

Department of the Treasury Internal Revenue Service

## **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047 2017

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

1	For the	2017 Cale	ndar year, or tax year b				ina enain			, 20			
3	Check if	applicable.	C Name of organization V	VHATCOM FAM	LY YOUNG ME	N'S CHRISTIA	AN ASSOC	IATION I	Employ	er identificatio	on number		
	Address	change	Doing business as WH	ATCOM FAMIL	YYMCA					91-048269	0		
_	Name ch	-	Number and street (or P	O, box if mail is no	t delivered to stree	et address)	Room/sui	te E	E Telephone number				
_	Initial retu	-	1256 STATE STREET					l l		(360) 733-86	30		
_		n/terminated	City or town, state or pro	vince country an	d ZIP or foreign po	stal code				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
⇉		-	BELLINGHAM, WA 982		· · · · · · · · · · · · · · · · · ·			1,	Gross re	neounte \$	6,488,219		
╡	Amended					<del></del>							
J	Applicati	on pending	F Name and address of pri	парагопісет.				• •	•	subordinates?	_		
			SAME AS C ABOVE		<del>-</del>		$\neg \vdash \Gamma$	<del></del>		s included?			
		npt status	✓ 501(c)(3)	∐ 501(c) (	) ◀ (insert no) L	4947(a)(1) or	<u> </u>	<del>-</del>		a list (see instri	uctions)		
<u>J</u>	Website	<u>:                                    </u>	W.WHATCOMYMCA.C	OM		<b>}</b>		H(c) Group e					
K	Form of c	organization	Corporation Trust	Association	Other ►	L Ye	ar of format	ion 1890	M State	of legal domic	ile. WA		
P	art I	Summ											
	1	Briefly de	escribe the organization	on's mission or	most significa	ant activities:	TO BE	AN ASSOCIA	TION OF	INDIVIDUA	LS		
æ	l	WITH SH	ARED VALUES WHICH	<b>ENHANCE THE</b>	COMMUNITY	THROUGH PF	ROGRAMS	FOR THE SP	IRIT, MI	ND AND BO	ΟΥ		
Activities & Governance	}			,									
둘	2	Check th	is box ▶☐ if the orga	nization disco	ntinued its ope	erations or di	isposed o	of more than	25% of	its net asse	ts.		
Š			of voting members of						3	1	12		
9	4		of independent voting		-				4		12		
8	i i				-				5	<del> </del>	624		
Ę	5		nber of individuals en	· •	-		- zaj .		6	<del> </del>			
ਉ	6		nber of volunteers (es						<u> </u>	ļ	1,815		
Ř	7a		elated business rever						7a	ļ	0		
	b	Net unre	lated business taxable	e income from	Form 990-T, li	ne 34		<u> </u>	7b	<del> </del>	0		
	1						-	· Prior Yea		<del> </del>	nt Year		
•	8	Contribu	tions and grants (Part	: VIII, line 1h) .			[		352,143	<u> </u>	517,720		
Ē	9	Program	service revenue (Part	VIII, line 2g)		OF 13 18-1	<del></del>	5,	131,807	<u> </u>	5,719,513		
Revenue	10	Investm	ent income (Part VIII, o	column (A), line	s 3, 4, and 7d	ンに! V.に!	╝		32,036		56,633		
Œ	11	Other re	venue (Part VIII, colun	nn (A), lines 5,	6d, 8c, 9c, 10d	, and 11e) .	S		186,485		185,255		
	12	Total rev	enue-add lines 8 thro	ough 11 (must e	edual Part VIII.	column (A), li	ine 12)	5,	702,471		6,479,121		
	13		nd similar amounts pa					<del></del>		<del> </del>	0		
	14		paid to or for membe				- 18 SS			·			
			other compensation, e					3	609,999	<del> </del>	4,207,117		
Expenses	15				1 003		19-10/		000,000	<del> </del>	0		
Ë	16a		onal fundraising fees				27.520			<del> </del>			
.8	Ь.		idraising expenses (Pa				27,536		000 005	<del> </del>	4.070.400		
-	""		penses (Part IX, colur				· ·		906,665	<del></del>	1,970,402		
	18		penses. Add lines 13-				-		516,664	<del>+</del> -	6,177,519		
	19	Revenue	less expenses. Subt	ract line 18 fro	m line 12	· <del>:::</del>			185,807		301,602		
8	<b>g</b>						Į.	Beginning of Cur	rent Year	End o	of Year		
Net Assets or	20	Total as	sets (Part X, line 16)				[		765,278	<del></del>	6,044,263		
t As	21	Total lia	bilities (Part X, line 26)	)			[	1,	247,415		1,119,673		
ž,	22	Net ass	ets or fund balances.	Subtract line 2	1 from line 20	<u> </u>	<u> )</u>	4,	517,863	1	4,924,590		
E	art II	Signa	ture Block										
_			ury, I declare that I have ex	amined this return,	including accomp	anying scheduk	es and state	ments, and to th	e best of	my knowledge	and belief, it is		
tr	ue, correc	ct, and com	plete. Declaration of prepare	office	r) is based on all in	nformation of wh	Nch prepare	r has any knowle	edge.				
			a	1						1 /			
Si	gn	Sig	nature of officer	X				Dat	· 6	118/16	) 		
	ere		$\mathcal{O}_{\gamma}$							, ,			
•••	•			BILL ZIELS, CEC	VEXECUTIVE D	IRECTOR							
_			or print name and title by the preparer's name		arer's signature	7	าก	ate	$\overline{t}$	C PTIN			
P	aid	1		1.195		Kate yun		/17/2018	Check	<b>□</b> #   _	01057642		
	repare	er	ON WERSEN, CPA	2000 5110	_ <del></del>				<del></del>		01957642		
U	se On					4 1414 65555		Firm	's EIN ▶		663574		
		Firm's		ND DR, STE 42			<del>,</del>	Pho	ne no	(360) 73			
_			ss this return with the			instructions	<u>)</u>	<u> </u>	· · ·		Yes 🗸 No		
Fo	r Paper	work Red	uction Act Notice, see	the separate in	structions.		Cat.	No 11282Y		_ Fo	om <b>990</b> (2017)		

