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A For the 2009 calendar year, or tax year beginning

EXTENSION GRANTED TO 04/15/2011

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)

and ending AUG 31,

▶ The organization may have to use a copy of this return to satisfy state reporting requirements. 2009

SEP 1,

Open to Public Inspection

OMB No 1545-0047

В	Check (f applicabl	Please C Name of organization	D Employer identific	cation number								
_	∵. □Addre	use IRS	·									
늗	chang Name	print or YOUNG MEN S CHRISTIAN ASSOCIATION										
F	chang	Doing Business As		568717								
누	return Termir	Beerlie NORTH NACHEC AVE		248-1202								
늗	-dated Amen	dod to a	G Gross receipts \$	4,211,684.								
⊨	return Applic											
_	—Ition pendii		H(a) Is this a group re	Yes X No								
		F Name and address of principal officer:BOB ROMERO SAME AS C ABOVE	for affiliates?									
_			H(b) Are all affiliates incl									
		empt status:		list. (see instructions)								
_		te: WWW.YAKIMAYMCA.ORG	H(c) Group exemption									
_			ear of formation: 1906 M	State of legal domicile: WA								
	art I	Summary										
e	1	Briefly describe the organization's mission or most significant activities: THE YAKI	MA FAMILY YMC	HAT BUILD A								
Activities & Governance		DEOL VED										
err		!	noke thah 25% Loft its net as	sets.								
õ	3	Number of voting members of the governing body (Part VI, line 1a)	()3	21								
~	4	Number of independent voting members of the governing body (Part VI, line 1900)	PR 18 2011	21								
ies	5	Total number of employees (Part V, line 2a)	1 (4)	227								
Ξ	6	Total number of volunteers (estimate if necessary)		572								
Ç	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	ODEN, HT 7	0.								
_	b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.								
	Ī		Prior Year	Current Year								
Revenue	8	Contributions and grants (Part VIII, line 1h)	1,458,800.	860,600.								
	9	Program service revenue (Part VIII, line 2g)	2,648,337.	2,898,631.								
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	69,231.	68,635.								
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	127,948.	22,589.								
	12	Total revenue add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,304,316.	3,850,455.								
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		2,500.								
	1	Benefits paid to or for members (Part IX, column (A), line 4)										
ø	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,004,086.	2,053,148.								
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)										
ğ	Ь	Total fundraising expenses (Part IX, column (D), line 25) 59, 225.										
ũ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,510,774.	1,506,067.								
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,514,860.	3,561,715.								
		Revenue less expenses. Subtract line 18 from line 12	789,456.	288,740.								
20	1	The vertice is a superior of the superior of t	Beginning of Current Year	End of Year								
sets or	20	Total assets (Part X, line 16)	8,415,583.	8,750,302.								
ASS	21	Total liabilities (Part X, line 26)	213,385.	183,532.								
Net Ass	22	Net assets or fund balances. Subtract line 21 from line 20	8,202,198.	8,566,770.								
P	art II	Signature Block	0/402/2001	5/555/11/51								
		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and stateme	nts, and to the best of my knowledg	e and belief, it is true, correct,								
	•	and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowle	edge									
Sig	n	Kot Januar	14.13.	1.1								
He		Signature of officer	Date	<u> </u>								
ne	e	BOB ROMERO, EXECUTIVE DIRECTOR										
		Type or print name and title										
		Data		r's identifying number								
Pai	d	Preparer's Signature (Jam & Cleaver)	self- (see ins	tructions)								
Pre	parer's	Firm's name (or MOSS ADAMS LLP	employed									
Use	Only	yours if P.O. BOX 22650	EIN ►	-								
		address, and	D	10_2/0 7750								
			Prione no. > 3	09-248-7750								
Ma	<u>y the IF</u>	RS discuss this return with the preparer shown above? (see instructions)		X Yes No								

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. 932001 02-04-10 SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form **990** (2009)

Part III	Statement of	Drogram Servi	ce Accomp	lichmente
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																	AND					
																	THE					
		PRO	FES	SIC	NAI	STZ	\FF	ANI) A (GRO	UP (OF C	OMM	TTT	ED	VOLU	NTEEL	R LEA	DERS	WH	<u> </u>	

Did the organization undertake any significant program services during the year which were not listed on the pnor Form 990 or 990-EZ?

Yes X No

If "Yes," describe these new services on Schedule O.

Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.

Yes X No

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

SEE SCHEDULE O FOR CONTINUATION(S)

-)(Revenue \$ 1,766,571.) 951,287. including grants of \$ 4a (Code:) (Expenses \$ THE YAKIMA FAMILY YMCA STRIVES TO SERVE ITS COMMUNITY AS A "FOR IMPACT" ORGANIZATION THAT OFFERS A WIDE VARIETY OF EFFECTIVE PROGRAMS. OUR AQUATICS PROGRAM INCLUDES A VARIETY OF ACTIVITIES; LAP SWIM, WATER WALKING, AQUA ZUMBA, FAMILY SWIM, SWIM LESSONS, SWIM TEAM, WATER AEROBICS, ARTHIRITIS CLASSES, LIFE GUARD TRAINING AND COMPETITIVE STROKE CLASSES. OUR LEARN TO SWIM PROGRAM IS CONDUCTED EACH YEAR DURING SPRINK BREAK FOR LOCAL SCHOOLS. IN PARTNERSHIP WITH SUNRISE ROTARY, THIS PROGRAM IS PROVIDED AT NO CHARGE TO ABOUT 440 PARTICIPANTS. THE PROGRAM PROVIDES FREE SWIMMING LESSONS TO LOCAL THIS PROGRAM GIVES YOUNG PEOPLE CONFIDENCE IN THE WATER, ABILITY TO SWIM AND INSTRUCTION IN WATER SAFETY. GIVEN THE MANY IRRIGATION CANALS, UNPREDICTABLE RIVERS AND LAKES IN OUR COMMUNITY,
- 371,837. including grants of \$ 114,277.) (Expenses \$) (Revenue \$ CAMP DUDLEY IS A YMCA RESIDENT CAMP LOCATED ON 13 ACRES OF FOREST LAND THAT SURROUNDS CLEAR LAKE NEAR WHITE PASS. CAMP DUDLEYS SIX WEEK SUMMER RESIDENT CAMP PROVIDES RECREATIONS, ENVIRONMENTAL EDUCATION AND TRAINING IN YMCA CORE VALUES TO ABOUT 400 KIDS AGES 8-15. YOUNG ADULTS, AGE 18 AND OLDER, ENJOY EMPLOYMENT AS COUNSELORS. BREAK CAMP AND LEADERSHIP CAMP ALSO PROVIDE PERSONAL GROWTH OPPORTUNITIES FOR AREA YOUNGSTERS. MANY OF THE YOUNG PEOPLE WHO ATTEND CAMP DUDLEY, DO SO AS A RESULT OF DONATED FUNDS TO OUR PARTNER WITH YOUTH CAMPAIGN AND OTHER FUNDRAISING EFFORTS. CAMP DUDLEY IS OPEN YEAR ROUND FOR RENTAL AS A RETREAT CENTER.
- 913,705. including grants of \$ (Code:) (Expenses \$) (Revenue \$ CHILD CARE. SAFE, HIGH QUALITY AND AFFORDABLE PROGRAMS PROVIDE SERVICES THAT ALLOW PARENTS TO ATTEND SCHOOL OR WORK TO SUPPORT THEIR FULLY LICENSED INFANT, TODDLER, PRE-SCHOOL AND PRE-KINDER FAMILIES. PROGRAMS OFFER VALUES-BASED EDUCATIONAL OPPORTUNITIES FOR YOUNGSTERS WE CONDUCT BEFORE AND AFTER SCHOOL FROM AGES SIX WEEKS TO FIVE YEARS. ENRICHMENT (B.A.S.E.) PROGRAMS AT SIX LOCAL SCHOOLS. BETWEEN CHILD CARE AND B.A.S.E. PROGRAMS, WE SERVE UP TO 250 KIDS PER DAY. OUR SUMMER DAY CAMP PROGRAM SERVED OVER 140 KIDS PER DAY FROM JUNE THROUGH AUGUST. SIMILAR CHILD CARE CAMPS ARE AVAILABLE DURING EXTENDED SCHOOL HOLIDAYS, PROVIDING A SAFE LEARNING AND RECREATIONAL ENVIRONMENT FOR PARTNERS WITH YOUTH CAMPAIGN FUNDS DO CHILDREN WITH WORKING PARENTS. HELP SUPPORT OUR CHILD CARE PROGRAMS.
- Other program services. (Describe in Schedule O.)

