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Department of the Treasury

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)

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

OMB No 1545-0047 Open to Public

inte	mai nevenue	Jervice	The organization may have to use a copy of this retain to satisfy state	, op 5. t ig 10qu		mapection
<u>A</u>	For the 200	9 calendar y	ear, or tax year beginning , and ending			
В	Check if applica		C Name of organization		D Emplo	yer identification number
	Address change	use IRS	Walla Walla YMCA			
	-	label or print or	Doing Business As		91-	0580856
	Name change	type.		Room/suite	E Teleph	one number
	Initial return	See	P.O. Box 1637			
	Termination	Specific	City or town, state or country, and ZIP + 4		G Gross rece	ipts\$ 2,952,570
	Amended return	Instruc- tions.	Walla Walla WA 99362			
		E Nom	and address of principal officer		H(a) is this a	a group return for
	Application per	nding ' ''a'''	, and address of principal officer		affiliate	
					H(b) Are all include	affiliates Vac
		İ			į	attach a list (see instructions)
_	Tax-exempt	status X	501(c) (3) ◄ (insert no) 4947(a)(1) or527		1 " '10',	allabil a list (see monestorie)
÷	Website:		wymca.org		H(c) Group	exemption number
<u>, , , , , , , , , , , , , , , , , , , </u>		zation X Co		ear of formation		M State of legal domicile
_	Part I	Summa		sar or rommation		THE CHAIN OF TOGET CONTIONS
<u> </u>			he organization's mission or most significant activities			
			adult development			
ဥ	1	ouch u	adic dovorophono			
Governance						
Ver	2 000	ali Mara basi I	if the organization discontinued its operations or disposed of more than 25		noto	
မ္	2 Che	ck this box I		101	3	18
Activities &	3 Num		pmembers of the governing body (Part VI, line 1a) endent voting members of the governing body (Part VI, line 1b) MAY	110	4	18
Ę.	4 Num		T	က ကြ	<u> </u>	185
	5 100		compleyees (1 art 1, mile 2a)		5	100
Ac			volunteers (estimate if necessary)		6	
	1	_	ated business revenue from Part VIII, column (C), line 12	<u> </u>	7a	0
	b Net	unrelated bu	siness taxable income from Form 990-T, line 34	Prior Ye	7b	Current Year
	8 Con	tributione an	d grants (Part VIII, line 1h).		2,630	716,577
Ę	a Prov		revenue (Part VIII, line 2g)		7,009	2,178,020
Revenue	10 love	•	ne (Part VIII, column (A), lines 3, 4, and 7d)		2,486	2/2/0/020
æ	11 016		Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		8,622	57,973
			add lines 8 through 11 (must equal Part VIII, column (A), line 12)		0,747	2,952,570
_			ar amounts paid (Part IX, column (A), lines 1–3)	2,00	0//4/	2/332/370
	1		or for members (Part IX, column (A), line 4)			
	1 4 E Cole		pmpensation, employee benefits (Part IX, column (A), lines 5–10)	1.69	8,230	1,607,260
enses	16a Prof		draising fees (Part IX, column (A), line 11e)	2,05	0/250	2,007,200
e	h Tota		expenses (Part IX, column (D), line 25)			
Exp		-		1 16	8,544	1,137,380
	1 17 000		(Part IX, column (A), lines 11a–11d, 11f–24f)		6,774	2,744,640
			Add lines 13–17 (must equal Part IX, column (A), line 25)		6,027	207,930
<u> </u>	g 19 nev	enue less e	penses Subtract line 18 from line 12	Beginning of Cu		End of Year
ets	20 Tota	al assets (Pa	rt X line 16)		1,184	8,179,736
Ass	21 Tota	•	Part X. line 26)			
Net Assets or	22 Net	,	nd balances Subtract line 21 from line 20	7,15	1,184	8,179,736
	Part II		re Block			
			ties of perjury. I declare that I have examined this return, including accompanying schedules a	and statements,	and to the be	st of my knowledge
		and belief, i	Strue, correct, and complete Declaration of preparer (other than officer) is based on all infor	rmation of which		
₹i	gn		Ho Marchy Prus		12-	-14-10
746	ere	Signati	re of officer		Date	
2			WILLIAM RAMAKU CARM			
<u> </u>		Type o	print name and title			
₹		Preparer's	Date	Check	ıf	Preparer's identifying number
⊒ P a		signature	1 Jay 1 Agos 05/13	solf.	. v	(see instructions) P00183394
	eparer's		D. I. Honson CPA BLIC	, I G emplo	yeu P	1 200103334
Щs	se Only	Firm's name	(di yours			04-0300434
\leq	se Only	ıf self-emplo address, an			Phone	ENG_ESE 1664
=	v the IRS d		eturn with the preparer shown above? (see instructions)	* -	no	509-525-1664
CAN CAN	r Privacy A	ct and Pane	rwork Reduction Act Notice, see the separate instructions.			Yes No
DA	асу д А	o. and rape	work resudence Act Notice, see the separate instructions.			Form 990 (2009)

