITIONAL SUPPLEMENTAL INFORMATI</u>	<u>AL INFORMATION</u>	 	 		
<u>THE WENATCHEE VALLEY YMCA PROVIDES MEMBERS</u>	IDES_MEMBERSHI	HIP AND PROGRAM	SCHOLARSHIPS_T	Ţo_Youth	
WHOSE PARENT INDICATES THEY ARE UNABLE TO		AEFORD THE REGULAR	FEES.	EACH APPLICANT IS	
REQUIRED TO COMPLETE A BRIEF FORM THAT MUS	E⊣I	BE SIGNED BY A	BY A PARENT CERTIFYING THEY	YING THEY	
ARE UNABLE TO AFFORD THE REGULAR FEES. WHE	$\mathbf{z}_{\mathbf{l}}$	AN APPLICATION IS RECEIVED, THE PARENT	IS RECEIVED.	THE_PARENT	
IS NOTIFIED THAT THEIR APPLICATION HAS BEE	ZI	APPROVED AND THE AMOUNT OF	HE AMOUNT OF A	ASSISTANCE	
THEY HAVE BEEN AWARDED. THE ASSISTANCE IS	SISTANCE IS IN	THE FORM OF	A_CREDIT_THAT_MAY_	AY_ BE	
APPLIED TO THE APPROPRIATE PROGRAM FEE OR		MEMBERSHIP UPON	UPON REGISTRATION. SINCE	SINCE AN	
_APPLICATION_IS_RECEIVED_FOR_EVERY_SCHOLARS	<u> SCHOLARSHI</u>	HIP REQUEST WE K	KNOW THAT 6,027		
SCHOLARSHIPS WERE AWARDED, BUT WE	DO NOT	RACK_THE_NUMBER	OF SCHOLARSHIPS	S_THAT_ARE	
ACTUALLY REDEEMED. HOWEVER, WE	WE DO KNOW THE T	TOTAL VALUE OF	THOSE SCHOLARSHIPS	HIPS AND	
					Schedule 1 (Form 990) 2009

20**0**9

SCHEDULE I, PART IV - SUPPLEMENTAL INFORMATION

MOTTAPOCEA MAITERIND ENEM DALLOY

91-0578922

PAGES

8/04/10

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02.12PM

PART IV - ADDITIONAL SUPPLEMENTAL INFORMATION (CONTINUED)

HAVE LISTED THOSE VALUES IN PART III COLUMN C. WE HAVE LISTED THIS VALUE BASED ON THE AMOUNT CREDITED TO THE PUBLISHED PRICES CHARGED, BUT IT SHOULD BE NOTED THAT YMCA YOUTH MEMBERSHIP AND PROGRAMS FEES DO NOT COVER THE FULL COST OF YOUTH MEMBERSHIP AND PROGRAM SERVICES. THEREFORE, THE COST OF SERVICES PROVIDED BY SCHOLARSHIPS WOULD BE CONSIDERABLY HIGHER.

SCHEDULE L (Form 990 or 990-EZ)

Transactions with Interested Persons

2009

Department of the Treasury Internal Revenue Service

► Complete if the organization answered
'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.
► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

