

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2021

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2021 calendar year, or tax year beginning , 2021, and ending , 20

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF WENATCHEE
 Doing business as WENATCHEE VALLEY YMCA
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
 217 ORONDO AVE
 City or town, state or province, country, and ZIP or foreign postal code
 WENATCHEE, WA 98801

D Employer identification number
91-0578224

E Telephone number
(509) 662-2109

F Name and address of principal officer: DORRY FOSTER
SAME AS C ABOVE

G Gross receipts \$ 4,339,452

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. See instructions.

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ WWW.WENYMCA.ORG

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1910

M State of legal domicile: WA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE WENATCHEE VALLEY YMCA STRENGTHENS THE FOUNDATIONS OF THE COMMUNITY. WITH A COMMITMENT TO YOUTH DEVELOPMENT, HEALTHY LIVING, AND (CONTINUED ON SCHEDULE O)		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	30
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	26
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	157
	6 Total number of volunteers (estimate if necessary)	6	84
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	2,082,193	2,297,849
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,287,947	1,889,335
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	38,558	36,746
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	48,483	23,685
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	3,457,181	4,247,615
	14 Benefits paid to or for members (Part IX, column (A), line 4)	7,825	35,739
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		
	16a Professional fundraising fees (Part IX, column (A), line 11e)	1,627,524	1,356,044
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 94,111	0	0
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	729,207	730,418
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	2,364,556	2,122,201
19 Revenue less expenses. Subtract line 18 from line 12	1,092,625	2,125,414	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	5,537,580	8,300,993
	22 Net assets or fund balances. Subtract line 21 from line 20	134,861	683,852

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer: *Dorry Foster* Date: 10/19/2022

DORRY FOSTER, CHIEF EXECUTIVE OFFICER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: MICHAEL YALE, CPA
 Preparer's signature: *Michael Yale*
 Date: 10-18-2022
 Check if self-employed
 PTIN: P01301652

Firm's name ▶ GOETZ, BAILEY & YALE P.S.
 Firm's EIN ▶ 91-1874918
 Firm's address ▶ 159 SOUTH WORTHEN STREET, SUITE 100, WENATCHEE, WA 98801
 Phone no. (509) 662-9691

May the IRS discuss this return with the preparer shown above? See instructions Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form **990** (2021)

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:
THE MISSION OF THE WENATCHEE VALLEY YMCA IS TO STRENGTHEN YOUTH, FAMILIES, AND COMMUNITIES BY PROMOTING CHRISTIAN PRINCIPLES AND PUTTING THEM INTO PRACTICE THROUGH LEADERSHIP AND PROGRAMS THAT BUILD HEALTHY SPIRIT, MIND, AND BODY FOR ALL.

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 815,272 including grants of \$ 10,457) (Revenue \$ 1,080,317)
YOUTH DEVELOPMENT; YMCA YOUTH AND TEEN PROGRAMS PROVIDE QUALITY ACTIVITIES LED BY APPROPRIATE ROLE MODELS IN POSITIVE ENVIRONMENTS FOR CHILDREN WHO MIGHT OTHERWISE BE UNSUPERVISED. PARTICIPANTS DEVELOP SELF-ESTEEM AND GOOD VALUES LIKE CARING, HONESTY, RESPECT, AND RESPONSIBILITY. THE YMCA TEEN CENTER IS OPEN 20 HOURS PER WEEK AND INCLUDES A ACTIVITIES FOR STEM, ARTS, CREATIVE LEARNING CENTERS, GAMING, COOKING CLASSES, AND SPECIAL EVENTS. OTHER YOUTH DEVELOPMENT PROGRAMS INCLUDE LICENSED CHILDCARE, SWIMMING LESSONS, TEEN STRENGTH TRAINING, YOUTH BASKETBALL, AND RECREATION SWIMS THAT ALLOW CHILDREN TO DEVELOP NEW SKILLS AND PROVIDE POSITIVE OUTLETS FOR YOUTHFUL ENERGY. Y ACADEMY, STUDENT CARE, SUMMER ADVENTURE CAMP, AND EXTREME TEENS ALL SUPPORT HEALTHY FAMILIES BY PROVIDING QUALITY CARE FOR CHILDREN OF WORKING PARENTS. NO CHILD IS EVER DENIED PARTICIPATION BECAUSE OF AN INABILITY TO PAY. YMCA YOUTH DEVELOPMENT PROGRAMS SERVED MORE THAN 2001 YOUTH IN 2021.