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

Vairth	-2	+ Lube	Lavab	opment

the If " 3 Did ser If " 4 Des	prior Form 99 Yes," describe the organizat vices? Yes," describe scribe the exe ction 501(c)(3)	o or 990-EZ? these new s ion cease con these chang mpt purpose and 501(c)(4	ervices on Schedule O nducting, or make signi lies on Schedule O	m services during the year which were n		Yes	X No
3 Did ser If "Y 4 Des	the organizat vices? Yes," describe scribe the exection 501(c)(3)	these chang mpt purpose and 501(c)(4	nducting, or make signi es on Schedule O	ficant changes in how it conducts, any p	program		
4 Des	scribe the exection 501(c)(3)	mpt purpose and 501(c)(4				Yes	X No
		ers, the total	4) organizations and se	of the organization's three largest progrection 4947(a)(1) trusts are required to re e, if any, for each program service report	port the amount of grants and		
4a (Co) (Expenses adult	s 2,580,3 services	388 including grants of \$) (Revenue \$)
			l				
			ζ,				
			i				
4 b (Co	ode) (Expenses	\$ \$,	including grants of \$) (Revenue \$)
			ı				
			1				
			1				
			1				
			i •				
4c (Co	ode) (Expenses	· \$	including grants of \$) (Revenue \$		
(00		, (<u>_</u> , pooc	•	morading grante of C	, (Notalide C		,
			, , , , , , , , , , , , , , , , , , ,				
			ı				
4d Oth	ner program se	ervices (Des	cribe in Schedule O)				
	penses \$		including o	rants of \$	(Revenue \$)	
4e 10t	al program s	ervice expen	ises > 4,5	80,388		Form 9	90 (2009)

Pa	art IV ` Checklist of Required Schedules				
				Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"				
	complete Schedule A	L	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	L	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			- 1	
	candidates for public office? If "Yes," complete Schedule C, Part I	L	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete		ŀ		
	Schedule C, Part II	<u> </u>	4		<u> </u>
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)		- 1	1	
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	\vdash	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have		1		
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"		1		
	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> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"				v
_	complete Schedule D, Part III		8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part				
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"		ا ۲		x
10	complete Schedule D, Part IV		9		
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		x
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,	-	10		
• •	VII, VIII, IX, or X as applicable		11	x	
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete				
	Schedule D, Part VI				
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more				
	of its total assets reported in Part X, line 169 If "Yes," complete Schedule D, Part VII	i			
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more				
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	į			
•	Did the organization report an amount for other assets related 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		ł		
•	Did the organization report an amount for other, liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	ŀ			
•	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 statements for the tax year? If "Yes," complete		_		
	Schedule D, Parts XI, XII, and XIII		12		Х
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes It "Yes " completing School to D. Boto XI. XIII. and XIII. a not variety."	X	į		
13	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional [12A] [12A]	_	ا ۱		v
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?		13		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	<u> </u>	4a		
•	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I		4b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	F.	70		
-	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II		15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance		•		
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III		16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services				
	on Part IX, column (A), lines 6 and 11e? 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	L	18		х
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	Ľ	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		20		<u>x</u>

Forn	990 (2009) Walla Walla YMCA	91-0580856		Р	age 4
_Pa	rt IV · Checklist of Required Schedules (continued)				
	•			Yes	No
21	Did the organization report more than \$5,000 of grants and other assista				
	in the United States on Part IX, column (A), line 1? If "Yes," complete Sc		21		Х
22	Did the organization report more than \$5,000 of grants and other assista		ł		
	United States on Part IX, column (A), line 27 If "Yes," complete Schedule	e I, Parts I and III	22		<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 a				
	organization's current and former officers, directors, trustees, key employed	yees, and highest compensated			
	employees? If "Yes," complete Schedule J		23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding p				
	100,000 as of the last day of the year, that was issued after December	31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K If "No," go to 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	1		
	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	<u> </u>	
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization eng	gage 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	n with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the o	organization's prior Forms 990 or	İ		
	990-EZ? If "Yes," complete Schedule L, Part I		25b		х
26	Was a loan to or by a current or former officer, director, trustee, key emp	loyee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax ye		26		х
27	Did the organization provide a grant or other assistance to an officer, dire				
	substantial contributor, or a grant selection committee member, or to a p		i		
	If "Yes," complete Schedule L, Part III		27		х
28	Was the organization a party to a business transaction with one of the fo	llowing parties (see Schedule L.			
	Part IV instructions for applicable filing thresholds, conditions, and except				
а	A current or former officer, director, trustee, or key employee? If "Yes," of	•	28a		х
b	A family member of a current or former officer, director, trustee, or key e	•			
	Schedule L, Part IV	mpleyee in yee, complete	28Ь		х
С	An entity of which a current or former officer, director, trustee, or key em	ployee of the organization (or a	1 2 2 2		
-	family member) was an officer, director, trustee, or direct or indirect own				
	Part IV	or in 100, complete contention,	28c		х
29	Did the organization receive more than \$25,000 in non-cash contribution	s? If "Yes " complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or or	•	<u> </u>		
	conservation contributions? If "Yes," complete Schedule M	and annual accosts, or quantous	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operation	as? If "Ves." complete Schedule N	1 33		
	Part I	io in 100, complete contacto ii,	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25	% of its net assets? If "Ves " complete	<u> </u>		
	Schedule N, Part II	70 of its fiet assets. If Test, complete	32	i i	x
33	Did the organization own 100% of an entity disregarded as separate from	the organization under Regulations	J2		-20
00	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Pa		ء ا		v
34	Was the organization related to any tax-exempt or taxable entity? If "Yes		33	 	X
5 4	III, IV, and V, line 1	, complete Schedule H, Parts II,	04		v
35		on F10/h)/10\0 If "Voc." complete	34	-	<u> </u>
33	Is any related organization a controlled entity within the meaning of section Schedule R, Part V, line 2	on 512(b)(13) / If Yes, complete	25		v
36		ro to an average and about the valeted	35	\vdash	Х
JU	Section 501(c)(3) organizations. Did the organization make any transfe	rs to an exempt non-charitable related			7.5
27	organization? If "Yes," complete Schedule R, Part V, line 2	Ash Albah sa wal a walahad aw	36_	\vdash	X
37	Did the organization conduct more than 5% of its activities through an er				
	and that is treated as a partnership for federal income tax purposes? If "	res, complete Schedule R,			
	Part VI		37		X