OMB No 1545-0047

Name of the	organization YOUNG MENS CHRIS OF WENATCHEE	TIAN A	SSOCIA	MOITA				nployer i 1 – 05			mber		
Part I	Excess Benefit Transaction Complete if the organization answ	ns (sect	ion 501	(c)(3) a	and section t IV, line 25a o	501(c)(r 25b, or							
-				· · · · · · · · · · · · · · · · · · ·					· · · · · ·			(c) Cor	rrected?
1	(a) Name of disqualified person					b) Description	on of transaction		•			Yes	No
												ļ	
_	·***-												
secti	er the amount of tax imposed on the ion 4958		•			rsons du	iring the year	under	► \$				
	the amount of tax, if any, on line :				e organization				▶ \$				
Part II	Complete if the organization answ				t IV, line 26 or	Form 990	O-EZ, Part V, I	ine 38	a.				
(a)	Name of interested person and purpose	(b) Loan the orga	to or from	(c) princi	Original pal amount	(d) B	alance due	(e) in (default?	(f) App by bo			Vritten ement?
		То	From					Yes	No	Yes	No	Yes	No
	AIN, CASHMERE VALLEY BANK	- ,,			1 107 261	··	705 074		ļ.,.			<u> </u>	
MORTGAGE	<u> </u>	X			1,107,361.		705,274.	-	Х	X		Х	
·													
							705 074	-	<u> </u>				
Total Part III	Grants or Assistance Bene	fitting	ntoroct	ad Pare	▶ \$		705,274.						
raitiii	Complete if the organization	n answe	ered 'Ye	es' on F	orm 990, Pa	art IV, I	ıne 27.						
	(a) Name of interested person	(b) Relationsi	hip between the organ	interested person a	and	(0	:) Amour	t and ty	pe of as	sistance	3	
		 	· · · · · · · ·		-					-			
··· -													
Part IV	Business Transactions Inv Complete if the organization	olving l n answe	nterestered'Yes	ed Pers	sons. orm 990, Pa	rt IV, lı	ne 28a, 28	b, or	28c.				
	(a) Name of interested person		elationship b sted person organization	and the	(c) Amoun transaction	t of	(d) Des	scription	of transa	ection		organiz	aring of zation's nues?
												Yes	No
JEFF ROU	JNDS, LIBKE INSURANCE	DIREC	TOR			57,818.	INSURANCE	SERV	ICES				X
		-										$\vdash \vdash \vdash$	
		+											
													_
	Privacy Act and Paperwork Reducti	ion Act N	otice, see	the Inst	ructions for Fo	orm 990	Sch	edule	L (For	m 990	or 99	90-EZ)	2009
or 9	90-EZ.												

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 YOUNG MENS CHRISTIAN ASSOCIATION

OF WENATCHEE

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

Employer identification number

91-0578224

PART I LINE 6	
MORE THAN 400 VOLUNTEERS SHARE THEIR TIME AND TALENTS TO ENHANCE THE QUALITY AND	
STRENGTH OF YMCA PROGRAMS. YMCA VOLUNTEERS DEVELOP POLICIES AND SHAPE THE FUTURE OF	
THE WENATCHEE VALLEY YMCA BY SERVING ON COMMITTEES AND THE BOARD OF DIRECTORS. THE	- -
LAKE WENATCHEE YMCA CAMP RELIES HEAVILY ON VOLUNTEER NURSES AND WORK WEEKEND	
VOLUNTEERS. THE Y- SPLASH PROGRAM WOULD NOT BE POSSIBLE WITHOUT A STRONG CORPS OF	
COMMITTED VOLUNTEERS. MORE THAN 30 YMCA MEMBERS HAVE BEEN DESIGNATED AS VOLUNTEER	. .
YMCA AMBASSADORS AND HELP NEW MEMBERS MAKE THE BEST POSSIBLE USE OF THEIR YMCA	
MEMBERSHIP. MORE THAN 150 VOLUNTEERS CAMPAIGN FOR FUNDS ON THE YMCA'S ANNUAL	
PARTNERS WITH YOUTH CAMPAIGN TO PROVIDE YMCA YOUTH MEMBERSHIP AND PROGRAM	
SCHOLARSHIPS.	
PART IV LINE 26, 28C	
ALAN CRAIN WAS A MEMBER OF THE YMCA BOARD OF DIRECTORS UNTIL 4/2008, A MEMBER OF THE	
YMCA BOARD OF TRUSTEES UNTIL 12/2009, AND IS A PAST PRESIDENT OF THE YMCA BOARD OF	
DIRECTORS. ALAN CRAIN WAS THE CHIEF FINANCIAL OFFICER OF CASHMERE VALLEY BANK UNTIL	
12/2009. THE YMCA HAS A LOAN WITH A 12/31/09 BALANCE OF \$705,274 WITH CASHMERE	
VALLEY BANK AND MADE REGULAR LOAN PAYMENTS TOTALING \$110,375.40 IN 2009. THE LOAN	
DECISION WAS MADE BY THE YMCA FINANCE COMMITTEE AND BOARD OF DIRECTORS WITH ALAN	
CRAIN EXCUSED FROM THE DISCUSSION. LOAN TERMS FROM THREE BANKS WERE CONSIDERED AND	
THE NAMES OF THE BANKS WERE WITHHELD DURING THE DISCUSSION PROCESS. THE YMCA HAS	
SEVERAL BANK ACCOUNTS WITH CASHMERE VALLEY BANK FROM WHICH A STANDARD INTEREST IS	
PAID TO THE YMCA. THE SELECTION PROCESS FOR THESE ACCOUNTS WAS MADE BY THE YMCA	
FINANCE COMMITTEE BASED ON INTEREST RATES AND BANK LOCATIONS. ALAN CRAIN WAS NOT	
PRESENT DURING THE DISCUSSIONS THAT LED TO THESE DECISIONS. THE YMCA PURCHASES ACH	
AND CREDIT CARD SERVICES FROM CASHMERE VALLEY BANK. THE DECISION TO PURCHASE THESE	
SERVICES WAS MADE BY THE YMCA EXECUTIVE DIRECTOR BASED ON BANK LOCATION AND	