4b (Code:) (Expenses \$ 541,090 including grants of \$ 2,492) (Revenue \$ 541,191)
HEALTH ENHANCEMENT PROGRAMS: YMCA HEALTH ENHANCEMENT PROGRAMS STRESS THE VALUE OF PREVENTION THROUGH SOUND PHYSICAL ACTIVITIES AND HEALTHY LIFESTYLE HABITS. A POSITIVE ENVIRONMENT AND SUPPORTIVE STAFF BUILD A SPIRIT OF COMMUNITY THAT ENCOURAGES PARTICIPANTS WHO NEED CONSISTENT SUPPORT TO REACH THEIR WELLNESS GOALS. A REDUCED FEE MEMBERSHIP IS AVAILABLE TO INDIVIDUALS WHOSE ANNUAL INCOME IS LESS THAN \$25,000 AND TO HOUSEHOLDS WHOSE ANNUAL INCOME IS LESS THAN \$33,000 WITH ADJUSTS FOR THE SIZE OF THE FAMILY THEREAFTER. THE AVAILABILITY OF AFFORDABLE PROGRAMS, FACILITIES, AND EQUIPMENT CONTRIBUTES TO THE HEALTH OF THE COMMUNITY. YMCA HEALTH ENHANCEMENT PROGRAM OFFERINGS INCLUDE AEROBIC DANCE, PERSONAL FITNESS, WATER EXERCISE, STRENGTH TRAINING, CARDIOVASCULAR TRAINING, SWIMMING, BASKETBALL, RACQUETBALL, DANCE, FAMILY ACTIVITIES, TAI CHI, NUTRITION, AND GROUP CYCLING. YMCA HEALTH ENHANCEMENT PROGRAMS SERVED MORE THAN 1854 PEOPLE IN 2021.

4c (Code:) (Expenses \$ 331,059 including grants of \$ 22,790) (Revenue \$ 267,827)
CAMPING: YMCA CAMPING PROGRAMS PROMOTE SPIRITUAL AWARENESS, ENVIRONMENTAL EDUCATION, PHYSICAL WELLBEING AND SOCIAL GROWTH. YMCA CAMPING PROGRAMS EMPHASIZE CHARACTER DEVELOPMENT, TEACHING NEW SKILLS, AND ARE DESIGNED TO BUILD SELF-ESTEEM IN CHILDREN AND TEENS. FINANCIAL ASSISTANCE IS AVAILABLE TO CHILDREN UNABLE TO AFFORD THE REGULAR FEES. THE YMCA ALSO PROVIDES OUTDOOR EDUCATION AND RECREATION FOR A NUMBER OF SCHOOLS AND NOT FOR PROFIT ORGANIZATIONS. DUE TO PANDEMIC RESTRICTIONS, THE WENATCHEE VALLEY YMCA CAMPING PROGRAMS SERVED 818 PEOPLE IN 2021 IN A FAMILY CAMPING MODEL.

4d Other program services (Describe on Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ► 1,687,421

Part IV Checklist of Required Schedules

	Yes	No	
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	✓	
2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	✓	
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		✓
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		✓
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		✓
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		✓
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		✓
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		✓
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		✓
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10	✓	
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.			
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	✓	
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		✓
c 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		✓
d 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		✓
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		✓
f 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	11f	✓	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	✓	
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		✓
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		✓
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		✓
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		✓
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		✓
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		✓
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		✓
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		✓
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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		✓

Part IV Checklist of Required Schedules (continued)