2017 Return WHATCOM FAMILY YOUNG MEN'S CHRISTIAN ASSOCIATION- 91-0482690

orm 990	(2017)		Page <b>2</b>
Part I	Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III .	<u> </u>	<u> </u>
1	Briefly describe the organization's mission:		
	WHATCOM FAMILY YMCA (THE YMCA) IS A 501(C)(3) ASSOCIATION ORGANIZED TO ADVA STRENGTHENING COMMUNITY THROUGH YOUTH	NCE THE CAUSE OF	
	DEVELOPMENT, HEALTHY LIVING, AND SOCIAL RESPONSIBILITY THE YMCA IS AN ASSO	CIATION OF MEN. WOMI	EN.
	(CONTINUED ON SCHEDULE O)		
2	Did the organization undertake any significant program services during the year which	were not listed on the	
	prior Form 990 or 990-EZ?		☐ Yes ☑ No
	f "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it co	onducts, any program	
	services?		☐ Yes ☑ No
	f "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three la	rgest program services	s, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the am		
	the total expenses, and revenue, if any, for each program service reported.	<b>3</b>	
4a	(Code:) (Expenses \$ 4,022,947 including grants of \$	) (Revenue \$	3,180,810 )
•	YOUTH DEVELOPMENT - THE YMCA IS COMMITTED TO NURTURING THE POTENTIAL OF		
	EVERY CHILD AND TEEN THE YMCA BELIEVES THAT ALL KIDS DESERVE THE		
	OPPORTUNITY TO DISCOVER WHO THEY ARE AND WHAT THEY CAN ACHIEVE THAT IS	,,-,-,-,-,-,-,-,-	
	WHY WE HELP YOUNG PEOPLE CULTIVATE THE VALUE, SKILLS AND RELATIONSHIPS		
	THAT LEAD TO POSITIVE BEHAVIORS, BETTER HEALTH AND EDUCATIONAL		
	ACHIEVEMENT THE YMCA PROGRAMS, SUCH AS YOUTH LEAGUES, SWIM LESSONS,		
	AND CHILDCARE OFFER A RANGE OF EXPERIENCES THAT ENRICH COGNITIVE,		
	SOCIAL, PHYSICAL, AND EMOTIONAL GROWTH		
4b	(Code: ) (Expenses \$ 1,144,082 including grants of \$	) (Revenue \$	2.592.618 )
45	HEALTHY LIVING - THE YMCA IS A LEADING VOICE ON HEALTH AND WELL-BEING	/ (1.10 volido ψ	
	THEY YMCA BRINGS FAMILIES CLOSER TOGETHER, ENCOURAGES GOOD HEALTH AND		
	FOSTERS CONNECTIONS THROUGH FITNESS, SPORTS, FUN AND SHARED INTERESTS		
	AS A RESULT, PEOPLE IN THE COMMUNITY ARE RECEIVING THE SUPPORT,		
	GUIDANCE AND RESOURCES THEY NEED TO ACHIEVE GREATER HEALTH IN SPIRIT,		
	MIND AND BODY THIS IS PARTICULARLY IMPORTANT IN A NATION THAT		
	STRUGGLES WITH AN OBESITY CRISIS, FAMILIES STRUGGLE TO BALANCE WORK AND		
	LIFE, AND INDIVIDUALS SEARCH FOR PERSONAL FULFILLMENT		
	LIFE, AND INDIVIDUALS SEARCH FOR PERSONAL FULFILLMEN		
4c	(Code: ) (Expenses \$ 171,170 including grants of \$	) (Revenue \$	·····
	SOCIAL RESPONSIBILITY - THE YMCA BELIEVES IN GIVING BACK AND SUPPORTING	/ (	/
	ITS NEIGHBORS. THE YMCA HAS BEEN LISTENING AND RESPONDING TO THE		
	COMMUNITY'S MOST CRITICAL SOCIAL NEEDS. YMCA PROGRAMS, SUCH AS Y		
	ADVENTURE SCHOOL, THE COMMUNITY SHOWER PROGRAM AND OUR OPEN DOOR		
	POLICY, WHICH STATES THAT NO ONE IS EVER TURNED AWAY FOR LACK OF FUNDS,		
	ARE EXAMPLES OF HOW THE YMCA DELIVERS TRAINING, RESOURCES, AND SUPPORT		
	THAT EMPOWER ITS NEIGHBORS TO EFFECT CHANGE, BRIDGE GAPS, AND OVERCOME		
	OBSTACLES THE YMCA ENGAGES MEMBERS, PARTICIPANTS, AND VOLUNTEERS IN		
	ACTIVITIES THAT STRENGTHEN THE COMMUNITY AND PAVE THE WAY FOR FUTURE		
	GENERATIONS TO THRIVE.		
	GENERALIONS TO HIMYE.		
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$	)	



Part IV	Checklist of		

		- (	162	710
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	/	
2 3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 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	<b>✓</b>	<b>✓</b>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<b>✓</b>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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		<b>✓</b>
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		<b>\</b>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, 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		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	1	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 107 If "Yes," complete Schedule D, Part VI	11a	<b>~</b>	
b	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	11b		<b>✓</b>
	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	11c		1
	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	11d		1
e f	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 (ASC 740)? If "Yes," complete Schedule D, Part X.	11e		1
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	1	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 14a	<u> </u>	1
	Did the organization maintain an office, employees, or agents outside of the United States?	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		1
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 (see instructions)	17		1
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		1
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		1
		For	n 990	(2017)

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Part I	Checklist of Required Schedules (continued)			
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	Yes	No /
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III	22		<b>✓</b>
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		<b>✓</b>
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 Schedule K. If "No," go to line 25a	24a		✓
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		1
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
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):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		1
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		1
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,			
38	Part VI	37	1	<b>/</b>
		For	n <b>990</b>	(2017)

Part	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			,
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
0-	reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 624	O.L		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	<b>✓</b>	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		<b>V</b>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	30		
74	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	,		}
	account)?	4a		1
ь	If "Yes," enter the name of the foreign country: ▶			
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			1
	(FBAR).			1
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	1		ļ
	gifts were not tax deductible?	6b	<u> </u>	
7	Organizations that may receive deductible contributions under section 170(c).		}	1
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			ļ
_	and services provided to the payor?	7a	<b>/</b>	ļ
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	<b>✓</b>	<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			
		7c		<b>✓</b>
d	If "Yes," indicate the number of Forms 8282 filed during the year	70		-
e •	Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f		1
f	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	<del>  -</del>	<del>  •</del>
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	<del>                                     </del>		
•	sponsoring organization have excess business holdings at any time during the year?	8	<del>                                     </del>	
9	Sponsoring organizations maintaining donor advised funds.	<u> </u>	<u> </u>	
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	1	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			}
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	}	1	1
11	Section 501(c)(12) organizations. Enter:	Ì		1
а	Gross income from members or shareholders	1	ł	1
þ	Gross income from other sources (Do not net amounts due or paid to other sources	1	1	{
	against amounts due or received from them.)	ļ	ļ	<b> </b>
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	<del> </del>	<b>└</b>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	1		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1=		<del> </del>
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		├—
h	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which	ſ	1	ĺ
U	the annual attack to the condition of the form of the condition of the con	1	1	[
С	Enter the amount of reserves on hand	1	1	1
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<del> </del>	1
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	<del>                                     </del>	╁┷╌
		<u> </u>	4	