541,977. including grants of \$ (Expenses \$

2,500.)(Revenue\$ 68,951.)

2,778,806. Total program service expenses ▶ \$

Form 990 (2009)

09590413 099319 74987

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•	_	~	-	-
_		•		•

•			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	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
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.	ļ		
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			
•	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII.	12	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 12A X			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
D	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			х
15	and program service activities outside the United States? If "Yes," complete Schedule F, Part I Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	14b		
15	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	13		
	located outside the United States? If "Yes," complete Schedule F, Part III	16		х
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		Х
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	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	19		_X_
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
		Form	990 (2009)

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٠,	Dollar and the design of the state of the st		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	İ		
	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		
С	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			х
h	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		^
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	250		
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	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		X
C	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was			
	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		_X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			•
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	ا ما		Х
32	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
32	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			
	If "Yes," complete Schedule R, Part V, line 2	35		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36_		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	ļ	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	IXI	1

Form 990 (2009)

YOUNG MEN'S CHRISTIAN ASSOCIATION Page 5 Form 990 (2009) Part 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 13 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 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming X (gambling) winnings to prize winners? 1c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 227 2a filed for the calendar year ending with or within the year covered by this return Х b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? За b if "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a 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? 5а X 5b **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? 5с 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit X any contributions that were not tax deductible? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts 6b were not tax deductible? 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 X 7a provided to the payor? X b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X to file Form 8282? 7с d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e 7f f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7g h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 7h 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 8 at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. 9a a Did the organization make any taxable distributions under section 4966? 9b b Did the organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter: 10a a Initiation fees and capital contributions included on Part VIII, line 12 10b b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders 11a b Gross income from other sources (Do not net amounts due or paid to other sources against

Form **990** (2009)

12a

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

amounts due or received from them)

11b

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.

<u>Sec</u>	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body	1a	21			
b	Enter the number of voting members that are independent	1b	21			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with any other				
	officer, director, trustee, or key employee?			2		_X_
3	Did the organization delegate control over management duties customanly performed by or under the	e direct supervis	ion			
	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 Fo	orm 990 was filed	l?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's asset	ts?	,	5		X
6	Does the organization have members or stockholders?		†	6	X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more more members.	embers of the				
	governing body?			7a	X	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other pe	rsons?		7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken	during the year				
	by the following:					
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real	ached at the				**
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenue Code.)				
					Yes	No X
	Does the organization have local chapters, branches, or affiliates?			10a		
D	If "Yes," does the organization have written policies and procedures governing the activities of such	cnapters, amiliat	es,	106		
44	and branches to ensure their operations are consistent with those of the organization?	iling the form?		10b	Х	-
11	Has the organization provided a copy of this Form 990 to all members of its governing body before to Describe in Schedule O the process, if any, used by the organization to review this Form 990.	illing the form:				-
	Does the organization have a written conflict of interest policy? If "No," go to line 13			12a	х	
	Are officers, directors or trustees, and key employees required to disclose annually interests that co	uld give rise		12.0		
~	to conflicts?	ala gira na		12b		х
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If	"Yes," describe				
	in Schedule O how this is done			12c	X	
13	Does the organization have a written whistleblower policy?			13	X	
14	Does the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approve	al by independer	nt	1		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	•				
а	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization			15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment with a		İ		
	taxable entity during the year?			16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to eva	•	ation			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the org	janization's				
<u> </u>	exempt status with respect to such arrangements?			16b		L
	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed WA	T (E01/-\/0\'	A avadable	for		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	r (SUT(C)(S)S ONLY) avallable	iOr		
	public inspection. Indicate how you make these available. Check all that apply. Own website Another's website X Upon request					
10	·	nonfliot of inter	t policie -	ad f	noral	
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, or statements available to the public	Connict of interes	t policy, at	ia iina	ııcıaı	
20	statements available to the public.	and records of the	o organiza	tion: •		
20	State the name, physical address, and telephone number of the person who possesses the books a BOB ROMERO $-509-248-1202$	and records or the	5 Organiza	uori. 🗩		
	YMCA, 5 NORTH NACHES AVE., YAKIMA, WA 98901					
	,,,,			Form	990	(2009)

932006 02-04-10

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."

Check this box if the organization did not compensate any current officer, director, or trustee.

- 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.

(A)	(B) (C Average Posit		C)			(D)	(E)	(F)				
Name and Title				Pos	ition			Reportable	Reportable	Estimated		
	hours	(cl	heck	all ·	that	app	ly)	compensation	compensation	amount of		
	per 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)	other compensation from the organization and related organizations		
JIM DWINELL		\vdash			\vdash							
PRESIDENT	10.00	Х		x				0.	0.	0.		
ALEX HODGE		T							· · · · · · · · · · · · · · · · · · ·			
BOARD MEMBER	1.00	X						0.	0.	0.		
TOMAS HOLBROOK												
VICE PRESIDENT	5.00	X		X				0.	0.	0.		
DAVE MCFADDEN												
BOARD MEMBER	1.00	Х						0.	0.	0.		
ELIZABETH MCGREE												
BOARD MEMBER	1.00	Х						0.	0.	0.		
GREGG PLEGER							-					
BOARD MEMBER	1.00	Х						0.	0.	0.		
KEITH RIFFE										_		
PAST PRESIDENT	3.00	Х					L	0.	0.	0.		
ERIC SILVERS										_		
BOARD MEMBER	1.00	Х		L		L	$oxed{oxed}$	0.	0.	0.		
MARK SMITH										_		
BOARD MEMBER	1.00	Х					L	0.	0.	0.		
KERRY STOUT							İ					
BOARD MEMBER	1.00	X						0.	0.	0.		
CHARLEY HANSES												
BOARD MEMBER	1.00	Х		ļ	<u> </u>		<u> </u>	0.	0.	0.		
DUSTIN YEAGER	1 00					l						
BOARD MEMBER	1.00	Х		<u> </u>			_	0.	0.	0.		
ADAM DOLSEN	1 00	٠,,								_		
BOARD MEMBER	1.00	Х	_		_		_	0.	0.	0.		
TYLER HINCKLEY	1 00	.,							0	_		
BOARD MEMBER	1.00	Х		_			ļ	0.	0.	0.		
JENNIFER KING	1.00	Х						0.	0.	_		
BOARD MEMBER GREG LOUDON	1.00	Δ	\vdash	 		-	⊢	<u> </u>	- 0.	0.		
TREASURER	2.00	x		х				0.	0.	0.		
AMANDA MCCABE	∠.00	1	H	^	_	-	\vdash	<u> </u>	<u> </u>	<u> </u>		
BOARD MEMBER	1.00	x						0.	0.	0.		
BOARD MEMBER	1.00	Λ		<u> </u>	_			· · ·	U •	5 990 (2000)		

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Form **990** (2009)