		Yes	No
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 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	✓	
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? <i>If "Yes," complete Schedule J</i>		✓
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		✓
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	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? <i>If "Yes," complete Schedule L, Part I</i>		✓
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		✓
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		✓
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		✓
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	✓	
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		✓
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	✓	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		✓
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		✓
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? <i>If "Yes," complete Schedule R, Part I</i>		✓
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		✓
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		✓
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		✓
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? <i>If "Yes," complete Schedule R, Part VI</i>		✓
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	✓	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

		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 on line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	✓	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No		
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	157		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	2b		✓	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			✓
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on 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 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 instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			✓
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			✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a			
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 to file Form 8282?	7c			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
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 sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
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 amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			✓
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17			

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 on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	30	
b	Enter the number of voting members included on line 1a, above, who are independent	26	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	<input checked="" type="checkbox"/>	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		<input checked="" type="checkbox"/>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<input checked="" type="checkbox"/>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		<input checked="" type="checkbox"/>
6	Did the organization have members or stockholders?	<input checked="" type="checkbox"/>	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	<input checked="" type="checkbox"/>	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<input checked="" type="checkbox"/>	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	<input checked="" type="checkbox"/>	
b	Each committee with authority to act on behalf of the governing body?	<input checked="" type="checkbox"/>	
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 on Schedule O		<input checked="" type="checkbox"/>

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		<input checked="" type="checkbox"/>
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<input checked="" type="checkbox"/>	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	<input checked="" type="checkbox"/>	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<input checked="" type="checkbox"/>	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done.	<input checked="" type="checkbox"/>	
13	Did the organization have a written whistleblower policy?	<input checked="" type="checkbox"/>	
14	Did the organization have a written document retention and destruction policy?	<input checked="" type="checkbox"/>	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	<input checked="" type="checkbox"/>	
b	Other officers or key employees of the organization		<input checked="" type="checkbox"/>
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		<input checked="" type="checkbox"/>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its 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?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ► NONE
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records ►
DORRY FOSTER, 217 ORONDO, WENATCHEE, WA 98801, (509) 662-2109

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

Check if Schedule O contains a response or note to any line in this Part VII

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 the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DORRY FOSTER CHIEF EXECUTIVE OFFICER	40.0			✓				140,400	0	18,376
(2) AGUSTIN REYES DIRECTOR	1.0	✓						0	0	0
(3) CAROLYN MAGEE DIRECTOR	1.0	✓						0	0	0
(4) CINDY ULRICH DIRECTOR	1.0	✓						0	0	0
(5) CLAUDIA DE ROBLES DIRECTOR	1.0	✓						0	0	0
(6) DON MYERS DIRECTOR	1.0	✓						0	0	0
(7) ERNEST RADILLO TRUSTEE	1.0	✓						0	0	0
(8) JASON UNDERWOOD DIRECTOR	1.0	✓						0	0	0
(9) JULIE NORTON DIRECTOR	1.0	✓						0	0	0
(10) KATE EVANS DIRECTOR	1.0	✓						0	0	0
(11) KATHY EMERICK TRUSTEE	1.0	✓						0	0	0
(12) KATIE KAVANAUGH PAULY TRUSTEE	1.0	✓						0	0	0
(13) KENZIE CONLEY DIRECTOR	1.0	✓						0	0	0
(14) KRISTA BECK TRUSTEE	1.0	✓						0	0	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) KRYSTAL FROST DIRECTOR	1.0	<input checked="" type="checkbox"/>						0	0	0
(16) MICHAEL SIEG DIRECTOR	1.0	<input checked="" type="checkbox"/>						0	0	0
(17) RANA WILCOX DIRECTOR	1.0	<input checked="" type="checkbox"/>						0	0	0
(18) ROB JOHNSON TRUSTEE	1.0	<input checked="" type="checkbox"/>						0	0	0
(19) RON SKAGEN TRUSTEE	1.0	<input checked="" type="checkbox"/>						0	0	0
(20) ROXANNE CATES DIRECTOR	1.0	<input checked="" type="checkbox"/>						0	0	0
(21) RUFUS WOODS TRUSTEE	1.0	<input checked="" type="checkbox"/>						0	0	0
(22) SARAH BUMPS DIRECTOR	1.0	<input checked="" type="checkbox"/>						0	0	0
(23) STEVE KOLK DIRECTOR	1.0	<input checked="" type="checkbox"/>						0	0	0
(24) STEVE LEE TRUSTEE	1.0	<input checked="" type="checkbox"/>						0	0	0
(25) (SEE STATEMENT)										
1b Subtotal								140,400	0	18,376
c Total from continuation sheets to Part VII, Section A								0	0	0
d Total (add lines 1b and 1c)								140,400	0	18,376