Name of the organization YOUNG MENS CHRISTIAN ASSOCIATION OF WENATCHEE	Employer identification number 91-0578224
CONVENIENCE OF HAVING ALL BANKING SERVICES HANDLED BY ONE BANK	. ALAN CRAIN WAS NOT
INVOLVED IN THE DECISION PROCESS. ALL INTEREST RATES AND CHARGE	ES WERE BASED ON
CURRENT MARKET RATES. REPORTED ON SCHEDULE L PART II.	
PART IV LINE 28C	
JEFF ROUNDS WAS A MEMBER OF THE YMCA BOARD OF DIRECTORS. JEFF I	ROUNDS IS THE OWNER OF
LIBKE INSURANCE ASSOCIATES. THE YMCA PURCHASES INSURANCE SERVIO	CES THROUGH LIBKE
INSURANCE ASSOCIATES. THE YMCA PAID LIBKE INSURANCE ASSOCIATES	\$57,818 IN JANUARY OF
2009 FOR AUTO, LIABILITY AND PROPERTY INSURANCE SERVICES. THE Y	MCA ALSO PURCHASES
MEDICAL AND DENTAL INSURANCE SERVICES THROUGH LIBKE INSURANCE A	ASSOCIATES, BUT MAKES
PAYMENTS OF LESS THAN \$5,000 PER MONTH DIRECTLY TO THE INSURANCE	CE CARRIERS. LIBKE
INSURANCE ASSOCIATES HAS BEEN PROVIDING INSURANCE SERVICES TO	THE YMCA FOR MORE THAN
TWENTY YEARS. REPORTED ON SCHEDULE L PART IV.	
PART VI LINE 2	
ED NAVARRO IS A MEMBER OF THE WENATCHEE VALLEY YMCA BOARD OF DI	IRECTORS. RUFUS WOODS
IS A MEMBER OF THE WENATCHEE VALLEY YMCA BOARD OF TRUSTEES. RUE	FUS WOODS IS PUBLISHER
OF WENATCHEE WORLD PUBLISHING WHICH IS ALSO THE EMPLOYER OF ED	NAVARRO.
PART VI LINE 6	
THE YOUNG MEN'S CHRISTIAN ASSOCIATION OF WENATCHEE IS A PUBLIC	
WITHOUT REGARD TO ABILITY TO PAY. MEMBERS HAVE THE RIGHT TO ELE	ECT BOARD MEMBERS AND
MUST APPROVE ANY CHANGES TO THE ARTICLES OF INCORPORATION, BUT	DO NOT RECEIVE ANY
DISTRIBUTIONS OF INCOME OR ASSETS FROM THE ORGANIZATION.	
PART VI LINE 7A	
THE YOUNG MEN'S CHRISTIAN ASSOCIATION OF WENATCHEE IS A PUBLIC	CHARITY OPEN TO ALL
WITHOUT REGARD TO ABILITY TO PAY. MEMBERS HAVE THE RIGHT TO ELE	ECT BOARD MEMBERS AND
MUST APPROVE ANY CHANGES TO THE ARTICLES OF INCORPORATION, BUT	DO NOT RECEIVE ANY
DISTRIBUTIONS OF INCOME OR ASSETS FROM THE ORGANIZATION.	
PART VI LINE 7B	