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

Pa	ort V Statements Regarding Other IRS Filings and Tax Compliance					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	1 1			-	
	U.S. Information Returns. Enter -0- if not applicable	1a	0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portabl	e			
	gaming (gambling) winnings to prize winners?	_		1c		X
2a						
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	185			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see				·	
	instructions)					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covere	d by				
	this return?			3a		X.
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			_3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	authori	ty			
	over, a financial account in a foreign country (such as a bank account, securities account, or other fin	ancıal				l
	account)?			4a	ļ	X
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			5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regi	arding			1	
٥-	Prohibited Tax Shelter Transaction?	_		5c	-	<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ie		60		х
b	organization solicit any contributions that were not tax deductible?	nc or		<u>6a</u>		
U	If "Yes," did the organization include with every solicitation an express statement that such contribution gifts were not tax deductible?) I IS OI		6b		ŀ
7	Organizations that may receive deductible contributions under section 170(c).			00	_	
, a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	aboor				
_	and services provided to the payor?	30040		7a		\mathbf{x}
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	ıs				
	required to file Form 8282?			7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a p	ersona	al			
	benefit contract?			7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr	act?		7 f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7g		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-0	as				1
	required?			7h_	ļ	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					l
_	organization, have excess business holdings at any time during the year?			8	ļ	X
9	Sponsoring organizations maintaining donor advised funds.			_		۱.,
a	Did the organization make any taxable distributions under section 4966?			9a	 -	X
10	Did the organization make a distribution to a donor, donor advisor, or related person?			9b	 	X
10	Section 501(c)(7) organizations. Enter	أمدا				
a	Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of all the facilities	10a		 		
11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter	10b				ĺ
''	Gross income from members or shareholders 1.	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against	' ia		—-		
	amounts due or received from them)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form			12a		•
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	ii	120	<u> </u>	_

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.

Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body	<u>1a</u>	18		ļ	
b	Enter the number of voting members that are independent	1b	18		1	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with					
	any other officer, director, trustee, or key employee?			2_	├	х
3	Did the organization delegate control over management duties customarily performed by or under the direct			ĺ		
	supervision of officers, directors or trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was	filed?		4		Х
5	Did the organization become aware during the year of a material diversion of the organization's assets?			5	ļ	Х
6	Does the organization have members or stockholders?			6	<u> </u>	X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members					
	of the governing body?			7a		Х
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?			7b	<u> </u>	Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during					ļ
	the year by the following					İ
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	X	ļ
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached					
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X
	ction B. Policies (This Section B requests information about policies not required by the I	ntern	al			
Rev	venue Code.)				1	1
					Yes	No
10a	Does the organization have local chapters, branches, or affiliates?			10a	+-	X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,					
	affiliates, and branches to ensure their operations are consistent with those of the organization?			10b	 	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the					
	form?			11	 	X
11a					 	7
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13			12a	+	X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give					
	rise to conflicts?			12b	+	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			40-		
	describe in Schedule O how this is done			12c	+	х
13	Does the organization have a written whistleblower policy?			13	+	X
14	Does the organization have a written document retention and destruction policy?			14	╁┈╴	_ <u>^</u>
15	Did the process for determining compensation of the following persons include a review and approval by				1	
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			15a		x
a	The organization's CEO, Executive Director, or top management official			15a		X
b	Other officers or key employees of the organization			130	+	
40-	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)					
ıba	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			1.0-		v
L	with a taxable entity during the year? If "Yes " has the expension edepted a written policy or precedure requiring the expension to evaluate			16a	+	X
b				1]
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard					
500	the organization's exempt status with respect to such arrangements?			16b	1	Ц
	ction C. Disclosure			-		
17	List the states with which a copy of this Form 990 is required to be filed WA					

Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply

Own website Another's website X Upon request

- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ YMCA PO Box 1637

Walla Walla

WA 99362

509-525-8863

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

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

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

X Check this box if the organization (A)	(B)	I.	(0	C)		(D)	(E)	(F)
Name and Title	Average hours per week	P. or director			Highest compensated employee	 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 organizations
Scott Abajian		, x				0	0	0
Reid Nelson		×				0	0	
Darin Harvey		x				0		
Dan Reid		x				0		
Mike Clark		×				0		
Sandi Madsen		x				0		
Mike Monahan President		x	x			0		_
Kerry Tierney		x				0	•	
Paul Folz		×				0		
Becky Musick		x				0		
Dave Elmenhurst		X				0	, , , , , , , , , , , , , , , , , , , ,	
Ted Cohan		x				 0		
Rob Blethen		x				0		
John Ladderud		, x				0		
Steve Burdick		x				 0		

	icers, Directors, Tru	stees	s, Ke	y Er	nplo	yees	, an	d Highest Compensated	Employees (continued)			
(A) Name and Title	(B) Average hours per	<u> </u>	_	chect	C) k all t	hat a	_	(D) Reportable compensation	(E) Reportable compensation		(F) stimate mount (
·	week	Individual trustee or director.	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	con f org ar	other npensa rom the ganizati nd relati anizati	tion e ion ed
		i										
		i ,										
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		ļ	_				_					
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		:	_	_	_	-						
		,										
					_	ļ						<u> </u>
di Tari		÷					Ļ					,
Total Total number of individual	als (including but not	limite	ed to	thos	e lis	ted a	shov	.l re) who received more than	L \$100 000 in	<u> </u>		
reportable compensation				1100							1.	Yes No
employee on line 1a? If ' 4 For any individual listed	"Yes," complete Sche on line 1a, is the sum	dule of re	J for	r suc able	h ind	dividi npen:	ual satic	oyee, or highest compensation and other compensations;" complete Schedule J fo	from		3	X
individual 5 Did any person listed on	line 1a receive or ac	crue	com	pens	atio	n fror	n ar	ny unrelated organization fo		-	4	<u> </u>
services rendered to the Section B. Independent Con		," COI	mple	te S	chec	dule .	J tor	such person	·		5	<u> </u>
Complete this table for y compensation from the compensation.	our five highest comporganization	ensa	ated	ınde	pend	dent o	cont	ractors that received more				
Na	(A) ame and business address	1						Descrip	(B) otion of services		Com	(C) pensation
	· · · · · · · · · · · · · · · · · · ·	t					_					
							\vdash					
							+					
							\vdash					
						ed to	tho	se listed above) who receiv	ved			·
more than \$100,000 in c											O	990 (200

		III Statement or neve	iiuc			(A)	/R\	(C)	(D)
	•			•	ļ	Total revenue	(B) Related or	Unrelated	(D) Revenue excluded from tax
				:	I		exempt function	business revenue	under sections
			1				revenue		512, 513, or 514
Program Service Revenue Contributions, gifts, grants	1a	Federated campaigns	1a	•					
ga	b	Membership dues	1b						
ts, arr	С	Fundraising events	1c						
قع	d	Related organizations	1d						
ž.E	e	Government grants (contributions)	1e	1					
i s	f	All other contributions, gifts, grants,		i	j				
蔓黄		and similar amounts not included above	1f	;	716,577				
E E	ا ا	Noncash contributions included in lines 1a-	1f \$	6					
Sæ	h	Total. Add lines 1a-1f			▶	716,577			
-e-					Busn. Code				· · · · · · · · · · · · · · · · · · ·
en.	2a	Membership dues		i		1,924,776	1,924,776		
ě	ь	Program revenue			T 1	253,244	253,244		
- 8	C	Program revenue			1	233/241			
Ξ	ر ا						<u></u> .		
SE	d								
Jrar	e	A.U							
ဦ	1	All other program service reve	nue		L	2 452 222			
<u>-</u>	- 3	Total. Add lines 2a-2f		'		2,178,020			
	3	Investment income (including	dividen	ds, intere	est, and				
		other similar amounts)			▶				
	4	Income from investment of tax	-exemp	ot pou'd b	roceeds ►				
	5	Royalties			>				
		(ı) Real		(n) f	Personal				
	6a	Gross Rents							
	b	Less rental exps		1					
	C	Rental inc or (loss)		· ·					
	_d	Net rental income or (loss)		!	•				
	7a	Gross amount from (i) Securities	5	(H)) Other				
		other than inventory							
	Ь	Less cost or other		,					
		basis & sales exps		,					
	c	Gain or (loss)			_	i			
	ا	Net gain or (loss)		_	•			}	
	l	Gross income from fundraising eve	nts [
enne	"	(not including \$						j	
ě	l	of contributions reported on line 1c	!						
æ		See Part IV, line 18	a			1			
Other Rev	١,	Less direct expenses	្ឋា						
ō		Net income or (loss) from fund		avente.				ŀ	
				events				,	
	98	Gross income from gaming activitie		1					
	Ι.	See Part IV, line 19	a						
		Less direct expenses	ьĹ						
		Net income or (loss) from gam	ing act	ivities					
	10a	Gross sales of inventory, less		1		İ			
		returns and allowances	a	<u> </u>					
		Less cost of goods sold	ьГ				ļ		
	ြင	Net income or (loss) from sale		entory					
		Miscellaneous Revenue			Busn Code				. —
	11a	Miscellaneous		1		57,973			57,973
	b			-		I			
	С								
	d	All other revenue							
	е	Total. Add lines 11a-11d				57,973			
	12	Total Revenue. See instructio	ns		▶	2,952,570	2,178,020	0	57,973