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 1

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **▶** 0

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants, and Other Similar Amounts	1a	Federated campaigns	1a 0					
	b	Membership dues	1b 0					
	c	Fundraising events	1c 0					
	d	Related organizations	1d 0					
	e	Government grants (contributions)	1e 403,280					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 1,894,569					
	g	Noncash contributions included in lines 1a-1f	1g \$ 5,000					
	h	Total. Add lines 1a-1f						2,297,849
Program Service Revenue	2a	YOUTH DEVELOPMENT	Business Code	1,080,317	1,080,317			
	b	HEALTHY LIVING		541,191	541,191			
	c	SOCIAL RESPONSIBILITY		267,827	267,827			
	d							
	e							
	f	All other program service revenue		0	0	0	0	
	g	Total. Add lines 2a-2f		1,889,335				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		31,602	0	0	31,602	
	4	Income from investment of tax-exempt bond proceeds		0	0	0	0	
	5	Royalties		0	0	0	0	
	6a	Gross rents	(i) Real	7,602				
			(ii) Personal					
			6c	Rental income or (loss)				
	d	Net rental income or (loss)		7,602			7,602	
	7a	Gross amount from sales of assets other than inventory	(i) Securities	87,213				
			(ii) Other	9,768				
			7c	Gain or (loss)				
	d	Net gain or (loss)		5,144			5,144	
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
	b	Less: direct expenses	8b					
	c	Net income or (loss) from fundraising events						
	9a	Gross income from gaming activities. See Part IV, line 19	9a					
b	Less: direct expenses	9b						
c	Net income or (loss) from gaming activities							
10a	Gross sales of inventory, less returns and allowances	10a						
b	Less: cost of goods sold	10b						
c	Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11a	MISCELLANEOUS	Business Code	813410	1,654		1,654	
	b	GAIN FROM INSURANCE CLAIM		900099	14,429		14,429	
	c							
	d	All other revenue		0	0	0	0	
	e	Total. Add lines 11a-11d		16,083				
12	Total revenue. See instructions		4,247,615	1,889,335	0	60,431		

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, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22	35,739	35,739		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0	0		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	148,376	51,932	74,188	22,256
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7	Other salaries and wages	916,573	821,813	72,029	22,731
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	45,339	33,103	10,470	1,766
9	Other employee benefits	103,787	82,762	19,024	2,001
10	Payroll taxes	141,969	119,770	17,116	5,083
11	Fees for services (nonemployees):				
a	Management	0	0	0	0
b	Legal	0	0	0	0
c	Accounting	19,479	0	19,479	0
d	Lobbying	0	0	0	0
e	Professional fundraising services. See Part IV, line 17	0			0
f	Investment management fees	12,603	0	12,603	0
g	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	118,972	52,263	32,576	34,133
12	Advertising and promotion	8,113	2,113	172	5,828
13	Office expenses	32,561	20,906	11,655	0
14	Information technology	32,942	0	32,942	0
15	Royalties	0	0	0	0
16	Occupancy	154,329	141,511	12,818	0
17	Travel	10,106	7,035	2,758	313
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings	4,353	1,150	3,203	0
20	Interest	0	0	0	0
21	Payments to affiliates	27,262	27,262	0	0
22	Depreciation, depletion, and amortization	102,807	102,807	0	0
23	Insurance	35,482	31,761	3,721	0
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a	PROGRAM SUPPLIES	95,179	89,495	5,684	0
b	EQUIPMENT, REPAIRS, AND MAINTENANCE	44,506	40,634	3,872	0
c	OTHER	8,778	5,534	3,244	0
d	MERCHANT AND BANK FEES	19,831	19,831	0	0
e	All other expenses	3,115	0	3,115	0
25	Total functional expenses. Add lines 1 through 24e	2,122,201	1,687,421	340,669	94,111
26	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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0	0	0	0