Part VII Section A. Officers, Directors, To	ustees, Key E	mpl	oyee	s, a	nd i	High	est	Compensated Employ	ees (continued)				
· (A)	(B)				C)			(D)	(E)			(F)	
Name and title	Average	١.		Pos				Reportable	Reportable		l	stimate	
	hours	(c	heck	all	that	app	ly)	compensation	compensation		ar	nount other	
	per week	ector						from the	from related organization		con	npensa	
		- P	22			sated		organization	(W-2/1099-MI			rom th	
		rustee	l frust		99	mpen		(W-2/1099-MISC)				ganızat	
		ndividual trustee or director	institutional trustee		Key employee	estcol	<u>ة</u>				Į	d relat	
		la ş	Instrt	Officer	Key	Highest compensated employee	Former				orga	anızatı	ons
MARY JO PINNELL						\vdash							
BOARD MEMBER	1.00	X						0.		0.			0.
MIKE SHINN													
BOARD MEMBER	1.00	X		<u> </u>	_	<u> </u>	L	0.		0.			0.
STEVE SUNDQUIST	1				ŀ								_
BOARD MEMBER	1.00	Х	<u> </u>	-		ļ		0.		0.	-		0.
JOHN KUPANOFF BOARD MEMBER	1.00	x						0.		0.			0.
BOB ROMERO	1.00	^			-	├	⊢	· · · · · · · · · · · · · · · · · · ·		<u> </u>			<u> </u>
GENERAL DIRECTOR	40.00			x				82,400.		0.	1	8,3	30.
	1	1-	-	Ē							_	-,-	
						l							
		_	L			_							
										ļ			
	i	₩	<u> </u>	- -		<u> </u>	<u> </u>						
	+	┢	⊢	┢─	┢	┢	\vdash						
			1										
1b Total					L	<u> </u>	L	82,400.		0.	1	8,3	30.
2 Total number of individuals (including but	not limited to th	nose	liste	ed al	bov	e) wł	no r	eceived more than \$100	,000 in reportab	le			
compensation from the organization													0
										ſ		Yes	No
3 Did the organization list any former office			, ke	y em	plo	yee,	or h	nighest compensated er	nployee on				
line 1a? If "Yes," complete Schedule J for								h			3	\vdash	Х
For any individual listed on line 1a, is the s and related organizations greater than \$15								•	tne organization		4		x
5 Did any person listed on line 1a receive or									ices rendered to		_		
the organization? If "Yes," complete Sche					۵.,		0.4.	ou organization for bory	ioco fortacioa to		5		х
Section B. Independent Contractors												<u> </u>	
1 Complete this table for your five highest c	ompensated in	depe	ende	nt c	ont	racto	ors t	that received more than	\$100,000 of con	npens	ation	from	
the organization. NONE													
(A) Name and busines	- addroos							(B)		_	()	C) ensatio	
Name and busines	s address							Description of s	ervices		ompe	nsalio	<i>T</i> 1
				_	-		┪	-					
 							_						
2 Total number of independent contractors	(including but a	ot I	mito	d +c	the	eo le		tabova) who recoved =	oro than				
\$100,000 in compensation from the organ		iot III	i ii C	٠ ١٠		se 113)	, , , , ,	above, who received if	iore urair				

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Form **990** (2009)

					CHRISTIAN	ASSOCIATI	ON	91-0568	717 Page 9
Pa	rt V	Ш	Statement of Rever	nue					
	•					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts	1 a	а	Federated campaigns	1a	353,477.				
Contributions, gifts, grants and other similar amounts	ŀ	b	Membership dues	1b					
ts, arr	•	С	Fundraising events	1c	2,387.				
igi			Related organizations	1d					
sim,			Government grants (contribut	· -					
utic er:	1	f	All other contributions, gifts, gran	1 1	504 506				
향형			similar amounts not included abo		504,736.				
S E	9	_	Noncash contributions included in lines	s 1a-1f \$		860,600.			
<u> </u>		<u>n</u>	Total. Add lines 1a-1f		Diverses Code				
	2 a	_	MEMBERSHIP DUES	3	Business Code 713940	1589552.	1589552.		
ķ			CHITTE CARR	<u></u>	624410	948,832.	1307332.		948,832.
Program Service Revenue		_	RESIDENT CAMP		713940	114,277.	114,277.		340,0321
e a			PHYSICAL		713940	92,102.	92,102.		
P. C.			AQUATICS		713940	84,917.			
4			All other program service reve	enue	713940	68,951.	68,951.		
			Total. Add lines 2a-2f			2898631.			
	3		Investment income (including	dıvıdends, ınter	est, and				
			other similar amounts)		▶	72,419.			72,419.
l	4		Income from investment of ta	x-exempt bond p	oroceeds >				
	5		Royalties		<u> </u>				
				(ı) Real	(II) Personal				
	6 a		Gross Rents						
			Less: rental expenses						
			Rental income or (loss)		L				
			Net rental income or (loss)	() () ()	() 011				
	7 8	а	Gross amount from sales of	(i) Securities 328036.	(II) Other 600.				
		h	assets other than inventory Less: cost or other basis	320030.	000.				
		J	and sales expenses	327030.	5,390.				
		c	Gain or (loss)	1,006.		>			
			Net gain or (loss)			<3,784.	>		<3,784.
اها			Gross income from fundraisin	a events (not					, , , , , , , , , , , ,
Other Revenue				87. of					
ě			contributions reported on line	1c). See					
<u> </u>			Part IV, line 18	а					
١Ě	t	b	Less: direct expenses	b	7,104.				
Ĭ	c	С	Net income or (loss) from fund	draising events		7,349.		.=	7,349.
	9 a	a	Gross income from gaming ad	ctivities. See					
ļ			Part IV, line 19	а					
			Less: direct expenses	b					
			Net income or (loss) from gam	•	<u> </u>				
ļ	10 a	а	Gross sales of inventory, less		25 602				
ŀ			and allowances	a	01 705				
			Less: cost of goods sold	b	21,705.	3,898.			3,898.
ł		<u> </u>	Net income or (loss) from sale		Buernose Code	3,030.			3,030.
-	11 1		MISCELLANEOUS		Business Code 713490	11,342.			11,342.
	b								11,540.
	c								-
	d		All other revenue			· 			
	е	•	Total. Add lines 11a-11d			11,342.			
	12		Total revenue. See instructions.			3850455.	1949799.	0.	1,040,056.
93200 02-04-	9 ∙10			···					Form 990 (2009)

Part IX | Statement of Functional Expenses

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

7b, 8t	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII. Grants and other assistance to governments and	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
2 (2 t 3 (· ·		expenses	general expenses	expenses
2 (t 3 (t			·		
3 (3 (5	organizations in the U.S. See Part IV, line 21				
3 (Grants and other assistance to individuals in				
9	the U.S See Part IV, line 22	2,500.	2,500.		
5	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4 E	Benefits paid to or for members				
5 (Compensation of current officers, directors,				
t	trustees, and key employees	100,730.		100,730.	
6 (Compensation not included above, to disqualified				
ţ	persons (as defined under section 4958(f)(1)) and				
ţ	persons described in section 4958(c)(3)(B)				
7 (Other salanes and wages	1,548,009.	1,161,630.	376,869.	9,510.
8 F	Pension plan contributions (include section 401(k)				
г	and section 403(b) employer contributions)	72,303.	50,922.	21,381.	
9 (Other employee benefits	160,791.	91,697.	65,499.	3,595.
10 F	Payroll taxes	171,315.	85,075.	85,017.	1,223.
11 F	ees for services (non-employees):				
a 1	Management				
b L	_egal				
c A	Accounting	15,850.		15,850.	
	_obbying				
e P	Professional fundraising services. See Part IV, line 17				
f !	nvestment management fees				
g (Other				
12 A	Advertising and promotion				
13 (Office expenses	311,986.	201,733.	106,360.	3,893.
14 li	nformation technology				
15 F	Royalties				
16 (Decupancy	601,229.	109,848.	491,381.	
17 T	Fravel	20,155.	18,785.	1,370.	
18 F	Payments of travel or entertainment expenses				
f-	or any federal, state, or local public officials				
19 (Conferences, conventions, and meetings	10,695.	3,743.	6,440.	512.
20 la	nterest				
21 F	Payments to affiliates	59,118.	26,254.	32,864.	
22 [Depreciation, depletion, and amortization	333,972.	270,131.	62,410.	1,431.
	nsurance				
a n	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.)				
_	FINANCIAL AIDE	66,715.	28,227.	38,488.	
ьĪ	MISCELLANEOUS	48,148.	33,771.	9,126.	5,251.
	MEMBERSHIP DUES	22,058.	1,946.	20,112.	
_	MANAGEMENT EXP'S ALLOC	0.	241,113.	<270,324.>	29,211.
еĪ	BUILDING OVERHEAD ALLOC	0.	451,431.	<451,431.>	
f A	All other expenses	16,141.		11,542.	4,599.
25 T	Total functional expenses. Add lines 1 through 24f	3,561,715.	2,778,806.	723,684.	59,225.
26 J	oint costs. Check here If following				
S	SOP 98-2. Complete this line only if the organization			-	
re	eported in column (B) joint costs from a combined				
	ducational campaign and fundraising solicitation				