Part				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S			
Conti	Check if Schedule O contains a response or note to any line in this Part VI	<u>· · · · · </u>	<u> </u>	<u> </u>
Secu	on A. Governing Body and Management		Yes	No
10	Enter the number of voting members of the governing body at the end of the tax year 12	<u></u>		-
14	If there are material differences in voting rights among members of the governing body, or	1		
	if the governing body delegated broad authority to an executive committee or similar			ĺ
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 12	1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1	_	ļ
	any other officer, director, trustee, or key employee?	2		1
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3_		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		1
6	Did the organization have members or stockholders?	6		✓_
7a	one or more members of the governing body?			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	7 <u>a</u>		<b>✓</b>
b	stockholders, or persons other than the governing body?	7b	i	1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			<del>                                     </del>
	the year by the following:	]		
а	The governing body?	8a	1	
b	Each committee with authority to act on behalf of the governing body?	8b	1	
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	<u> </u>	1
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C		
	T		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	<b></b> -	<b>/</b>
b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10ь		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	1	├─
ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	''a	-	<del>  -</del>
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	1	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give use to conflicts?	12b	1	<b>†</b>
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	<b>✓</b>	<u>.</u>
13	Did the organization have a written whistleblower policy?	13		1
14	Did 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			ļ
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	<u></u>		<b> </b> -
a	The organization's CEO, Executive Director, or top management official	15a		₩-
b	Other officers or key employees of the organization	15b	1	├
182	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	ł	}	{
,,,,	with a taxable entity during the year?	16a	<b> </b>	1
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	100		<del>                                     </del>
_	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	-		[
	organization's exempt status with respect to such arrangements?	16b		1
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► WA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	n 501	(c)(3)s	only
	available for public inspection. Indicate how you made these available. Check all that apply.			
40	Own website Another's website Upon request Other (explain in Schedule O)		41 -	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year.	erest	bolic	y, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re	carda	. 🛌	
0	SABRINA VALICH, 1256 STATE STREET, BELLINGHAM, WA 98225, (360) 733-8630	coras		

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Daga	•

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Form	990	(201	

# 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.
- 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, if any. See instructions for definition of "key employees,"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

☐ Check this box if neither the organiza	tion nor any relate	d orga	ani <u>z</u>	atio	n c	ompe	nsa	ted any curren	t officer, director	r, or trustee.
		,		•	C)			<b>)</b>		
(A)	(B)	(do n	ot ch		ition more	than o	one	(D)	(E)	(F)
Name and Title	Average	box,	unless person is b			ıs both	n an	Reportable	Reportable	Estimated
	hours per week (list any	-	ficer and a dire					compensation from	compensation from related	amount of other
	hours for related organizations below dotted line)		Highest compensated employee Key employee Officer Institutional trustee Individual trustee or director		Highest compensate ded		compensation from the organization and related organizations			
(1) EVAN HASKELL	10									
PRESIDENT		1	<u> </u>	✓	<u> </u>		L	0	0	0
(2) BRYCE FEGLEY	10		Į .		l		ł			
TREASURER		<b>✓</b>	<u> </u>	<b>✓</b>	<u> </u>		<b>!</b>	0	0	0
(3) RUSTY DODGE	10			ł	ł	}		}	ł	
BOARD MEMBER		<b>✓</b>	L	L	L		_	0	0	0
(4) JIM GEBHARDT	10				l	i				
BOARD MEMBER		1	L	┞_	┡		↓_	0	0	0
(5) SEAN HEGSTAD	10	١.	ł		ł	1	ł		ł	
BOARD MEMBER		/	_	<u> </u>	<u> </u>	<b>└</b>	<b>├</b> _	0	0	0
(6) PAMELA KIESNER	10					]	]			_
BOARD MEMBER		<b>_</b>	-		<b>├</b>	<b>├</b>	<del> </del>	0	0	0
(7) VINSON LATIMORE	10		1			Ì	1			_
BOARD MEMBER		<b>-</b>	<del> </del> -	}	<b>├</b>		┼	0	0	0
(8) BEVERLY MAYHEW	1.0		}	)		}	}			_
BOARD MEMBER		<u> </u>	_		├-	<b>├</b> ──	├_	0	0	0
(9) RONALD RICHARDSON	1.0		ĺ	-	1	ĺ	ĺ	1 -	1	_
BOARD MEMBER		1	<del> </del> —	├	├	├	├—	0	0	0
(10) PAT SIMONS	10		]	Į		j	1			_
BOARD MEMBER		1	╄	├-	⊢	<b>-</b>	├		0	0
(11) BRUCE SMITH	10		1	1				_	_	[
BOARD MEMBER	+	/	-	+-	╂	<del></del>	-	0	0	0
(12) SHANE VANDER GIESSEN	1.0	1	1	1	1	}	1	0		,
BOARD MEMBER  (13) BILL ZIELS	40.0	+-	├	├-	<del> </del>	<del> </del>	╁─	<del>  '</del>	<del>                                     </del>	0
EXECUTIVE DIRECTOR		-	1	1	1		1	118,965	0	15 400
		┼-	+-	+*	+-	├	╁	110,905	<del> </del>	15,428
(14)		ł				}	1	ł		
		1	1		Ь.	<u> </u>		<del> </del>		

Part		ees, Key E	mploy	/ees			lighes	st C	ompensated E	mployees (	continu	ied)	Page O
	(A) Name and title		(B)  Average hours per officer and a director/truste						(D)  Reportable compensation from	(E) Reportable compensation related			
		week (list any hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizatio (W-2/1099-N		compe fron organ and r	rer ensation n the ization elated zations
(15)			-			-		-					
(16)			-		_						_		
(17)					-	-		_			-+		<del></del>
(18)			-	-	-				<del> </del>				
(19)					-	-		-					_
(20)							-	-			_		
(21)		<del> </del>	-		-		ļ —	-					<del></del>
(22)				-		-	-						<del></del>
(23)				-	-					<b> </b>			
(24)						-	-						
(25)			ļ —		_	-							
1b c d	Sub-total	VII, Section	on A				· ·	<b>&gt; &gt; &gt;</b>	118,965 0 118,965		0		15,428 0 15,428
2	Total number of individuals (including bu reportable compensation from the organ	t not limited						 e) w	<del></del>	ore than \$1		) of	10,120
3	Did the organization list any former o employee on line 1a? If "Yes," complete	fficer, direc						emp	ployee, or high	nest compe	nsated	3	Yes No
4	For any individual listed on line 1a, is the organization and related organizations individual	e sum of re greater th	porta an \$	ble 150	con ,00(	npe )? <i>i</i>	nsatio <i>If "Ye</i> 	on a s,"	and other comp complete Sch	pensation from the dule of the	om the r suct	9 4	
5	Did any person listed on line 1a receive of for services rendered to the organization									zation or inc		5	
Section	on B. Independent Contractors												
1	Complete this table for your five highest compensation from the organization. Re year.												
	(A) Name and business add	dress		_					(B) Description of s	ervices		(C) Compens	ation
NONE					_	_		L					
								L					
2	Total number of independent contract	ors (includi	ing b	ut r	not	lımi	ted to	o ti	hose listed ab	ove) who			
	received more than \$100,000 of compens	sation from	the o	rgar	niza	tion	<b>&gt;</b>		0				_