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	1,409,513	1	2,785,862
	2 Savings and temporary cash investments	0	2	
	3 Pledges and grants receivable, net	0	3	
	4 Accounts receivable, net	320,560	4	1,552,959
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	0
	7 Notes and loans receivable, net	0	7	
	8 Inventories for sale or use	0	8	
	9 Prepaid expenses and deferred charges	10,830	9	20,961
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 5,712,764		
	b Less: accumulated depreciation	10b 2,725,048	2,918,332	10c 2,987,716
	11 Investments—publicly traded securities	858,344	11	945,899
	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 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	20,001	15	7,596
16 Total assets. Add lines 1 through 15 (must equal line 33)	5,537,580	16	8,300,993	
Liabilities	17 Accounts payable and accrued expenses	69,754	17	67,729
	18 Grants payable	0	18	0
	19 Deferred revenue	43,264	19	602,735
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	21,843	24	13,388
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D	0	25	0
	26 Total liabilities. Add lines 17 through 25	134,861	26	683,852
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	4,218,090	27	5,187,746
	28 Net assets with donor restrictions	1,184,629	28	2,429,395
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds	0	29	0
	30 Paid-in or capital surplus, or land, building, or equipment fund	0	30	0
	31 Retained earnings, endowment, accumulated income, or other funds	0	31	0
32 Total net assets or fund balances	5,402,719	32	7,617,141	
33 Total liabilities and net assets/fund balances	5,537,580	33	8,300,993	

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	4,247,615
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,122,201
3	Revenue less expenses. Subtract line 2 from line 1	3	2,125,414
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,402,719
5	Net unrealized gains (losses) on investments	5	89,008
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 on Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	7,617,141

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		✓
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	✓	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	✓	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		✓
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.		

Part VII

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (Check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(25) STEVE ROBINSON ----- DIRECTOR	1.0 -----	✓						0	0	0
(26) TOM MERRILL ----- DIRECTOR	1.0 -----	✓						0	0	0
(27) ALICIA NAKATA ----- VICE CHAIR	1.0 -----			✓				0	0	0
(28) ART RUCKMAN ----- CHIEF VOLUNTEER OFFICER	1.0 -----			✓				0	0	0
(29) JEFF ROUNDS ----- SECRETARY	1.0 -----			✓				0	0	0
(30) SEAN PATTON ----- TREASURER	1.0 -----			✓				0	0	0

**SCHEDULE A
(Form 990)**

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.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization

YOUNG MEN'S CHRISTIAN ASSOCIATION OF WENATCHEE

Employer identification number

91-0578224

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 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 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)**.
- 7 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)(vii)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 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.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Cat. No. 11285F

Schedule A (Form 990) 2021

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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						
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						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4						
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. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test—2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test—2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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 A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	479,980	583,130	569,670	2,082,193	2,297,849	6,012,822
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	1,876,832	2,458,298	2,903,948	1,287,947	1,889,335	10,416,360
3 Gross receipts from activities that are not an unrelated trade or business under section 513		0				0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf		0				0
5 The value of services or facilities furnished by a governmental unit to the organization without charge		0				0
6 Total. Add lines 1 through 5	2,356,812	3,041,428	3,473,618	3,370,140	4,187,184	16,429,182
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	0	0
8 Public support. (Subtract line 7c from line 6.)						16,429,182

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6	2,356,812	3,041,428	3,473,618	3,370,140	4,187,184	16,429,182
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	111,117	48,947	(1,301)	24,271	31,602	214,636
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	111,117	48,947	(1,301)	24,271	31,602	214,636
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	15,606	30,351	24,559	48,483	23,685	142,684
13 Total support. (Add lines 9, 10c, 11, and 12.)	2,483,535	3,120,726	3,496,876	3,442,894	4,242,471	16,786,502
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	97.87 %
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	97.50 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	1.00 %
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	2.00 %
19a 33 1/3% support tests—2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% support tests—2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