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	990 (2009) YOUNG MEN'S CH Balance Sheet	RIS	TIAN ASSOCIAT	ION	<u>91-</u>	0568717 Page 11
\ \		Dalatice Street			(A)	Γ	(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			3,218.	1	4,124.
	2	Savings and temporary cash investments			1,303,006.	2	524,654.
	3	Pledges and grants receivable, net			1,159,265.	3	537,575.
	4	Accounts receivable, net		-	54,970.	4	68,455.
	5	Receivables from current and former officers, di	rectors	, trustees, key		1	
		employees, and highest compensated employee	es Cor	nplete Part II			
		of Schedule L				5	
	6	Receivables from other disqualified persons (as	define	d under section			
		4958(f)(1)) and persons described in section 495	58(c)(3)	(B). Complete			
		Part II of Schedule L				6	
sts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			18,230.	-	20,574. 44,603.
⋖	9	Prepaid expenses and deferred charges		-	29,622.	9	44,603.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	10,023,766.			
	b	Less: accumulated depreciation	4,231,752.		3,999,267. 3,142,878.		
	11	Investments - publicly traded securities	1,222,681.	11	3,142,878.		
	12	Investments - other securities See Part IV, line			12		
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets			14	100 150	
	15	Other assets See Part IV, line 11			392,839.	_	408,172.
	16	Total assets. Add lines 1 through 15 (must equ	8,415,583.	16	8,750,302.		
	17	Accounts payable and accrued expenses		203,450.	17	171,253.	
	18	Grants payable			0.005	18_	10.000
	19	Deferred revenue			9,935.	19	12,279.
	20	Tax-exempt bond liabilities				20	
es	21	Escrow or custodial account liability. Complete				21	
Ħ	22	Payables to current and former officers, director		·			
Liabilities		highest compensated employees, and disqualifi	ed per	sons. Complete Part II			
_		of Schedule L				22	
	23	Secured mortgages and notes payable to unrela		·		23	
	24	Unsecured notes and loans payable to unrelate	d third	parties		24	
	25	Other liabilities. Complete Part X of Schedule D			213,385.	25	183,532.
_	26	Total liabilities. Add lines 17 through 25		- TVT	413,303.	26	103,332.
		Organizations that follow SFAS 117, check he	ere 🟲	L& and complete			
ces		lines 27 through 29, and lines 33 and 34.			5,871,092.		5,893,268.
lan	27	Unrestricted net assets			470,854.		805,239.
Ba	28	Temporarily restricted net assets			1,860,252.		1,868,263.
PL	29	Permanently restricted net assets	l. L		1,000,232.	29	1,000,203.
Ψ.		Organizations that do not follow SFAS 117, c	леск п	ere 🕨 📖 and			
စ္ပ	20	complete lines 30 through 34.				20	
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds	.	nt 6 m d		30	
t As	31	Paid-in or capital surplus, or land, building, or ed			<u> </u>	31	
Š	32	Retained earnings, endowment, accumulated in	come,	or other lunus	8,202,198.	32	8,566,770.
	33	Total net assets or fund balances			0,202,130.	JJ	1 0,500,770.

8,566,770. 8,750,302. Form **990** (2009)

Total liabilities and net assets/fund balances

8,202,198. 8,415,583.

review, or compilation of its financial statements and selection of an independent accountant?

Separate basis Consolidated basis Both consolidated and separate basis

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

consolidated basis, separate basis, or both:

Act and OMB Circular A-133?

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

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

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

Form **990** (2009)

Х

X

2c

За

3b

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

2009

Open to Public Inspection

Name of the organization Employer identification number YOUNG MEN'S CHRISTIAN ASSOCIATION 91-0568717 Part I Reason for Public Charity Status (All organizations must complete this part) See instructions The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a Type I **b** Type II c Type III - Functionally integrated d Type III - Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? g (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes No the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) h Provide the following information about the supported organization(s). (iii) Type of (vi) Is the organization in col. (iv) is the organization (v) Did you notify the (i) Name of supported (ii) EIN (vii) Amount of organization in col. (i) lısted ın your organization in col. (i) organized in the organization support (described on lines 1-9 governing document? (i) of your support? **U.S.?** above or IRC section (see instructions)) Yes No Yes

932021 02-08-10

Form 990 or 990-EZ.

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

Schedule A (Form 990 or 990-EZ) 2009

<u>Sch</u>	edule A (Form 990 or 990-EZ) 2009						Page 2
Pa	rt II Support Schedule for	•			(b)(1)(A)(iv) an	d 170(b)(1)(A)(\	vi)
	(Complete only if you checke	d the box on line 5	5, 7, or 8 of Part I.)				
Sec	ction A. Public Support						
Cale	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		Ì				
	include any "unusual grants.")	_					
2	Tax revenues levied for the organ-	-					
	ızatıon's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to		1				
	the organization 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		1				
	supported organization) included		İ				
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4						
	ction B. Total Support			•			
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	-					
8	Gross income from interest,						-
	dividends, payments received on			1			
	securities loans, rents, royalties			}			
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carned on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instructi	ons)		·	12	·
	First five years. If the Form 990 is for	-	•	rd. fourth, or fifth t	ax vear as a sectio		
	organization, check this box and stop		, ,	-,			▶□
Sec	tion C. Computation of Publi		rcentage				
14	Public support percentage for 2009 (I	ine 6, column (f) d	ivided by line 11,	column (f))		14	%
15	Public support percentage from 2008	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2009.If the or	rganization did no	t check the box o	n line 13, and line	14 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization	า			ightharpoons
b	33 1/3% support test - 2008. If the or	rganization did no	t check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization quali	fies as a publicly :	supported organiz	ation			▶□
17a	10% -facts-and-circumstances test	t - 2009.If the orga	anızatıon dıd not d	heck a box on line	e 13, 16a, or 16b, a	ind line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstan	ices" test, check t	his box and stop l	nere. Explain in Pa	rt IV how the orgar	nization
	meets the "facts-and-circumstances"	test. The organiza	ition qualifies as a	publicly supporte	d organization	_	ightharpoons
b	10% -facts-and-circumstances test	-	•			7a, and line 15 is	10% or
	more, and if the organization meets th	•				•	
	organization meets the "facts-and-circ						ightharpoons
18	Private foundation. If the organization		•	•	, .		s 🕨
						dule A (Form 990	

Schedule A (Form 990 or 990-EZ) 2009 YOUNG MEN'S CHRISTIAN ASSOCIATION 91-0568717 Page 3

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.)