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) Related or exempt function revenue (C) Unrelated business (A) Total revenue (D) Revenue excluded from tax under sections 512-514 revenue Contributions, Gifts, Grants and Other Similar Amounts 42,479 Federated campaigns 1a Membership dues 1b 0 Fundraising events . 1c 0 0 Related organizations . **1d** 108,335 Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above 366,906 1f Noncash contributions included in lines 1a-1f: \$ 11,648 Total. Add lines 1a-1f 517,720 Program Service Revenue Business Code MEMBERSHIP REVENUE 2,538,703 2,538,703 2a CHILDCARE REVENUE -- INFANT/TODDLER/PRESCHOOL 1,499,861 1,499,861 1,273,518 1,273,518 CHILDCARE REVENUE - SCHOOL AGE 407,431 407,431 DAY CAMP REVENUE RESIDENT CAMP REVENUE 0 All other program service revenue. 0 0 0 5,719,513 Total. Add lines 2a-2f. Investment income (including dividends, interest, and other similar amounts) . . . . . . 56,633 56,633 4 Income from investment of tax-exempt bond proceeds ▶ 5 Royalties (II) Personal 6a Gross rents 131,340 b Less: rental expenses 131,340 C Rental income or (loss) 131,340 131,340 d Net rental income or (loss) • (i) Securities (ii) Other Gross amount from sales of 7a assets other than inventory Less: cost or other basis and sales expenses . Gain or (loss) . n Net gain or (loss) Other Revenue Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 . . . . Less: direct expenses . . Net income or (loss) from fundraising events Gross income from gaming activities. 9a See Part IV, line 19 Less: direct expenses . . . . b Net income or (loss) from gaming activities . 10a Gross sales of inventory, less returns and allowances 4,520 Less: cost of goods sold . . . b 9.098 (4,578) Net income or (loss) from sales of inventory . (4,578)C Miscellaneous Revenue **Business Code** 900099 TOWEL/LOCKER FEES 52,190 52,190 11a 0 h 0 900099 All other revenue 6,303 6,303 0 O 58,493 Total. Add lines 11a-11d . Total revenue. See instructions. 6,479,121 5,773,428 0 187,973 Form 990 (2017) Page 10 Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX Do not include amounts reported on lines 6b, 7b, (A) Total expenses (B) Program service (D) Fundraising Management and general expenses 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . Grants and other assistance to domestic 2 individuals. See Part IV, line 22 . . . . . 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . 0 Benefits paid to or for members . . . Compensation of current officers, directors, trustees, and key employees . . . . . 0 134,393 127,673 6,720 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . 3,434,041 3,055,012 12,050 366,979 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 137,961 783 610 139,354 177,721 175.944 998 779 q Other employee benefits . . . . . . 321,608 276,287 43,701 1,620 10 Payroll taxes . . . . . . . . . 11 Fees for services (non-employees): а Management b Legal . . . . . . C Accounting . . . . . . 16,000 16,000 Lobbying . . . . . . . . . . Professional fundraising services. See Part IV, line 17 Investment management fees . . . Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 65,646 59,623 6,023 12 Advertising and promotion . 51,936 39,279 6,900 5,757 16,845 23,243 6,398 13 Office expenses . . . 14 Information technology 15 Royalties . . . . . . . 499,336 16 Occupancy . . . . . . 431,523 67.813 0 0 17 33,852 24,534 9,318 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings . 20,088 14,558 5,530 0 12,165 20 16,786 4,621 21 Payments to affiliates . . . . . . 99,644 94,308 5,336 0 Depreciation, depletion, and amortization . 22 242,657 210,132 32,525 0 109,109 104,366 4,743 0 23 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 256,005 252,797 3,208 0 BANK AND CREDIT CARD FEES 92,960 79.016 13,944 0 h REPAIRS & MAINTENANCE 293,867 260,343 33,524 0 C BAD DEBT - DAYCARE 20,320 20,320 0 d All other expenses 128,953 0 93,456 35,497 Total functional expenses. Add lines 1 through 24e 6,177,519 5,338,149 811,834 27,536 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here

following SOP 98-2 (ASC 958-720)

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (B) Beginning of year End of year 1,099,445 900,013 1 221,225 2 Savings and temporary cash investments . . . . . . 217.563 2 4,476 32,558 3 3 121,156 63.960 4 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 0 0 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . . . . . 7 7 Inventories for sale or use . . . . . . . . 8 8 61.097 47,275 9 9 Prepaid expenses and deferred charges Land, buildings, and equipment: cost or 10a other basis. Complete Part VI of Schedule D 8.150.762 10b 3,546,682 Less: accumulated depreciation . . . . 4,604,080 3.577,129 10c ь 985,482 829,620 11 11 12 Investments-other securities. See Part IV, line 11 . . . 0 12 0 13 Investments-program-related. See Part IV, line 11 . . . . . . 0 13 0 14 14 54,224 15 47,636 15 Other assets. See Part IV, line 11 . . . . . . . . 6,044,263 5,765,278 16 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 17 Accounts payable and accrued expenses . . . . . 405,073 17 367,891 18 18 259,524 19 243,700 19 0 20 0 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 Loans and other pavables to current and former officers, directors, 22 trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . . . . . 22 0 Secured mortgages and notes payable to unrelated third parties . . . 579.376 23 427,883 23 0 24 80,199 24 Unsecured notes and loans payable to unrelated third parties . . . Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 3,442 25 0 1,247,415 26 1,119,673 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ ✓ and or Fund Balances complete lines 27 through 29, and lines 33 and 34. 4,024,268 27 4,301,367 27 281,888 28 411,516 28 211,707 211,707 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds . . . . . . Net Assets Paid-in or capital surplus, or land, building, or equipment fund . . . 31 31 32 32 Retained earnings, endowment, accumulated income, or other funds . 4,517,863 33 4,924,590 33 6,044,263 5.765.278 Total liabilities and net assets/fund balances . . . . . 34 34