Schedule O (Form 990) 2009 Page 2 Name of the organization YOUNG MENS CHRISTIAN ASSOCIATION Employer identification number 91-0578224 OF WENATCHEE IN ACCORDANCE WITH THE ADOPTED BY-LAWS OF THE YOUNG MEN'S CHRISTIAN ASSOCIATION OF WENATCHEE, THE SALE OF ANY LAND OR BUILDINGS OF THE ORGANIZATION IS SUBJECT TO REVIEW BY THE BOARD OF TRUSTEES. IF THE BOARD OF TRUSTEES VOTES AGAINST ANY SUCH SALE, THE BOARD OF DIRECTORS MAY OVERTURN THE DECISION OF THE BOARD OF TRUSTEES WITH A 75% VOTE AT A REGULAR OR SPECIAL MEETING OF THE BOARD OF DIRECTORS AT WHICH A OUORUM IS PRESENT. **PART VI LINE 11** A COPY OF THE 990 FORM IS DISTRIBUTED TO ALL MEMBERS OF THE BOARD OF DIRECTORS PRIOR TO FILING. QUESTIONS OR CONCERNS ARE REVIEWED BY THE FINANCE COMMITTEE AND FORWARDED TO THE BOARD OF DIRECTORS. **PART VI LINE 12C** THE CONFLICT OF INTEREST POLICY IS REVIEWED AT THE FIRST BOARD MEETING OF EACH BOARD YEAR. CONFLICT OF INTEREST DISCLOSURE QUESTIONNAIRES ARE DISTRIBUTED TO ALL DIRECTORS, TRUSTEES, AND KEY EMPLOYEES AT THE BEGINNING OF EACH BOARD YEAR. THE RESULTS OF RETURNED OUESTIONNAIRES ARE COMPILED AND REVIEWED BY THE EXECUTIVE COMMITTEE WHOSE MEMBERS ARE RESPONSIBLE FOR ENFORCEMENT OF THE CONFLICT OF INTEREST POLICY. PART VI LINE 15A THE BOARD OF DIRECTORS MUST APPROVE ANNUALLY THE COMPENSATION OR ANY CHANGE TO THE COMPENSATION OF THE YMCA EXECUTIVE DIRECTOR. THE BOARD OF DIRECTORS DELEGATES ITS AUTHORITY TO DETERMINE THE COMPENSATION OF THE EXECUTIVE DIRECTOR TO THE EXECUTIVE COMMITTEE. WHEN CONSIDERING THE COMPENSATION OF THE EXECUTIVE DIRECTOR, THE EXECUTIVE COMMITTEE SHALL MEET WITHOUT THE EXECUTIVE DIRECTOR BEING PRESENT. ANY OTHER COMMITTEE MEMBER WHO HAS A PERSONAL INTEREST IN THE COMPENSATION OF THE EXECUTIVE DIRECTOR SHALL ALSO BE EXCLUDED FROM DISCUSSION AND DETERMINATION OF THE

EXECUTIVE DIRECTOR'S COMPENSATION.

Schedule O (Form 990) 2009	Page 2
Name of the organization YOUNG MENS CHRISTIAN ASSOCIATION OF WENATCHEE	Employer identification number 91-0578224
BEFORE CHANGING THE COMPENSATION OF THE EXECUTIVE DIRECTOR	R, THE EXECUTIVE COMMITTEE
MUST DETERMINE THAT THE COMPENSATION TO BE PAID IS REASON.	ABLE. WHEN DETERMINING
WHETHER OR NOT THE COMPENSATION OF THE EXECUTIVE DIRECTOR	IS REASONABLE, THE
EXECUTIVE COMMITTEE WILL CONSIDER ALL ELEMENTS OF COMPENSA	ATION, COMPENSATION OF
EXECUTIVE DIRECTORS OF FULL-FACILITY YMCAS IN EASTERN WASH	HINGTON STATE, THE YMCA OF
THE USA RECOMMENDED SALARY RANGE FOR EXECUTIVE DIRECTORS (OF YMCAS OF A BUDGET SIZE
SIMILAR TO THE WENATCHEE VALLEY YMCA, AND COMMITTEE MEMBER	RS' KNOWLEDGE OF
COMPENSATION TRENDS IN NORTH CENTRAL WASHINGTON.	
THE EXECUTIVE COMMITTEE PROCESS WILL BE DOCUMENTED IN THE	COMMITTEE MINUTES, IN A
LETTER TO THE EXECUTIVE DIRECTOR, AND IN A WRITTEN REPORT	AT THE NEXT REGULAR
MEETING OF THE WENATCHEE VALLEY YMCA BOARD OF DIRECTORS. I	OCUMENTATION WILL INCLUDE
DATE OF COMPENSATION DISCUSSION, THE COMPENSATION RECOMMEN	NDATION, EFFECTIVE DATE,
COMMITTEE MEMBERS PRESENT, DESCRIPTION OF COMPARABILITY DA	ATA, AND THE ACTION THAT
THE APPROVED COMPENSATION RECOMMENDATION IS REASONABLE.	
PART VI LINE 15B	
THE EXECUTIVE DIRECTOR OF THE WENATCHEE VALLEY YMCA IS AN	
ORGANIZATION, BUT DOES NOT MEET THE DEFINITION OF A KEY EN	PLOYEE. NO OTHER WENATCHEE