Statement of Functional Expenses Part IX

Form 990 (2009)

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	not include amounts reported on lines 6b, , 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	1			
3	Grants and other assistance to governments,	}			
	organizations, and individuals outside the	r,			
	U.S. See Part IV, lines 15 and 16	4			
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	i			
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,262,977	1,174,569	88,408	
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits	344,283	320,183	24,100	
10	Payroll taxes	ı			
11	Fees for services (non-employees)				
а	Management				
b	Legal				
С	Accounting	i			
d	Lobbying	<u>.</u>		·	
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees	1,			
g	Other				
12	Advertising and promotion				
13	Office expenses	1	ĺ		
14	Information technology				
15	Royalties				·
16	Occupancy	283,540	263,692	19,848	
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	39,058	36,324	2,734	-
20	Interest				
21	Payments to affiliates	1			
22	Depreciation, depletion, and amortization	235,425	235,425		
23	Insurance				
24	Other expenses Itemize expenses not				
	covered above (Expenses grouped together				
	and labeled miscellaneous may not exceed	Ì			
	5% of total expenses shown on line 25 below)	1			
а	Repairs & maintenance	217,870	202,619	15,251	
b	Programs	162,752	162,752		
c	Miscellaneous	53,687	49,929	3,758	 -
d	National dues	51,003	47,433	3,730	
e	Professional fees	28,762	26,749	2,013	
_	All other expenses	65,283	60,713	4,570	
25	Total functional expenses. Add lines 1 through 24f	2,744,640	2,580,388	164,252	
26	Joint costs. Check here ▶ If following	~/,==/0=0	2,300,300	104,434	
	SOP 98-2 Complete this line only if the		1		
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation				
AA		·			Form 990 (

		· ·		(A) Beginning of year		(B) End of year
				628	 -	628
ļ	1	Cash—non-interest bearing	-	656,876	1 2	671,959
		Savings and temporary cash investments	-	830,870		011,939
	3	Pledges and grants receivable, net	 		3	
	4	Accounts receivable, net	_		4	
	5	Receivables from current and former officers, directors, tri	·			
		employees, and highest compensated employees Compl	ete Part II of			
		Schedule L	-		_5	
	6	Receivables from other disqualified persons (as defined u	nder section			
-		4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete			
<u>"</u>		Part II of Schedule L	ļ.		6	
١	7	Notes and loans receivable, net	Ļ		7	
Assets	8	Inventories for sale or use			8	
۱ ۹	9	Prepaid expenses and deferred charges			9	
- [10a	Land, buildings, and equipment cost or				
		other basis Complete Part VI of Schedule D	10a 7,720,264			
	b	Less accumulated depreciation	10b 4,307,495	3,627,454	10c	3,412,769 4,094,380
	11	Investments—publicly traded securities		2,866,226	11	<u>4,094,380</u>
	12	Investments—other securities See Part IV; line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)		7,151,184	16	8,179,736
	17	Accounts payable and accrued expenses			17	
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
တ္က ၂	21	Escrow or custodial account liability Complete Part IV of	Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustee	s, key			
≣∣		employees, highest compensated employees, and disqua	lified			
<u> </u>		persons Complete Part II of Schedule L			22	
_ [23	Secured mortgages and notes payable to unrelated third j	parties		23	
	24	Unsecured notes and loans payable to unrelated third par			24	
	25	Other liabilities Complete Part X of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25	ſ		26	
တ္က		Organizations that follow SFAS 117, check here ▶ X	and			
۱ڠ		complete lines 27 through 29, and lines 33 and 34.				
<u>ā</u>	27	Unrestricted net assets		7,151,184	27	8,179,736
@	28	Temporarily restricted net assets	ľ		28	
밀	29	Permanently restricted net assets			29	
<u>ا</u> ڌِ		Organizations that do not follow SFAS 117, check here	, ▶			
5		and complete lines 30 through 34.				
် လ	30	Capital stock or trust principal, or current funds	l		30	
ا <u>بر</u>	31	Paid-in or capital surplus, or land, building, or equipment	fund		31	 ,
% I	32	Retained earnings, endowment, accumulated income, or			32	
֓֞֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	33	Total net assets or fund balances		7,151,184	33	8,179,736
<u> </u>	34	Total liabilities and net assets/fund balances	İ	7,151,184		8,179,736

 Financial Statements and Reporting Yes No Accounting method used to prepare the Form 990 X Cash Accrual If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O X 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? 2b c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of X the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c 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 Separate basis Consolidated basis Both consolidated and separate basis 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in X the Single Audit Act and OMB Circular A-133? За b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the

required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form **990** (2009)

3b

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.

Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Part I

Walla Walla YMCA

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

Employer identification number

91-0580856

		A Church, Col	ivention of charcines, or	association of charcines descri	ibed in section	1 170(10)(ハーハッ・					
2		A school des	cribed in section 170(b) ((1)(A)(ii). (Attach Schedule E)								
3		A hospital or	a cooperative hospital se	ervice organization described i	n section 170	(b)(1)(A)(iii).					
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state									spital's name,	
5		=		efit of a college or university ov	vned or operat	ed by a g	overnme	ental uni	t descri	bed in		
_		•	•	•	•	, ,						
6		section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).										
7				s a substantial part of its supp				from the	genera	oldua L		
•			section 170(b)(1)(A)(vi).		on nom a gov	Cirinicina	dini oi	nom me	gonore	paso		
8				on 170(b)(1)(A)(vi). (Complete	Part II \							
9	x			s (1) more than 33 1/3 % of its		contribut	ione me	mherch	in fees	and oro	920	
3	41	-	•	exempt functions—subject to co								
		•		e and unrelated business taxa								
			-	ne 30, 1975 See section 509(,	/u3ii iC3.	303		
10			•	ted exclusively to test for public			•					
11		•	•	ted exclusively for the benefit of	•				out the	a		
• • •		•	•	ported organizations described	•							
		•	, , , , , ,	es the type of supporting organ								
				1 5 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		-	d	_		her		
е		a Type I b Type II : c Type III-Functionally integrated d Type III-Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified										
C		, ,		ers and other than one or mor	•				•			
		•	section 509(a)(2)	pero dipo ottrer triali orie or mor	c publicly cup	portoa org	gar III Latio			0001.011		
f				determination from the IRS that	ititis a Tyne l	Type II	or Type	III sunne	ortina			
٠		•	check this box		a a rype i	, туро п,	o. 1,pc	ш сарр	orung			
_		•		nization accepted any gift or co	antribution from	n any of ti	ne					
g		following per		meanor accepted any girt of oc		any or a						
		•		y controls, either alone or toge	ther with ners	ons desci	ihed in ('m\			Yes No)
		, . ,	•	•	· · · · · · · · · · · · · · · · · · ·							
		and (iii) below, the governing body of the supported organization? (ii) A family member of a person described in (i) above?										_
		1 1									11g(n) 11g(m)	-
h			•	out the supported organization							(·· ··)	-
	Nam	e of supported	(II) EIN	(iii) Type of organization		organization	(v) Did v	ou notify	(vi)	Is the	(VII) Amount of	_
•		anization	(, =	. (described on lines 1–9	1 ' '	in col (i) listed in your		nization in	organization in col		support	
				above or IRC section	governing	document?		of your port?		zed in the S ?		
				(see instructions))	Yes	No	Yes	No	Yes	No		
				į								-
				[]								
_				`		<u> </u>				-		-
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				i '								
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Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support (d) 2008 (e) 2009 (f) Total Calendar year (or fiscal year beginning in) ▶ (a) 2005 (c) 2007 (b) 2006 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities 3 furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 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) Public support. Subtract line 5 from line 4 Section B. Total Support (d) 2008 (e) 2009 (f) Total Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 Amounts from line 4 Gross income from interest, dividends. payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income Do not include gain or 10 loss from the sale of capital assets (Explain in Part IV) Total support. Add lines 7 through 10 11 12 Gross receipts from related activities, etc. (see instructions) 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 organization, check this box and stop here Section C. Computation of Public Support Percentage 14 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage from 2008 Schedule A, Part II, line 14 15 33 1/3 % support test-2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization 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 10%-facts-and-circumstances test-2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or

more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Schedule A (Form 990 or 990-EZ) 2009