<u> </u>	tion A. Public Support							
Cale	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.")	1,369,334.	607,442.	660,760.	1,458,800.	860,600.	4,956,936.	
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the	1 701 264	1 700 635	1 722 472	1 705 121	1 040 700	0 050 201	
_	organization's tax-exempt purpose	1,701,364.	1,780,635.	1,732,472.	1,795,121.	1,949,799.	8,959,391.	
3	Gross receipts from activities that							
	are not an unrelated trade or bus- iness under section 513	639,721.	680 165	814,867.	953 216	048 833	3,946,101.	
4		039,721.	009,403.	014,007.	033,210.	940,032.	3,940,101.	
~	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities			,	•			
	furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5	3,710,419.	3,077,542.	3,208,099.	4,107,137.	3,759,231.	17,862,428.	
7a	Amounts included on lines 1, 2, and							
	3 received from disqualified persons	17,005.	21,267.	23,497.	22,362.	23,030.	107,161.	
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.	
c	Add lines 7a and 7b	17,005.	21,267.	23,497.	22,362.	23,030.	107,161.	
	Public support (Subtract line 7c from line 6.)			20,22.0		20,000	17,755,267.	
	ction B. Total Support							
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total	
9	Amounts from line 6	3,710,419.	3,077,542.	3,208,099.	4,107,137.	3,759,231.	17,862,428.	
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	154,752.	191,063.	195,257.	150,362.	72,419.	763,853.	
b	Unrelated business taxable income						-	
	(less section 511 taxes) from businesses acquired after June 30, 1975							
С	Add lines 10a and 10b	154,752.	191,063.	195,257.	150,362.	72,419.	763,853.	
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
12	Other income. Do not include gain		-					
	or loss from the sale of capital assets (Explain in Part IV.)	16,829.	17,640.	35,699.	60,630.	51,399.	182,197.	
13	Total support (Add lines 9, 10c, 11, and 12)	3,882,000.	3,286,245.	3,439,055.	4,318,129.	3,883,049.	18,808,478.	
14	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organız	ation,	
	check this box and stop here						<u> </u>	
	tion C. Computation of Publ						0.4.40	
	Public support percentage for 2009 (I	•	•	olumn (f))		15	94.40 %	
	Public support percentage from 2008					16	93.21 %	
	tion D. Computation of Inves						1 06	
	Investment income percentage for 20	•		e 13, column (f))		17	4.06 % 4.63 %	
	Investment income percentage from 2		•		45	18		
19a	33 1/3% support tests - 2009. If the						l7 is not ►X	
_	more than 33 1/3%, check this box at 33 1/3% support tests - 2008. If the	=	•					
	33 1/3% support tests - 2008. If the line 18 is not more than 33 1/3%, che	•				-	and _	
				•		•		
	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2009							

Schedule A (Form 990 or 990-EZ) 2009 YOUNG MEN'S CHRISTIAN ASSOCIATION 91-0568/1/ Page 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.
SCHEDULE A, PART III, LINE 12, EXPLANATION FOR OTHER INCOME:
SALE OF INVENTORY
MISCELLANEOUS REVENUE
GROSS FUNDRAISING INCOME
· · · · · · · · · · · · · · · · · · ·

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

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

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

Section 501(c)(4), (5), or (6) orga	nizations: Complete Part III			
Name of organization			Empl	loyer identification number
	MEN'S CHRISTIAN A		<u> </u>	91-0568717
Part I-A Complete if the	organization is exempt und	ter section 501(c	e) or is a section 527 o	organization.
 Provide a description of the org 	ganization's direct and indirect politic	cal campaign activities		
2 Political expenditures			▶ \$	
3 Volunteer hours				
	organization is exempt und			
•	tax incurred by the organization und		▶ \$	
	tax incurred by organization manag		5 5 ►\$	
	ection 4955 tax, did it file Form 4720	for this year?		Yes No
4a Was a correction made?				└─ Yes └─ No
b If "Yes," describe in Part IV				/ \/a\
Part I-C Complete if the	organization is exempt und	er section 501(c		
1 Enter the amount directly expe	nded by the filing organization for se	ction 527 exempt fun	ction activities	
2 Enter the amount of the filing o	rganization's funds contributed to of	ther organizations for	section 527	
exempt function activities			▶ \$	·
3 Total exempt function expendit	tures. Add lines 1 and 2. Enter here a	and on Form 1120-PO		
line 17b			▶ \$	i
4 Did the filing organization file Fe	orm 1120-POL for this year?			☐ Yes ☐ No
5 Enter the names, addresses an	id employer identification number (E	IN) of all section 527 p	political organizations to which	ch payments were made.
For each organization listed, en	iter the amount paid from the filing o	rganization's funds A	Iso enter the amount of polit	tical contributions received
that were promptly and directly	delivered to a separate political org	anization, such as a s	eparate segregated fund or	a political action committee
(PAC). If additional space is nee	eded, provide information in Part IV.			
(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	1		filing organization's	contributions received and
	1		funds. If none, enter -0	promptly and directly
	İ			delivered to a separate political organization.
				If none, enter -0
				·
	1		1	i

932041 02-04-10

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For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2009

Schedule C (Form 990 or 990-EZ) 2009	YOUNG MEN'	S CHRISTIAN	ASSOCIATIO	N 91-0	568717 Page 2
Part II-A Complete if the org		mpt under sectio	n 501(c)(3) and fil	ed Form 5768	
(election under sec					
. —	tion belongs to an affi	- ·			
Limi	ts on Lobbying Expe	nd "limited control" pro nditures ints paid or incurred.		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to infli	uence public opinion (arass roots lobbying)			
b Total lobbying expenditures to infli		J , J,			
c Total lobbying expenditures (add li	nes 1a and 1b)	, , ,		-	
d Other exempt purpose expenditure	es				
e Total exempt purpose expenditure	s (add lines 1c and 1c	d)			
f Lobbying nontaxable amount. Enter	er the amount from the	e following table in bot	h columns		
If the amount on line 1e, column (a) o	or (b) is: The lob	bying nontaxable am	ount is:		
Not over \$500,000	20% of	the amount on line 1e			
Over \$500,000 but not over \$1,000	0,000 \$100,00	00 plus 15% of the exc	ess over \$500,000		
Over \$1,000,000 but not over \$1,5	00,000 \$175,00	00 plus 10% of the exc	cess over \$1,000,000.		
Over \$1,500,000 but not over \$17,	.000,000 \$225,00	0 plus 5% of the exce	ess over \$1,500,000.		
Over \$17,000,000	\$1,000,	000.			
					ļ
g Grassroots nontaxable amount (er	•				
h Subtract line 1g from line 1a. If zer	•				
i Subtract line 1f from line 1c. If zero	•				
j If there is an amount other than ze		line 1i, did the organiz	ation file Form 4720	Г	¬., ¬.,
reporting section 4911 tax for this	•		0 11 504(1)	L	Yes No
	ations that made a s		Section 501(h) n do not have to comp es 2a through 2f on pa		
	Lobbying Exper	nditures During 4-Yea	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures				· <u>-</u> ·	
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2009

Schedule C (Form 990 or 990-EZ) 2009 YOUNG MEN'S CHRISTIAN ASSOCIATION 91-056871
Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		1 (a)	(b)
		Yes	No	Amo	unt
1	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				
а	Volunteers?		X		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X		
С	Media advertisements?		Х		
d	Mailings to members, legislators, or the public?		Х		
е	Publications, or published or broadcast statements?		X		
f	Grants to other organizations for lobbying purposes?	17	X		
	Direct contact with legislators, their staffs, government officials, or a legislative body?	X	L	<u> </u>	,668.
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	77	X		
	Other activities? If "Yes," describe in Part IV	X	 	 	660
-	Total. Add lines 1c through 1i		V	<u> </u>	,668.
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Х	 -	
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		 		
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? † III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(4)	on 501/c	1/5) or se	ction	
ı aı	501(c)(6).	011 00 1 (0	,,o,, or se	,011011	
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1	 	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
Did the organization make only in house lobbying expenditures of \$2,000 of less? Did the organization agree to carryover lobbying and political expenditures from the prior year?					
	t III-B Complete if the organization is exempt under section 501(c)(4), section	on 501(c)(5), or se	ction	
	501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Pa				
	"Yes."				
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	cal			
	expenses for which the section 527(f) tax was paid).			ĺ	
а	Current year		2a		
b	Carryover from last year		2b		
С	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 exc	cess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p	oolitical		ľ	
	expenditure next year?		4		
	Taxable amount of lobbying and political expenditures (see instructions)		5		
Par	t IV Supplemental Information				
Com	plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; ar	nd Part II-B,	line 1i Also	o, complete	this part
	by additional information.				
PAF	T II-B, LINE 1(I), OTHER LOBBYING ACTIVITIES:	·			
		~			
THE	CEO OF THE YAKIMA FAMILY YMCA DID TESTIFY AT LEGI	SLATI	VE HEA	RINGS	
ON	CHILD CARE BILLS THAT WOULD DIRECTLY IMPACT THE CH	ILD C	ARE CE	NTER	
OPI	RATED BY THE YMCA. A PORTION OF THE DUES THAT ARE	PAID	то тн	E STAT	'E
ALI	IANCE OF YMCA'S ARE USED TO RETAIN PROFESSIONAL LO	BBYIS	rs WHO	WORK	
	BEHALF OF YMCA'S IN THE STATE. WE PAY 417 QUARTER				
○14	DESCRIPTION OF THE THE DIRILL. ME THE TIL QUARTER				-

932043 02-04-10

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.