orm 99	0 (2017)			_ P	age 12	
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		6,47	9,121	
2	Total expenses (must equal Part IX, column (A), line 25)	2		6,17	7,519	
3	Revenue less expenses. Subtract line 2 from line 1	3				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		4,51	7,863	
5	Net unrealized gains (losses) on investments	5		10	5,175	
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10		4,92	24,640	
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>	<u> </u>		<u>. 🗆</u>	
				Yes	No	
1	Accounting method used to prepare the Form 990:  Cash  Accrual  Other		_	1		
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain ir	ו ו			
	Schedule O.			_		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?				<b>✓</b>	
	If "Yes," check a box below to indicate whether the financial statements for the year were com	piled o	r		1	
	reviewed on a separate basis, consolidated basis, or both:		[	1		
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		2b	1	<u> </u>	
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	ed on a	a		1	
	separate basis, consolidated basis, or both:		1	}	1	
	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis					
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or			}		
	of the audit, review, or compilation of its financial statements and selection of an independent account			✓		
	If the organization changed either its oversight process or selection process during the tax year, ex	plain ir	י ו			
	Schedule O.			_		
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth in	٦ [			
	the Single Audit Act and OMB Circular A-133?		3a		1	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	-				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits.	3h	1	1	

Form **990** (2017)

#### **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. ► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization WHATCOM FAMILY YOUNG MEN'S CHRISTIAN ASSOCIATION Employer identification number 91-0482690

						0,000	
Par	Reason for Public Char	ity Status (All	organizations must	complet	e this pa	art.) See instructio	ns.
The c	organization is not a private foundat						$\wedge$
1	A church, convention of church						$\Delta \mathcal{O}$
2	A school described in section	170(b)(1)(A)(ii). (	Attach Schedule E (F	orm 990 d	or 990-EZ	Z).)	() 1
3	A hospital or a cooperative hos						•
4	A medical research organization						iii). Enter the
•	hospital's name, city, and state	•	,				
5	☐ An organization operated for the		college or university	owned o	operate	ed by a government	al unit described in
•	section 170(b)(1)(A)(iv). (Comp				0,000	a by a government	
6	☐ A federal, state, or local govern		mental unit described	in sectio	n 170(h)	(1)(Δ)(Δ)	
7	An organization that normally r	-					the general public
•	described in section 170(b)(1)(			3011 110111	u govon	innoma, and or non	t the general public
٥	☐ A community trust described in			Dart II 1			
8	<u> </u>			· ·			
9	☐ An agricultural research organia						
	or university or a non-land-granuniversity:	it college or agri	iculture (see instructio	nis). Ente	r the nair	ie, city, and state of	the college of
10	An organization that normally re	ocewes: (1) more	a than 331m% of its si	inport fro	m contrib	nutions membershir	o fees and gross
10	receipts from activities related t	to its exempt fur	nctions—subject to co	ertain exc	eptions.	and (2) no more that	n 331/3% of its
	support from gross investment	income and uni	related business taxal	ole incom	e (less se	ection 511 tax) from	businesses
	acquired by the organization af						
11	An organization organized and						
12	An organization organized and						
	of one or more publicly suppor						
	Check the box in lines 12a throu	-	- ·	-	_	•	-
а							
	the supported organization	. , .	•			ne directors or trust	ees of the
	supporting organization. You	-					
b	_ ;, ;						
	control or management of t	• • •			persons	that control or man	age the supported
	organization(s). You must o						. D
C	Type III functionally integral its supported organization(s						ally integrated with,
		• •	-				
C							
	that is not functionally integ requirement (see instruction						u an attentiveness
		•					
e							e II, Type III
	functionally integrated, or T	• •	• •	-	_	ion.	<del></del>
ţ							· ·
		(ii) EIN	(iii) Type of organization			(v) Amount of monetary	ful Amount of
	(i) Name of supported organization	(11) E114	(described on lines 1-10	listed in you	r governing	support (see	(vi) Amount of other support (see
			above (see instructions))	docu	ment?	instructions)	instructions)
				Yes	No	1	ı
			<del></del>			<del></del>	
(A)	}	li .		}		,	•
				<del> </del>		<del> </del>	<del></del>
(B)	Į.			1			
		<del></del>	<del></del>	-	<del></del>	<del></del>	<del></del>
(C)				ł			
		<del></del>		<del>                                     </del>		<del>   </del>	<del></del>
(D)			Í	j			
(E)				1			
Taki		<del></del>	<del> </del>	<del>                                     </del>	·	<del> </del>	<del></del>

Schedul	e A (Form 990 or 990-EZ) 2017						Page 2
Part	Support Schedule for Organiza (Complete only if you checked th Part III. If the organization fails to	e box on line	5, 7, or 8 of	Part I or if th	e organizatio	n failed to qu	
Section	on A. Public Support				<del></del>		
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3				ļ	<del> </del>	
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4			<u> </u>	<u> </u>	<u> </u>	<u> </u>
	on B. Total Support	(=) 2012	<b>(b)</b> 2014	(a) 2015	(4) 2016	(a) 2017	(f) Total
Calen	idar year (or fiscal year beginning in)	(a) 2013	/(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for the	ne organizatioi	n's first, seco	nd, third, fourt	h, or fifth tax y	ear as a section	on 501(c)(3)
	organization, check this box and stop he	re	<del>· · · · · ·</del>	· · · · ·	<del></del>	<del></del>	· · · • L
	ion C. Computation of Public Suppor			11 anhuma (6)		14	
14	Public support percentage for 2017 (line Public support percentage from 2016 Sci		-			15	<u>%</u>
15 16a	331/2% support test—2017. If the organ	ization did not	t check the ho	ox on line 13. a	nd line 14 is 3		
.00	box and <b>stop here</b> . The organization qua						
b		ization did not	check a box	on line 13 or 1	6a, and line 15	is 331/3% or n	nore, check
17a	10%-facts-and-circumstances test—2 10% or more, and if the organization me Part VI how the organization meets the 'organization'.	eets the "facts 'facts-and-circ	s-and-circums	tances" test, clest. The organ	heck this box ization qualifie	and stop here	. Explain in supported
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organization in Part VI how the organization is supported organization.	ation meets the meets the "fac	ne "facts-and- cts-and-circun	-circumstances	s" test, check The organiza	this box and	stop here.
18	Private foundation. If the organization d					ck this box and	
	instructions ./	<u> </u>	<u></u> .	<u></u>			<b>&gt;</b> [
					Sc	hedule A (Form 9	90 or 990-EZ) 2017

## Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section	on A. Public Support						
Calend	dar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants")	144,415	329,501	424,380	352,143	517,720	1,768,159
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	4,053,931	4,386,890	4,684,858	5,195,073	5,782,526	24,103,278
3	Gross receipts from activities that are not an unrelated trade or business under section 513	0	0	0	0	0	0
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
5	The value of services or facilities furnished by a governmental unit to the organization without charge	120,000	120,000	120,000	120,000	120,000	600,000
6	Total. Add lines 1 through 5	4,318,346	4,836,391	5,229,238	5,667,216	6,420,246	26,471,437
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	0	0	0	0	0	0
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	0	0	0	0	0
c	Add lines 7a and 7b	0		0	- 0	0	
8	Public support. (Subtract line 7c from line 6.)						26,471,437
Secti	on B. Total Support	<u></u>		<u></u>			20,47 1,407
	dar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	4,318,346	4,836,391	5,229,238	5,667,216	6,420,246	26,471,437
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.	150,582	162,980	181,425	165,391	187,973	848,351
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0	0	0	0	0	0
С	Add lines 10a and 10b	150,582	162,980	181,425	165,391	187,973	848,351
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0	0	0	0	0	0
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	0	0		0	0	0
13	Total support. (Add lines 9, 10c, 11, and 12.)	4,468,928	4,999,371		5,832,607	6,608,219	27,319,788
14	First five years. If the Form 990 is for the organization, check this box and stop he	ne organization	's first, secon		, or fifth tax ye	ear as a section	n 501(c)(3)
Secti	on C. Computation of Public Suppor			<u> </u>			
15	Public support percentage for 2017 (line	<u>_</u>		3. column (fi)		15	96 89 %
16	Public support percentage from 2016 Sci		-			16	96 83 %
	ion D. Computation of Investment In			<del></del>	<u> </u>	<del>. 1 </del>	
17	Investment income percentage for 2017 (			y line 13. colur	mn (f))	17	3 11 %
18	Investment income percentage from 2010	•	• •	•		18	3.17 %
19a	331/3% support tests—2017. If the organ						
<del>-</del>	17 is not more than 331/3%, check this box						
b	331/2% support tests – 2016. If the organization 18 is not more than 331/2%, check this	zation did not c	heck a box on	line 14 or line 1	19a, and line 16	s is more than 3	31/3%, and
20	Private foundation. If the organization d						

### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

04	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete P	art v	.)	
Secti	on A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	res	140
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
6	Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the chantable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	5c		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to		T	T

10b

determine whether the organization had excess business holdings.)

				-30 0
Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	-		
<b>L</b>	below, the governing body of a supported organization?	11a 11b		
	A family member of a person described in (a) above?  A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	on B. Type I Supporting Organizations	1110		
0001	on billypo i oupporting organizationo		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or	1	1	
	controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	}		
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
_		1		ļ
2	Did the organization operate for the benefit of any supported organization other than the supported	İ		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	on C. Type II Supporting Organizations	-		L
3000	on o. Type it dupporting organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	1	ł	
	or management of the supporting organization was vested in the same persons that controlled or managed			<u> </u>
	the supported organization(s).	1	<u> </u>	<u> </u>
Sect	ion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			ļ
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			ľ
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	<u> </u>	<u> </u>	_
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		ļ	
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's		1	
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's		ļ	
<del></del> -	supported organizations played in this regard	3	<u> </u>	l
Sect	ion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instru	ction	s)
а	The organization satisfied the Activities Test. Complete line 2 below.			
ь	<del></del>			
С	☐ The organization supported a governmental entity Describe in Part VI how you supported a government entity	see in	istruci	ions).
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			Ì
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part Vi identify	1	1	ĺ
	those supported organizations and explain how these activities directly furthered their exempt purposes,		}	}
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
L		2a	<b>├</b>	├
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the		}	1
	reasons for the organization's position that its supported organization(s) would have engaged in these	1	1	
	activities but for the organization's involvement.	2b	<del> </del>	-
3	Parent of Supported Organizations. Answer (a) and (b) below.		<del>                                     </del>	$t^-$
а		İ	İ	1
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			<u> </u>
_	of its supported organizations? If "Yes" describe in Part VI the role played by the organization in this regard	3b	[	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	ani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
Section A - Adjusted Net Income	izat	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		(op.io.ii)
2 Recoveries of prior-year distributions	2		<u> </u>
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d	<u></u>	
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		T
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		<u> </u>
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	_ ا		
emergency temporary reduction (see instructions).	6	<u> </u>	L
7 Check here if the current year is the organization's first as a non-functional instructions).	ly in	tegrated Type III supportin	g organization (see

Schedule A (Form 990 or 990-EZ) 2017

Part '	Type III Non-Functionally Integrated 509(a)(3	Supporting Organi	zations (continued)	- rage i		
	on D - Distributions	of Supporting Organi	zations (continued)	Current Year		
	Amounts paid to supported organizations to accomplish	exempt purposes		- Carrette Fear		
	Amounts paid to perform activity that directly furthers exempt purposes of supported					
_	organizations, in excess of income from activity	impreparaced or cuppe	1.00			
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	<del></del>		
4	Amounts paid to acquire exempt-use assets	<u> </u>		<del></del>		
5	Qualified set-aside amounts (prior IRS approval required)	<del></del>				
	Other distributions (describe in Part VI). See instructions.	<del></del>				
7	Total annual distributions. Add lines 1 through 6.					
8	Distributions to attentive supported organizations to whic (provide details in <b>Part VI</b> ). See instructions.	h the organization is res	ponsive			
9	Distributable amount for 2017 from Section C, line 6		<del></del>	<del></del>		
10	Line 8 amount divided by line 9 amount		<del></del>	<del></del>		
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017		
1	Distributable amount for 2017 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.					
3	Excess distributions carryover, if any, to 2017					
а						
b_	From 2013					
С	From 2014					
d	From 2015					
е	From 2016			!		
f	Total of lines 3a through e					
g	Applied to underdistributions of prior years					
h	Applied to 2017 distributable amount					
i	Carryover from 2012 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f					
4	Distributions for 2017 from					
	Section D, line 7:		<del></del>			
a	Applied to underdistributions of prior years		<u> </u>			
b_	Applied to 2017 distributable amount					
c	Remainder. Subtract lines 4a and 4b from 4.					
5	Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI.</b> See instructions.					
6	Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.					
7	Excess distributions carryover to 2018. Add lines 3 <sub>j</sub> and 4c.					
8	Breakdown of line 7:					
а	Excess from 2013					
b	Excess from 2014					
c	Excess from 2015					
d	Excess from 2016					
е	Excess from 2017					