VALLEY YMCA EMPLOYEES MEET THE DEFINITIONS OF OFFICER OR KEY EMPLOYEE.

PART VI LINE 19

THE WENATCHEE VALLEY YMCA MAKES COPIES OF THE FOLLOWING ITEMS AVAILABLE FOR PUBLIC REVIEW UPON REQUEST:

ARTICLES OF INCORPORATION.

BY LAWS.

CONFLICT OF INTEREST POLICY.

Schedule 0 (Form 990) 2009	Page 2
Name of the organization YOUNG MENS CHRISTIAN ASSOCIATION OF WENATCHEE	Employer identification number 91-0578224
501 (C) 3 DETERMINATION LETTER FROM THE INTERNAL REVENUE SERVICE	
FORM 990 FOR EACH OF THE LAST THREE FISCAL YEARS.*	
YMCA ANNUAL REPORTS FOR THE LAST THREE YEARS.	
*FORM 990 IS REVIEWED BY THE YMCA BOARD OF DIRECTORS BEFORE BE	ING SUBMITTED TO THE
INTERNAL REVENUE SERVICE. FORM 990 IS ADDED TO THE PUBLIC DISC	LOSURE DOCUMENTS AT
THE SAME TIME IT IS SUBMITTED TO THE INTERNAL REVENUE SERVICE.	
TWO SETS OF PUBLIC DISCLOSURE DOCUMENTS ARE AVAILABLE AT THE W	ENATCHEE VALLEY YMCA,
217 ORONDO, WENATCHEE, WASHINGTON. ONE SET IS AVAILABLE IN THE	ADMINISTRATIVE
OFFICES AND ANOTHER SET IS IN THE OFFICE OF THE EXECUTIVE DIRE	CTOR. PUBLIC
DISCLOSURE DOCUMENTS ARE ALSO AVAILABLE FOR PUBLIC INSPECTION	ON THE WENATCHEE
VALLEY YMCA WEB SITE WWW.WENYMCA.ORG.	
FORM 990 - ADDITIONAL DBAS	
WENATCHEE VALLEY YMCA	
FORM 990, PART VI, LINE 11 - FORM 990 REVIEW PROCESS	
A COPY OF THE 990 FORM IS DISTRIBUTED TO ALL MEMBERS OF THE BO	ARD OF DIRECTORS PRIOR
TO FILING. QUESTIONS OR CONCERNS ARE REVIEWED BY THE FINANCE CONCERNS ARE	OMMITTEE AND FORWARDED
TO THE BOARD OF DIRECTORS.	
FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY A	VAILABLE
ALL GOVERNING DOCUMENTS, POLICIES, AND FINANCIAL STATEMENTS AR	E HELD BY THE
EXECUTIVE DIRECTOR OF THE ORGANIZATION AND ARE MADE AVAILABLE	TO THE PUBLIC UPON
REQUEST.	

Schedule 0 (Form 990) 2009	Page 2
Name of the organization YOUNG MENS CHRISTIAN ASSOCIATION	Employer identification number
OF WENATCHEE	91-0578224
OF WENATCHEE	71 03/0224
~	
	

Form **4562**

Depreciation and Amortization (Including Information on Listed Property)

► Attach to your tax return.