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

➤ Attach to Form 990. ➤ See separate instructions.

2009
Open to Public Inspection

Name of the organization

VOING MEN'S CHRISTIAN ASSOCIATION

Employer identification number

	YOUNG MEN'S CHRIST		91-0568/17	
Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	s or Accounts. Complete if the	
	organization answered "Yes" to Form 990, Part IV, lin-	e 6		
		(a) Donor advised funds	(b) Funds and other accounts	
1	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	sed funds	
•	are the organization's property, subject to the organization's		Yes	□No
6	Did the organization inform all grantees, donors, and donor a			_ 110
·	for charitable purposes and not for the benefit of the donor of		•	
		or donor advisor, or for any other purpose		٦
Pa	impermissible private benefit? It II Conservation Easements. Complete if the organization	Constant on Court of "Voo" to Form 000 F	Yes L	_ No
			rant IV, line 7.	-
1	Purpose(s) of conservation easements held by the organizat	·		
	Preservation of land for public use (e.g., recreation or p	· —	storically important land area	
	Protection of natural habitat	Preservation of a cert	ified historic structure	
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conservation easement on the la	ast
	day of the tax year.			
			Held at the End of the Ta	x Year
а	Total number of conservation easements		2a	
þ	Total acreage restricted by conservation easements		2b	
С	Number of conservation easements on a certified historic str	ucture included in (a)	2c	
d	Number of conservation easements included in (c) acquired	after 8/17/06	2d	
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	e organization during the tax	•
	year ▶			
4	Number of states where property subject to conservation ea	sement is located		
5	Does the organization have a written policy regarding the per	nodic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements i		☐ Yes ☐	□No
6	Staff and volunteer hours devoted to monitoring, inspecting,		uring the year	
7	Amount of expenses incurred in monitoring, inspecting, and		· · · · · · · · · · · · · · · · · · ·	-
8	Does each conservation easement reported on line 2(d) above	_		
	and section 170(h)(4)(B)(ii)?	re caucity and requirements of decision from	Yes	No
9	In Part XIV, describe how the organization reports conservat	ion easements in its revenue and expense		
•	include, if applicable, the text of the footnote to the organization			
	conservation easements	tion o mandar statements that describes	the organization a docounting for	
Pai	t III Organizations Maintaining Collections o	f Art. Historical Treasures, or O	ther Similar Assets.	
L	Complete if the organization answered "Yes" to Form			
1a	If the organization elected, as permitted under SFAS 116, no	at to report in its revenue statement and ha	alance sheet works of art, historical	
	treasures, or other similar assets held for public exhibition, ea	•	,	text of
	the footnote to its financial statements that describes these	•	blic service, provide, in rarr XIV, the	text of
b	If the organization elected, as permitted under SFAS 116, to		as about weeks of out bustomed treasur	
D				
	or other similar assets held for public exhibition, education, c	or research in furtherance of public service	e, provide the following amounts rela-	ung to
	these items:		~ *	
	(i) Revenues included in Form 990, Part VIII, line 1		► \$ ► \$	
_	(ii) Assets included in Form 990, Part X		▶ \$	
2	If the organization received or held works of art, historical tre		l gain, provide	
	the following amounts required to be reported under SFAS 1	16 relating to these items:		
а	Revenues included in Form 990, Part VIII, line 1		> \$	
b	Assets included in Form 990, Part X		► \$ ► \$	

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Schedule D (Form 990) 2009

71		EN'S CHRIS	TIAN	ASSOC	IATION		_	<u>91-05</u>	6871	7 Р	age 2
Pa	Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)										
3 ·	3 · Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items										
	(check all that apply):										
а	Public exhibition	d		Loan or exc	hange progi	rams					
þ											
С	Preservation for future generations										
4	Provide a description of the organization's co	· ·		-	•			ose in Pa	rt XIV.		
5	During the year, did the organization solicit of					ner sımıla	r assets		_		7
_	to be sold to raise funds rather than to be ma								_ Yes		No
Pa	rt IV Escrow and Custodial Arran		ete if org	ganization ar	nswered "Ye	s" to For	m 990, Pa	art IV, line	9, or		
	reported an amount on Form 990, Pa	i									
1a	Is the organization an agent, trustee, custod	ian or other intermed	liary for	contribution	s or other a	ssets not	included	_	_	_	٦
	on Form 990, Part X?							_	∐ Yes	<u> </u>	No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing	table:							
									Amoun	<u>t</u>	
C	Beginning balance						1c				
	Additions during the year						1d				
_	Distributions during the year						1e				
f	Ending balance						1f	<u> </u>			
	Did the organization include an amount on F	orm 990, Part X, line	21?					L_	_ Yes		J No
	If "Yes," explain the arrangement in Part XIV	£ 11		#X/# #- F-	000 D						
Fai	rt V Endowment Funds. Complete								Lite		<u> </u>
		(a) Current year		nor year	(c) Two yea	irs back	(d) Three y	years back	(е) Гоц	r years	back
_	Beginning of year balance	1706071. 100.		8,374. 00100.					ļ		
b	Contributions	84,372.		$\frac{00100.}{5,667.}$					 		
	Net investment earnings, gains, and losses	04,374.	< 3	5,007.	<u> </u>				ļ		
d	Grants or scholarships								<u> </u>		
е	Other expenditures for facilities	27,418.	_	0,877.							
	and programs	11,140.		$\frac{0,877.}{5,859.}$					 		
	Administrative expenses	1751985.		06071.							
g	End of year balance			00071.		i			<u> </u>		
2	Provide the estimated percentage of the year	r end balance neld a									
a	Board designated or quasi-endowment ► Permanent endowment ► 89.00	%	_%								
0	44 00	% %									
	Are there endowment funds not in the posse		ation the	at are held a	nd administ	arad far t	ho organi	701:00			
oa	by:	ssion of the organiza	ation the	at are nero a	nu aummisi	ereu ior i	ne organiz	zauon	1	Vaa	No
	(i) unrelated organizations								3a(i)	Yes	140
	(ii) related organizations								3a(ii)		X
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	n Schor	fula B2					3b	\vdash	
4	Describe in Part XIV the intended uses of the								_ 35		
_	t VI Investments - Land, Building				Part X, line	10.					—
	Description of investment	(a) Cost or ot		(b) Cost		1	ccumulate	ed T	(d) Boo	k valu	
	2000 phon of invocations	basis (investm	1	basis (f ' '	preciation		(u) 500	it valu	5
1a	Land	,,	'- -[1,669.				48	1,6	69.
	Buildings				$\frac{2}{6},327$.	4.	813,1	14. 	3,20		
	Leasehold improvements			-,	.,	/	,	 	-,	-,-	
ď	Equipment	-		1,52	5,770.	1.:	211,3	85.	31	4,3	85.
	Other			_,		 / ·	,				
	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part .	X, colun	nn (B), line 1	O(c))			>	3,99	9,2	67.
							_				