Schedule A (Form 990 or 990-EZ) 2017

#### **SCHEDULE D** . (Form 990)

OMB No 1545-0047 2017

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Name of	the organization	Employ	yer identification number
WHAT	COM FAMILY YOUNG MEN'S CHRISTIAN ASSOCIATION		91-0482690
Part			Accounts.
	Complete if the organization answered "Yes" on	Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
	Aggregate value of contributions to (during year)		
	Aggregate value of grants from (during year) .		
	Aggregate value at end of year	in writing that the agents hold in	donor adwood
5	Did the organization inform all donors and donor advisors		
	funds are the organization's property, subject to the organization		
6	Did the organization inform all grantees, donors, and donor		
	only for charitable purposes and not for the benefit of the		
	conferring impermissible private benefit?	<u> </u>	· · · · · 🔲 Yes 🗌 No
Part	II Conservation Easements.		
	Complete if the organization answered "Yes" on	Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organizat		
	Preservation of land for public use (e.g., recreation or ed		torically important land area
	☐ Protection of natural habitat	<u> </u>	tified historic structure
	Preservation of open space		tinda motorio di dotaro
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in th	ne form of a conservation
2	easement on the last day of the tax year.	ned conservation contribution in tr	Held at the End of the Tax Year
	· · · · · · · · · · · · · · · · · · ·		<b></b>
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic st		2c
d	Number of conservation easements included in (c) acquire	ed after 7/25/06, and not on a	
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminate	d by the 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 t		n, handling of
	violations, and enforcement of the conservation easements		
6	Staff and volunteer hours devoted to monitoring, inspecting, handl	and of violations, and enforcing conser-	vation easements during the year
	Name of the state	ng or notations, and officering contest	ranen sassine rainig in the
7	Amount of expenses incurred in monitoring, inspecting, handling	a of violations, and enforcing conse	nyation easements during the year
•	►\$	g or violations, and emorning conser	rvation easements during the year
8	Does each conservation easement reported on line 2(d) above	a esticty the requirements of section	on 170/b\/4\/B\/i\
0	and section 170(h)(4)(B)(ii)?		
_			· · · · · ☐ Yes ☐ No
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the foot	note to the organization's financial	statements that describes the
	organization's accounting for conservation easements.		
Part	III Organizations Maintaining Collections of Art,		er Similar Assets.
	Complete if the organization answered "Yes" on	Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (/		
	works of art, historical treasures, or other similar assets t	eld for public exhibition, education	on, or research in furtherance of
	public service, provide, in Part XIII, the text of the footnote t	o its financial statements that desc	ribes these items.
b	If the organization elected, as permitted under SFAS 116	(ASC 958), to report in its reveni	ue statement and balance sheet
_	works of art, historical treasures, or other similar assets h		
	public service, provide the following amounts relating to the		,
			<b>▶</b> €
	(i) Revenue included on Form 990, Part VIII, line 1		
_	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historica		ts for financial gain, provide the
	following amounts required to be reported under SFAS 116	•	
а	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		<u> ▶ \$</u>
For Pa	perwork Reduction Act Notice, see the Instructions for Form 990	). Cat No 52283D	Schedule D (Form 990) 2017

Part	Organizations Maintaining	Collections of A	Art. Histo	orical T	reasures.	or Oth	ner Similar As	sets /	conti	nued)
3	Using the organization's acquisition, a collection items (check all that apply):									
а	☐ Public exhibition		d [		or exchang					
b	Scholarly research		e [	] Other						
С	Preservation for future generations									
4	Provide a description of the organizat XIII.	ion's collections a	nd explai	n how th	ey further	the orga	anization's exer	npt pu	rpose	in Part
5	During the year, did the organization assets to be sold to raise funds rather								Yes	□ No
Part	V Escrow and Custodial Arra		<u> </u>			_				
	Complete if the organization 990, Part X, line 21.	answered "Yes"	on Forn	n 990, F	art IV, line	9, or r	reported an an	nount	on Fo	orm
1a	Is the organization an agent, trustee, included on Form 990, Part X?								Yes	□ No
b	If "Yes," explain the arrangement in Pa	art XIII and comple	te the foll	lowing ta	ble:			_		_
	•	·					A	mount		
С	Beginning balance					1c				
ď	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f	<u> </u>			
2a	Did the organization include an amoun									☐ No
	If "Yes," explain the arrangement in Pa	art XIII. Check here	if the ex	planation	has been	provide	d on Part XIII .	<u> </u>	•	
Par		1457		000 5		40				
	Complete if the organization		(b) Prior		(c) Two year		(d) Three years bac			ers back
	Partial and anathrale	(a) Current year					<del></del>	+::-		
1a	Beginning of year balance	829,620		785,889		04,426	744,88			662,675
b	Contributions	<del></del>			<del></del>	100	2,10	<del>' </del>		0
С	losses	155.862		43,731	/4	9 637	57,44	$\langle  $		82,211
لم		155,662		43,731		18,637)	57,44	<del>' </del>		02,211
d e	Grants or scholarships Other expenditures for facilities and					+		+		<u> </u>
·	programs	اه		o		o		اه		0
f	Administrative expenses	<u>*</u>				<del></del>				0
g	End of year balance	985,482		829,620	7	85,889	804,42	6		744,886
2	Provide the estimated percentage of t									
a	Board designated or quasi-endowmer			- (3	,	,,				
b	-	00 %	-•							
С	Temporarily restricted endowment ▶	30 00 %								
	The percentages on lines 2a, 2b, and		00%.							
3a	Are there endowment funds not in the	e possession of th	e organiz	ation tha	at are held	and adr	ministered for th	ne		
	organization by:								Ye	s No
	(i) unrelated organizations							3a	(i)	1
	(ii) related organizations							3a	(ii)	1
b	If "Yes" on line 3a(ii), are the related o							3	<b>b</b>	
4	Describe in Part XIII the intended uses		n's endo	wment fu	unds.		<del></del> -			
Par	VI Land, Buildings, and Equip									
	Complete if the organization							Part :	X, line	e 10.
	Description of property	(a) Cost or ot (investm			r other basis ther)		Accumulated epreciation	(d) 1	Book va	alue
1a	Land		0		468,543					468,543
þ	Buildings		0		5,809,627		3,458,098		2,	351,529
c	Leasehold improvements		0		0		0			0
d	Equipment				1,872,592		1,145,982			726,610
e	Other	<u>·                                      </u>								
Total.	. Add lines 1a through 1e. (Column (d) r	nust equal Form 9	90, Part X	, columr	(B), line 10	)c.)	<u> </u>		3,	546,682