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)
Section A. Public Support

	HOIT ALT GENE CAPPOIL						
Cal	endar year (or fiscal year beginning in) ▶	′ (a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	2,022,086	2,224,642	2,590,399	2,271,319	716,577	9,825,023
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	: 542,756	524,823	384,753	52,123	57,973	1,562,428
3	Gross receipts from activities that are not an unrelated trade or business under section 513	1			- 222		
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	4					
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	2,564,842	2,749,465	2,975,152	2,323,442	774,550	11,387,45
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	7 (14)					
b	Amounts included on lines 2 and 3 received	į					
	from other than disqualified persons that	•					
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year	516,662	497,017	354,687	28,889		1,397,255
_	Add lines 7a and 7b	516,662	497,017	354,687	28,889		1,397,25
8	Public support (Subtract line 7c from line 6)		Ì				9,990,190
Sec	tion B. Total Support	<u> </u>			<u></u>		3,330,23
	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	2,564,842	2,749,465	2,975,152	2,323,442	774,550	11,387,45
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1					
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	1					. <u></u>
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	, ! : :				56,973	56,97
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	44,525	31,157	31,413			107,09
13	Total support. (Add lines 9, 10c, 11, and 12)	2,609,367	2,780,622	3,006,565	2,323,442	831,523	11,551,51
14	First five years. If the Form 990 is for the	organization's first	, second, third, fou	rth, or fifth tax yea	r as a section 501(c)(3)	
	organization, check this box and stop here						
	tion C. Computation of Public Su						
15	Public support percentage for 2009 (line 8		•	າ (f))		15	86.48%
16 Sec	Public support percentage from 2008 Schotton D. Computation of Investme					16	84.88%
<u>3ec</u> 17	***			ackima (f))		117	
18	Investment income percentage for 2009 (Investment income percentage from 2008)	,		column (1))		17	<u>%</u> %
19a	33 1/3 % support tests—2009. If the orga	·		14 and line 15 is	more than 33 1/3 9		
	17 is not more than 33 1/3 %, check this b	oox and stop here.	The organization q	jualifies as a publi	cly supported orga	nization	> 2
b	33 1/3 % support tests—2008. If the orga						
20	line 18 is not more than 33 1/3 %, check the Private foundation. If the organization did						
20	Timate roundation, it the organization did	THOUGHER A DOX O	11 III 14, 19a, of 1	SO, CHECK THIS DOX	cano see instructio	115	

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

Part III, Line 12 - Other Income Detail

\$ 107,095

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Employer identification number Name of the organization 91-0580856 Walla Walla YMCA Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if Part I the organization answered "Yes" to Form 990, Part IV, line 6. (b) Funds and other accounts (a) Donor advised funds 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? Yes No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Part II 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 Protection of natural habitat Preservation of certified historic structure 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 Tax Year Total number of conservation easements 2a 2b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 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 Yes No violations, and enforcement of the conservation easements it holds? 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 section 170(h)(4)(B)(ii)? Yes No In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 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 if Assets included in Form 990, Part X

Pa	ırt III 🥂 Organizations Maintaining (Collections	of Art, H	istorical Treas	sures, o	r Other	Simil	<u>ar As</u>	ssets	(continue	d)
3	Using the organization's acquisition, accession collection items (check all that apply)	, and other reco	rds, check	any of the following	ng that are	a signific	ant use	of its			
а	Public exhibition	d	Loan or	exchange program	าร						
b	Scholarly research	е	Other						_		
С	Preservation for future generations	;									
4	Provide a description of the organization's colle Part XIV	; ections and expl	ain how the	ey further the orga	nızatıon's	exempt pu	ırpose ı	n			
5	During the year, did the organization solicit or rassets to be sold to raise funds rather than to be					mılar				Yes	No
Pa	art IV Escrow and Custodial Arrai					swered	"Yes"	to F	orm 9	90, Part	
	IV, line 9, or reported an am										
1a	Is the organization an agent, trustee, custodiar	or other interm	ediary for	contributions or oth	ner assets	not					
	included on Form 990, Part X?	1								Yes	No
þ	If "Yes," explain the arrangement in Part XIV a	nd complete the	following t	table			_				
							L			Amount	
C	Beginning balance							1c			
d	Additions during the year							1d			
е	,	,						1e			
f	•	1					L	1f			
	Did the organization include an amount on For	m 990, Part X, II	ne 217							Yes	No
	If "Yes," explain the arrangement in Part XIV art V Endowment Funds. Complete	ate if organiz	ation an	ewered "Vee" t	o Form	990 Ps	rt IV	line	10		
ГС	art v Endowment runus. Comple	(a) Current ye		(b) Prior year		ears back	1		ars back	(e) Four yea	rs back
12	Beginning of year balance	(a) carrein ye	-	(b) Ther year	(0) 1.10)	caro bacit	(2)	oc you	- Daon	(e) tour you	no odon
	Contributions										
	Net investment earnings, gains,						Ì				
•	and losses										
d	Grants or scholarships										-
	Other expenditures for facilities	:						,			
	and programs	:									
f	Administrative expenses	1					ļ				
g	End of year balance	L									
2	Provide the estimated percentage of the year e	end balance held	as as								
	Board designated or quasi-endowment ▶ _	%									
	Permanent endowment > %										
	Term endowment ▶ %										
за	Are there endowment funds not in the possess	sion of the organ	ization tha	t are held and adm	ninistered	for the				[v-	
	organization by (i) unrelated organizations	}								Ye	s No
	(ii) related organizations									3a(i) 3a(ii)	+
h	If "Yes" to 3a(ii), are the related organizations	listed as require	d on Sche	dule B2						3b	
4	Describe in Part XIV the intended uses of the	-									
Pε	art VI Investments—Land, Buildir				0. Part	X, line 1	0.				
	Description of investment	(a) Cost or oth		(b) Cost or oth	ľ	-	cumulate	d		(d) Book valu	ie
		(investme	ent)	basis (other)	depi	eciation				
1a	Land		· .	260	,311					260	,311
b	Buildings										
C	Leasehold improvements										
	Equipment	<u>. </u>							_		
	Other	L		7,459		4,	<u> 307</u>	49	5	3,152	
ota	 Add lines 1a through 1e (Column (d) must eq 	ual Form 990, P	art X, colu	mn (B), line 10(c))				<u> </u>	3,412	<u>,769</u>
		1						9	chadule	D (Form 9)	201 2000