OMB No 1545-0172

2009 Attachment Sequence No 67

Department of the Treasury Internal Revenue Service Name(s) shown on return

YOUNG MENS CHRISTIAN ASSOCIATION

See separate instructions.

Identifying number 91-0578224

OF WENATCHEE
Business or activity to which this form relates

FORM 990/990-PF Election To Expense Certain Property Under Section 179
Note: If you have any listed property, complete Part V before you complete Part I Part I Maximum amount. See the instructions for a higher limit for certain businesses. 1 \$250,000 2 Total cost of section 179 property placed in service (see instructions) Threshold cost of section 179 property before reduction in limitation (see instructions) 3 \$800,000. 4 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-Dollar limitation for tax year. Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions 6 (a) Description of property (b) Cost (business use only) (C) Elected cost 7 Listed property Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction. Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs) 11 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 12 13 Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12 ▶ 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions) Special depreciation allowance for qualified property (other than listed property) placed in service during the 14 tax year (see instructions) Property subject to section 168(f)(1) election 15 16 Other depreciation (including ACRS) 16 154,504 MACRS Depreciation (Do not include listed property) (See instructions) Section A MACRS deductions for assets placed in service in tax years beginning before 2009 4,600 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B -Assets Placed in Service During 2009 Tax Year Using the General Depreciation System (c) Basis for depreciation (f) Method (a) (b) Month and (g) Depreciation (e) Classification of property year placed in service (business/investment use Recovery period deduction see instructions) 19a 3-year property **b** 5-year property c 7-year property d 10-year property e 15-year property f 20-year property 25 yrs S/L g 25-year property h Residential rental 27.5 yrs MM S/L property 27.5 yrs S/L MM MM S/L i Nonresidential real 39 yrs property MM S/L Section C — Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System 20 a Class life S/L 12 yrs b 12-year S/L c 40-year 40 yrs MM S/L Part IV Summary (See instructions) Listed property. Enter amount from line 28 21 Total Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return. Partnerships and S corporations — see instructions 159,104 22 For assets shown above and placed in service during the current year, enter

SCHEDULE A, PART IV - SUPPLEMENTAL INFORMATION PAGE 5
YOUNG MEAS CHRISTIAN ASSOCIATION
OF WEARTCHEE
91-0573924 2009

CLENT 23353

8/04/10

91-057022

02 12PM

PART III, LINE 12 - OTHER INCOME

NATURE AND SOURCE	2009	2008	2007	2006	2005
RENTAL INCOME	10,021.	9,909.	9,803.	8,274.	24,838.
OTHER INCOME	22,205. AL \$ 32,226.	101,407. \$ 111,316.	19,465. \$ 29,268.	15,984. \$ 24,258.	17,404. \$ 42,242.

SCHEDULE J-2 (Form 990)

Continuation Sheet for Form 990

OMB No 1545-0047

2009

2009 Open to Public Dispersion

Department of the Treasury Internal Revenue Service

Name of the Organization

► Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

► See instructions for Form 990.

Employler Identification number

YOUNG MENS CHRISTIAN ASSOCIATION 91-0578224

Partial Continuation: Officers, Directors, Trustees, Key Employees, and Highest Compensated

(A)	(B) Average hours per week				C)			(D)	Œ)	(F)
Name and Title		Position (check all that a						Reportable compensation from the organization	Reportable	Estimated amount of other
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
BRENT_SCHMITTEN DIRECTOR	0.5	х						0.	0.	0
ABBEY SMELTZER DIRECTOR	0.5	Х						0.	0.	0
RON SNYDER DIRECTOR	0.5	Х						0.	0.	0
CHUCK STRAWN VICE PRESIDENT	0.5	Х		Х				0.	0.	0
JASON THEBAULT DIRECTOR MARK URDAHL	0.5	Х						0.	0.	0
DIRECTOR STEFAN VOGT	0.5	Х						0.	0.	0
DIRECTOR RUFUS WOODS	0.5	Х						0.	0.	0
TRUSTEE CHUCK ZUMMERMAN	0.3	Х						0.	0.	0
PRESIDENT ERIC NELSON	0.5	Х		Х				0.	0.	0.
EXECUTIVE DIREC	73			Х				112,082.	0.	21,929