Part VII	Investments—Other Securities.		000 B-+ 1/ 1in	- 44h C F	- 000 B-+V 5 10
	Complete if the organization answered "	Yes" on For			
	(a) Description of security or category (including name of security)		(b) Book value		thod of valuation
(1) Financial	derivatives				
	eld equity interests			<u> </u>	
(3) Other				<del> </del>	
(A)				ļ	
(B)				<del> </del>	
(C)			<u></u>	<del> </del>	
(D) (E)			<del> </del>	<del> </del>	
(F)			<b></b>	<del> </del>	
(G)		<b>-</b>	<del> </del>	<del> </del>	
(H)			<del></del>	<del> </del>	
	b) must equal Form 990, Part X, col (B) line 12 ) ▶			<del> </del>	
Part VIII	Investments—Program Related.		<u> </u>	<del></del>	
- Color	Complete if the organization answered "	Yes" on Fo	rm 990. Part IV. Jir	ne 11c. See Form	1 990. Part X. line 13.
	(a) Description of investment		(b) Book value	<del></del>	thod of valuation
	(,,		.,,		f-of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)				ļ	
	b) must equal Form 990, Part X, col. (B) line 13 ) ►		<u> </u>	<u> </u>	<del> </del>
Part IX	Other Assets.	W# <b>-</b> -	000 David IV III	11-l O F	- 000 David V June 45
	Complete if the organization answered (		rm 990, Part IV, III	ie i ia. See Forn	(b) Book value
	(a) Descript		<del></del>	<del></del>	(b) Book value
(1)				<del> </del>	<del> </del>
(2)				<del></del>	<del> </del>
(3)					<del> </del>
(5)	<del></del>				<del> </del>
(6)	<del></del>				<del> </del>
(7)	<del></del>		<del></del>		
(8)					
(9)					
Total. (Colu	mn (b) must equal Form 990, Part X, col. (B) lir	ne 15.)	· · · · · ·	<u></u> ▶	,
Part X	Other Liabilities.		<u> </u>		
	Complete if the organization answered '	"Yes" on Fo	rm 990, Part IV, lii	ne 11e or 11f. Se	e Form 990, Part X,
	line 25.				
1.		(b) Book value			
	ncome taxes				
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)	A)				
	(b) must equal Form 990, Part X, col. (B) line 25.) ▶	1 (4) - (		.1. P	
	r uncertain tax positions. In Part XIII, provide the to 's liability for uncertain tax positions under FIN 48				

. . . .

Part	ΧI	Reconciliation of Revenue per Audited Financial Statement			Retur	n.
		Complete if the organization answered "Yes" on Form 990,		V, line 12a.	<del></del>	<del></del>
1		revenue, gains, and other support per audited financial statements			1	6,749,394
2		unts included on line 1 but not on Form 990, Part VIII, line 12:	1 .			
а		unrealized gains (losses) on investments	2a	105,175		
b		ated services and use of facilities	2b	156,000		
C		overies of prior year grants	2c			
d		r (Describe in Part XIII.)	2d	<u> </u>		
е					2e	261,175
3		ract line 2e from line 1	· ·		3	6,488,219
4		unts included on Form 990, Part VIII, line 12, but not on line 1:	١.	ĺ		
а		stment expenses not included on Form 990, Part VIII, line 7b	4a			
b		er (Describe in Part XIII.)	4b	(9,098)		
_c		lines 4a and 4b			4c	(9,098)
5		I revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	6,479,121
Part	XII	Reconciliation of Expenses per Audited Financial Statem			r Heti	urn.
		Complete if the organization answered "Yes" on Form 990,			<del></del>	2 2 4 2 2 2 2
1		определения постава разгивания постава			1	6,342,667
2		ounts included on line 1 but not on Form 990, Part IX, line 25:	1 -	1 450.000		
а		ated services and use of facilities	2a	156,000		
b		r year adjustments	2b			
C		er losses	2c			
d		er (Describe in Part XIII.)	2d	9,098		
е		lines 2a through 2d			2e	165,098
3		tract line 2e from line 1	; .		3	6,177,569
4		ounts included on Form 990, Part IX, line 25, but not on line 1:	1.	Ì		
a		stment expenses not included on Form 990, Part VIII, line 7b	4a			
b		er (Describe in Part XIII.)	4b	0		_
_c					4c	0
5	XIII	al expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information.	e 18.,	• • • • • •	5	6,177,569
		descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an ines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part				
			<del>-</del>			
					•	
						***************************************
					•••••	
			••••		•	

#### **SCHEDULE 0** (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ
Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information

Attach to Form 990 or 990-EZ

▶ Go to www irs gov/Form990 for the latest information

OMB No 1545-0047 2017 Open to Public Inspection

Department of Treasury Internal Revenue Service

Name of the Organization
WHATCOM FAMILY YOUNG MEN'S CHRISTIAN ASSOCIATION

Employer Identification Number 91-0482690

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION	AND CHILDREN COMMITTED TO BRINGING ABOUT LASTING PERSONAL AND SOCIAL CHANGE WITH A FOCUS ON NURTURING THE POTENTIAL OF EVERY CHILD AND TEEN, IMPROVING THE COMMUNITY'S HEALTH AND WELL-BEING AND PROVIDING OPPORTUNITIES TO GIVE BACK AND SUPPORT NEIGHBORS, THE YMCA ENABLES YOUTH, ADULTS, FAMILIES AND COMMUNITIES TO BE HEALTHY, CONFIDENT, CONNECTED AND SECURE
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	FORM 990 WILL BE MADE AVAILABLE BY THE EXECUTIVE DIRECTOR TO THE BOARD OF DIRECTORS TO REVIEW AND MAKE RECOMMENDATIONS FOR CHANGES IF NEEDED THE FINAL RETURN IS APPROVED BY THE BOARD OF DIRECTORS PRIOR TO FILING
FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY	ANNUAL SURVEY COLLECTED BY EXECUTIVE DIRECTOR
FORM 990, PART VI, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	EXECUTORY REVIEW, WHICH CONSISTS OF COLLECTING INFORMATION FROM THE YMCA USA AND REGIONAL OFFICES TO DETERMINE REASONABLE SALARY CONSIDERATION IS GIVEN FOR TIME IN CURRENT POSITION AND COMPARABLE SALARIES FOR SIMILAR POSITIONS
FORM 990, PART VI, LINE 15B - PROCESS TO ESTABLISH COMPENSATION OF OTHER EMPLOYEES	EXECUTORY REVIEW, WHICH CONSISTS OF COLLECTING INFORMATION FROM THE YMCA USA AND REGIONAL OFFICES TO DETERMINE REASONABLE SALARY CONSIDERATION IS GIVEN FOR TIME IN CURRENT POSITION AND COMPARABLE SALARIES FOR SIMILAR POSITIONS
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	DOCUMENTS ARE AVAILABLE UPON REQUEST THIS OPTION IS NOTED IN THE BROCHURE AND NEWSLETTERS SENT TO ALL MEMBERS
FORM 990, PART XII, LINE 2C - FINANCIAL STATEMENT OVERSIGHT PROCESS	NO CHANGES TO THE OVERSIGHT PROCESS DURING THE YEAR