▶ 3,999,267. Schedule D (Form 990) 2009

YOUNG MEN'S CHRISTIAN ASSOCIATION

91-0568717 Page 3

Schedule Q (Form 990) 2009

	dule D (Form 990) 2009 YOUNG MEN'S CHRISTIAN ASSO		_		05 <u>68717</u>	Page 4
Pa	t XI Reconciliation of Change in Net Assets from Form 990 to	Audited Fina	ncial Stat	emen		
1,	Total revenue (Form 990, Part VIII, column (A), line 12)		1	_	3,850	455.
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	·	3,561	
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3			740.
4	Net unrealized gains (losses) on investments		4		75	832.
5	Donated services and use of facilities		5			
6	Investment expenses		6			
7	Prior period adjustments		7			
8	Other (Describe in Part XIV.)		8			
9	Total adjustments (net). Add lines 4 through 8		9			832.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 ar	nd 9	10			572.
Par	t XII Reconciliation of Revenue per Audited Financial Stateme	ents With Reve	enue per l	Returr		
1	Total revenue, gains, and other support per audited financial statements			1	3,866	<u>,828.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains on investments	2a	<u>75,832</u>			
b	Donated services and use of facilities	2b	150	<u>.</u>]		
C	Recovenes of prior year grants	2c				
d	Other (Describe in Part XIV.)	2d	7,106	.]		
е	Add lines 2a through 2d		-	2e	83,	,088.
3	Subtract line 2e from line 1			3	3,783	740.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIV.)		66,715			
С	Add lines 4a and 4b	<u> </u>		4c	66	715.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	3,850	
Pai	t XIII Reconciliation of Expenses per Audited Financial Statem	ents With Exp	enses pe	r Retu		-
1	Total expenses and losses per audited financial statements		· ·	1	3,502	255.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a	150	.		
b	Prior year adjustments	2b		1		
С	Other losses	2c		1		
d	Other (Describe in Part XIV)	2d	7,105	.1		
е	Add lines 2a through 2d			2e	7	255.
3	Subtract line 2e from line 1			3	3,495	000.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			 	-,,	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIV.)		66,715	:1 I		
	Add lines 4a and 4b	ן מד	00,725	┑. ।	66	715.
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			4c 5	3,561	
	t XIV Supplemental Information		*****	1 3 1	3,301	7 1 3 1
	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part I	II lines 1s and 4: E	Part IV Junge	1h and '	2b: Part V. line	4: Port
	2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comp					7, I alt
PAF	TV, LINE 4: THE HELEN JEWETT ENDOWMENT F	UND TS US	ED TO I	AA TN'	PATN	
	7	0112 12 02.			111111	
THE	JEWETT CHILD DEVELOPMENT CENTER.					
						
THE	OLLIE NELSON YOUTH OUTREACH AND SAMUEL W	RIGHT HAW	KES FU	NDS 2	ARE USEI)
FOR	YOUTH SERVICES.					
PAR	T X: THE YMCA OF YAKIMA, PURSUANT TO A LE	TTER OF				
היאכן	ERMINATION FROM THE INTERNAL REVENUE SERV	ICE, IS A	እነ∩ጥ_	ים _ קו	O FT T	
11 I		ICE, IS A	MOT-E(ule D (Form 9	30) 2000
932054	n			Joneu	a.c D (1 01111 9:	, <u>2009</u>

Schedule D (Form 990) 2009

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

▶ Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

OMB No 1545-0047

Open To Public Inspection

Name of the organization					-	Employer ide	ntification number	
	MEN'S CHRISTIAN ASS					91-0568		
Part I Fundraising Activities required to complete this pa	Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.							
 Indicate whether the organization rail Mail solicitations Internet and email solicitation Phone solicitations In-person solicitations Did the organization have a written key employees listed in Form 990, F If "Yes," list the ten highest paid incompensated at least \$5,000 by the 	e Solicitat f Solicitat g Special or oral agreement with any individual Part VII) or entity in connection with p dividuals or entities (fundraisers) purs	tion of tion of fundra (inclu- irofess	non-g gover alsing ding o	overnment grants riment grants events ifficers, directors, tru fundraising services?	stees	Yes		
(i) Name of Individual or entity (fundraiser)	(ii) Activity	or cor	Did raiser ustody itrol of utions?	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization	
		Yes	No			_		
Total		<u> </u>						
3 List all states in which the organization	on is registered or licensed to solicit f	unds o	or has	been notified it is ex	empt	from registration	on or licensing	
			-					
			ı					
LHA For Privacy Act and Paperwork Re	duction Act Notice, see the Instru	ctions	for F	orm 990 or 990-EZ.	{{\xi}}	Schedule G (Forn	n 990 or 990-EZ) 2009	

Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000. (b) Event #2 (c) Other events (a) Event #1 (d) Total events DINNER NONE (add col. (a) through AUCTION & DE col (c)) (event type) (event type) (total number) Revenue 16,840. 16,840 1 Gross receipts 2,387. 2,387 2 Less Charitable contributions 14,453. 14,453 3 Gross income (line 1 minus line 2) 4 Cash pnzes 5 Noncash prizes Direct Expenses 1,000 1,000. Rent/facility costs Food and beverages 8 Entertainment 6,104.6,104 9 Other direct expenses 7,104, 10 Direct expense summary. Add lines 4 through 9 in column (d) Net income summary Combine line 3, column (d), and line 10 Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes Rent/facility costs Other direct expenses Yes Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary Combine line 1, column (d), and line 7 Yes No 9 Enter the state(s) in which the organization operates gaming activities: a is the organization licensed to operate gaming activities in each of these states? 9a b If "No," explain 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10a b If "Yes," explain: 11 Does the organization operate gaming activities with nonmembers? 11 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

Sche	edule G (Form 990 or 990-EZ) 2009 YOUNG MEN'S CHRISTIAN ASSOCIATION 91-056	871	7 Pa	age 3
			Yes	No
13 .	Indicate the percentage of gaming activity operated in:			
	The organization's facility 13a%			
	An outside facility 13b %			
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name ▶			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a		
	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party > \$			
С	If "Yes," enter name and address of the third party:			
	Name			
	Address ▶			
16	Gaming manager information:			
	Name ▶			
	Gaming manager compensation ▶ \$			
	Description of services provided ▶			
	Director/officer Employee Independent contractor			
	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	17a		—
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$			

Schedule G (Form 990 or 990-EZ) 2009

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

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

Attach to Form 990.

2009
Open to Public Inspection

Internal Revenue Service	Attach to Form 990.	inspection
Name of the organization	YOUNG MEN'S CHRISTIAN ASSOCIATION	Employer identification number 91-0568717
FORM 990, PART	I, LINE 1, DESCRIPTION OF ORGANIZATION MIS	SION:
HEALTHY SPIRIT	, MIND AND BODY FOR ALL.	
FORM 990, PART	III, LINE 1, DESCRIPTION OF ORGANIZATION M	ISSION:
PROVIDE THEIR	TIME, TALENT AND TREASURE TO SERVE THE COMM	UNITY.
WE WELCOME PEO	PLE OF ALL FAITHS, RACES, ABILITIES, AGES A	ND INCOMES.
NO ONE IS TURN	ED AWAY FOR INABILITY TO PAY.	
WE OFFER NUMER	OUS PROGRAMS TO MEET COMMUNITY NEEDS, INCLU	DING CAMPING,
CHILD CARE, YO	UTH SPORTS, YOUTH MENTORING, YOUTH OUTREACH	, ADULT HEALTH
AND FITNESS AN	D MANY MORE. MEMBERSHIP IN THE YMCA HELPS	FUND THE MANY
SERVICES OUR O	RGANIZATION PROVIDES TO THE COMMUNITY.	
FORM 990, PART	III, LINE 4A, PROGRAM SERVICE ACCOMPLISHME	NTS:
THIS PROGRAM M	EETS A NEED FOR PUBLIC EDUCATION IN WATER S	AFETY.
- HEALTH & WE	LLNESS. HEALTH & WELLNESS FEATURES MANY AE	ROBICS CLASSES
DESIGNED FOR P	EOPLE FROM YOUNG ADULT THROUGH SENIOR AGE G	ROUPS.
LEAGUES FOR BA	SKETBALL AND RACQUETBALL PROVIDE MANY OPPOR	TUNITIES FOR
PARTICIPATORY	RECREATION. GROUP EXERCISE CLASSES PROVIDE	MANY HEALTH
AND SOCIAL BEN	EFITS FOR PARTICIPANTS. DANCE, YOGA AND PI	LATES CLASSES
ARE ALSO OFFER	ED THROUGH HEALTH & WELLNESS.	
- GENERAL MEM	BERSHIP. GENERAL MEMBERSHIP AT THE YMCA GI	VES PEOPLE
ACCESS TO OUR	FULL RANGE OF EQUIPMENT AND PROGRAMS. FINA	NCIAL
ASSISTANCE IS	AVAILABLE TO THOSE WHO CANNOT AFFORD MEMBER	SHIP FEES.
REVENUE FROM M	EMBERSHIP HELPS FUND OTHER PROGRAMS AND OPE	RATIONS,
LHA For Privacy Act and F	Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule O (Form 990) 2009