Part VII	Investments—Other Securities. Se	e Form 990	, Part X, line 12.		
	(a) Description of security or category		(b) Book value	(c) Method of	
	(including name of security)			Cost or end-of-year	ar market value
Financial deriv	vatives				
Closely-held e	quity interests				
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		. – – –			
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		. – – –			
		. – – –		1	
	· 				
Total. (Colum	n (b) must equal Form 990, Part X, col (B) line 1	2)			
Part VIII	Investments—Program Related. Se		0. Part X. line 13.		
	(a) Description of investment type		(b) Book value	(c) Method o	valuation
	1			Cost or end-of-yea	ar market value
				 	
		*		1	
					
				 	
			· · · · · · · · · · · · · · · · · · ·		
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	· · · · · · · · · · · · · · · · · · ·			 	
Total (Colum	n (b) must equal Form 990, Part X, col (B) line 1	3) 🕨			
Part IX	Other Assets. See Form 990, Part >		<u></u>	<u>. </u>	
FaitiA	· · · · · · · · · · · · · · · · · · ·	Description		 	(b) Book value
 	(4)	Description			(b) book raide
	i				
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	<u> </u>	·····			
					<u></u>
Total (Colum	n /h) must squal Form 000. Bort V sol. /B) line 1	E \			
Part X	n (b) must equal Form 990, Part X, col. (B) line 1 Other Liabilities. See Form 990, Pa				
1	(a) Description of liability	III A, IIIIe Zi	(b) Amount		
Federal incom			(b) Amount	-	
rederal incom	le taxes			-{	
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Total (Calum	n (h) must squal Form 200 Deat V and (DV)	<u> </u>		4	
	n (b) must equal Form 990, Part X, col '(B) line 2		<u> </u>	<u> </u>	
∠. FIN 48 F0	otnote In Part XIV, provide the text of the footno	te to the organ	ization's financial stateme	ents that reports the	
organization s	liability for uncertain tax positions under FIN 48				

Schedule D (Fo	orm 990) 2009	Walla Wa.	lla YMCA	91-0580856	Page 5
Part XIV ·	Supplemen	Walla Wal Intal Information	(continued)		
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SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990

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

Attach to Form 990.

2009
Open to Public Inspection

Walla Walla YMCA

Employer identification number 91-0580856

Form 990, Part VI, Line 11A - Organization's Process to Review Form 990 No review was or will be conducted.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation No documents available to the public

Form **4562**

Department of the Treasury Internal Revenue Service

Depreciation and Amortization

► See separate instructions.

(Including Information on Listed Property)

► Attach to your tax return.

OMB No 1545-0172 2009

Attachment Sequence No 67

Identifying number Name(s) shown on return 91-0580856 Walla Walla YMCA Business or activity to which this form relates Indirect Depreciation **Election To Expense Certain Property Under Section 179** Part I Note: If you have any listed property, complete Part V before you complete Part I. 250,000 1 Maximum amount. See the instructions for a higher limit for certain businesses. 2 2 Total cost of section 179 property placed in service (see instructions) 800,000 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 4 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 5 (c) Elected cost (b) Cost (business use only) (a) Description of property 6 7 Listed property Enter the amount from line 29 8 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 9 9 Tentative deduction Enter the smaller of line 5 or line 8 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 instructions) 11 12 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 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 instr.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service 14 during the tax year (see instructions) 15 15 Property subject to section 168(f)(1) election 235,425 16 16 Other depreciation (including ACRS) MACRS Depreciation (Do not include listed property.) (See instructions.) Part III Section A 17 17 MACRS deductions for assets placed in service in tax years beginning before 2009 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 (b) Month and year (c) Basis for depreciation (f) Method (g) Depreciation deduction (a) Classification of property (business/investment use (e) Convention placed in period Service only-see instructions) 3-year property 19a b 5-year property C 7-year property d 10-year property е 15-year property f 20-year property g 25-year property S/L 25 vrs Residential rental S/L 27 5 yrs MM property 27 5 yrs MM S/L MM Nonresidential real S/L 39 yrs property ММ S/L Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System 20a Class life S/L **b** 12-year 12 yrs S/L 40-vear 40 yrs ММ S/L Part IV Summary (See instructions.) 21 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 22 and on the appropriate lines of your return Partnerships and S corporations—see instructions 235,425 22

For assets shown above and placed in service during the current year, enter the

23