932211 02-03-10

SCHEDULE 0 (Form 990)

Supplemental Information to Form 990 Complete to provide information for responses to specific questions on

Department of the Treasury

Form 990 or to provide any additional information. ➤ Attach to Form 990. Internal Revenue Service

OMB No 1545-0047 Open to Public Inspection

Name of the organization

YOUNG MEN'S CHRISTIAN ASSOCIATION

Employer identification number 91-0568717

INCLUDING YOUTH OUTREACH ACTIVITIES. IN ADDITION TO FACILITY USE, WE ENCOURAGE MEMBER INVOLVEMENT. MEMBERS MAKE UP OUR BOARD OF DIRECTORS AS WELL AS THE EIGHT COMMITTEES THAT HELP SHAPE OUR POLICIES AND OPERATION. VOLUNTEER MEMBERS LEAD AND INFLUENCE THE OPERATION AND COMMUNITY INVOLVEMENT OF OUR YMCA. SOME MEMBERS VOLUNTEER TO HELP RAISE FUNDS FOR OUR ANNUAL PARTNER WITH YOUTH CAMPAIGN. DONATE THEIR TIME AND TALENT TO MAKE THE YMCA A POSITIVE PLACE FOR OTHER MEMBERS AND THE COMMUNITY AT-LARGE. APPROXIMATELY 12,000 PEOPLE SERVED.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: YOUTH SPORTS AND OUTREACH. THIS CATEGORY ENCOMPASSES SEVERAL PROGRAMS THAT PROVIDE IMPORTANT YOUTH SERVICES TO OUR COMMUNITY. THE EASTSIDE SPORTS PROGRAM SERVES APPROXIMATELY 700 KIDS EACH YEAR. THESE ARE YOUNG PEOPLE WHO HAVE TRANSPORTATION, FAMILY AND FINANCIAL BARRIERS THAT KEEP THEM OUT OF TRADITIONAL LITTLE LEAGUE, YOUTH SOCCER AND AAU BASKETBALL PROGRAMS. EASTSIDE SPORTS CREATES NEIGHBORHOOD SPORTS LEAGUES THAT REMOVE THOSE BARRIERS. THERE IS NO COST TO PARTICIPATE. THE PROGRAM IS OPERATED ENTIRELY WITH VOLUNTEER COACHES AND OFFICIALS. OUR ASPIRE MENTORING PROGRAM GREW FROM UNDER TWENTY PAIRS OF MENTORS AND STUDENTS TO ABOUT 135 ADULTS SERVING AS ROLE MODELS FOR HIGH-RISK THIS PROGRAM PROVIDES HOPE AND DIRECTION TO KIDS WHO LACK KIDS. POSITIVE ADULT INFLUENCE IN THEIR LIVES. OUR DROP-IN YOUTH ROOM GIVES KIDS A SAFE PLACE TO MEET AND ENJOY FELLOWSHIP AND RECREATION. COLLABORATION WITH YOUNG LIFE, OUR SATURDAY NIGHT LIVE PROGRAM HAS GROWN TO THE POINT THAT WE FREQUENTLY SURPASS 200 ATTENDEES EACH WEEK.

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

932211 02-03-10

Schedule O (Form 990) 2009

SCHEDULE 0 (Form 990)

Supplemental Information to Form 990 Complete to provide information for responses to specific questions on

Department of the Treasury

Form 990 or to provide any additional information. Internal Revenue Service

OMB No 1545-0047 Open to Public Inspection

Name of the organization **Employer identification number** YOUNG MEN'S CHRISTIAN ASSOCIATION 91-0568717

► Attach to Form 990.

ITS A FREE SATURDAY EVENING PROGRAM FOR KIDS AGES 7-15. OUR FRIDAY MIDNIGHT MADNESS PROGRAM FOR HIGH SCHOOL STUDENTS SERVES ABOUT 65-70 HIGH SCHOOL YOUTH EACH WEEK. C.O.R.E. IS A OUTDOOR RECREATION PROGRAM FOR MIDDLE SCHOOL STUDENTS THAT FEATURES A VALUES BASED CURRICULUM WITH THE ADDED ADVENTURE OF SNOWBOARDING, ROCK CLIMBING AND HIKING. OUR YOUTH SPORTS PROGRAMS PROVIDE A FUN ENVIRONMENT WHERE HUNDREDS OF PARTICIPANTS DEVELOP FUNDAMENTAL SKILLS, EMBRACE SPORTSMANSHIP AND LEARN TO COMPETE IN BASKETBALL, SOCCER, WRESTLING, BASEBALL AND COMBINED, THESE PROGRAMS SERVE APPROXIMATELY 3400 YOUNG MOST OF THESE PROGRAMS ARE SUPPORTED WITH FUNDS GENERATED THROUGH OUR ANNUAL PARTNER WITH YOUTH CAMPAIGN WITH SUPPORT FROM UNITED WAY FUNDS. EXPENSES \$ 541977. INCLUDING GRANTS OF \$ 2500. **REVENUE \$ 68951.** FORM 990, PART VI, SECTION A, LINE 6: THE ORGANIZATION HAS MEMBERS WHO PAY MEMBERSHIP DUES TO USE THE ORGANIZATION'S FACILITIES AND BE PROVIDED WITH SERVICES. ALL REGULAR MEMBERS ARE ELIGIBLE TO VOTE ON THE ELECTION OF DIRECTORS AND ON MODIFICATIONS OF THE BY-LAWS. FORM 990, PART VI, SECTION A, LINE 7A: ALL REGULAR MEMBERS ARE ELIGIBLE TO VOTE ON THE ELECTION OF DIRECTORS. FORM 990, PART VI, SECTION A, LINE 7B: ALL REGULAR MEMBERS ARE ELIGIBLE TO VOTE ON MODIFICATIONS OF THE BY-LAWS.

FORM 990. PART VI, SECTION B, LINE 11: THE FORM 990 IS PROVIDED TO THE

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

Schedule O (Form 990) 2009

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

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

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization YOUNG MEN'S CHRISTIAN ASSOCIATION	Employer identification number 91-0568717
FINANCE COMMITTEE AND AUDIT COMMITTEE WHERE IT IS DISCUSS	SED AND THEN
PRESENTED TO THE BOARD OF DIRECTORS.	
FORM 990, PART VI, SECTION B, LINE 12C: BOARD MEMBERS COM	APLETE CONFLICT OF
INTEREST STATEMENTS ANNUALLY. THE COPIES ARE MAINTAINED	BY THE CEO, WHO
ALSO SERVES AS SECRETARY OF THE BOARD OF DIRECTORS. HOWE	EVER, KEY EMPLOYEES
AND OFFICERS ARE NOT REQUIRED TO FILL OUT THE STATEMENTS.	·
FORM 990, PART VI, SECTION B, LINE 15: CEO COMPENSATION I	S SET BY THE
EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS. EACH YEAR	R, THE EXECUTIVE
COMMITTEE DOES A REVIEW OF THE CEO THAT INCLUDES STAFF AN	ND VOLUNTEER
EVALUATIONS. A COMPARABLE WAGE REPORT FOR CEO'S OF OTHER	REASTERN
WASHINGOTN YMCA'S IS PROVIDED TO THE EXECUTIVE COMMITTEE	FOR REVIEW. KEY

FORM 990), PART	XI, LINE	2C: TH	IE PROCE	ESS FOR	SELECTI	NG THE IN	DEPENDENT
ACCOUNT	ANT AND	OVERSEEII	G THE A	UDIT HA	AS NOT	CHANGED 1	FROM THE	PRIOR
YEAR.								

EMPLOYEE COMPENSATION IS DETERMINED BY THE CEO USING A REVIEW PROCESS AND

BUDGET PARAMETERS FROM THE FINANCE COMMITTEE.

FORM 990, PART VI, SECTION C, LINE 19: UPON REQUEST