Part IV Supporting Organizations

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

Section 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 Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
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 Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.		
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 Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c 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 Part VI 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.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , 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).		
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?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 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 charitable 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 .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).		
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 .		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c Did a disqualified person (as defined on 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 .		
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 line 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
11a			
b	A family member of a person described on line 11a above?		
11b			
c	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		
11c			

Section B. Type I Supporting Organizations

		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, 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			
2	Did the organization operate for the benefit of any supported organization other than the supported 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			

Section C. Type II Supporting 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 or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
1			

Section 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 year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the 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 organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
2			
3	By reason of the relationship described on line 2, above, 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 income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
3			

Section 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 instructions).		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2	Activities Test. Answer lines 2a and 2b below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify 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.		
2a			
b	Did the activities described on line 2a, above, 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 Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
2b			
3	Parent of Supported Organizations. Answer lines 3a and 3b below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI .		
3a			
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each 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 Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
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)
1	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	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
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 0.015 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 0.035.	6	
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 0.85 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	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D—Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required—explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2021		
a	From 2016		
b	From 2017		
c	From 2018		
d	From 2019		
e	From 2020		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2021 distributable amount		
i	Carryover from 2016 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2021 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2021 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2022. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2017		
b	Excess from 2018		
c	Excess from 2019		
d	Excess from 2020		
e	Excess from 2021		

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Return Reference - Identifier	Explanation
SCHEDULE A, PART I, LINE 6 - PART I LINE 6	84 VOLUNTEERS SHARE THEIR TIME (2,422HRS) AND TALENTS TO ENHANCE THE QUALITY AND STRENGTH OF YMCA PROGRAMS IN 2021, INCLUDING CAMPAIGN VOLUNTEERS THAT RAISE FUNDS ANNUALLY FOR THE YMCA'S PARTNERS WITH YOUTH CAMPAIGN TO PROVIDE YMCA YOUTH SCHOLARSHIPS. YMCA GOVERNANCE VOLUNTEERS DEVELOP POLICIES AND SHAPE THE FUTURE OF THE WENATCHEE VALLEY YMCA BY SERVING ON THE BOARD OF DIRECTORS AND TRUSTEES. THE LAKE WENATCHEE YMCA CAMP RELIES HEAVILY ON VOLUNTEER NURSES THROUGHOUT THE SUMMER AND WORK WEEKENDS RELY ON DOZENS OF DEDICATED VOLUNTEERS FOR SEASONAL PROJECTS TO BE COMPLETED.

Return Reference - Identifier	Explanation						
SCHEDULE A, PART III, LINE 12 - OTHER INCOME	Other Income Type	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	(1) RENTAL INCOME	11,972	13,461	14,283	15,184	7,602	62,502
	(2) OTHER INCOME	3,634	16,890	10,276	8,621	1,654	41,075
	(3) INSURANCE CLAIM				24,678	14,429	39,107

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Name of the organization: YOUNG MEN'S CHRISTIAN ASSOCIATION OF WENATCHEE
Employer identification number: 91-0578224

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

- 501(c)(3) (enter number) organization
4947(a)(1) nonexempt charitable trust not treated as a private foundation
527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
4947(a)(1) nonexempt charitable trust treated as a private foundation
501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF WENATCHEE	Employer identification number 91-0578224
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	_____ _____ WENATCHEE, WA 98801 _____	\$ _____ 100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	CARDEN HADLEY TRUST _____ PO BOX 830269 _____ DALLAS, TX 75283 _____	\$ _____ 56,760	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	AZ WELLS FOUNDATION _____ PO BOX 4899 _____ ATLANTA, GA 30303 _____	\$ _____ 105,090	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	PREBBLE FAMILY TRUST _____ 9 S. WENATCHEE AVE _____ WENATCHEE, WA 98801 _____	\$ _____ 78,110	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	U.S. SMALL BUSINESS ADMINISTRATION _____ 409 3RD STREET SW, SUITE 8000 _____ WASHINGTON, DC 20416 _____	\$ _____ 403,280	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	_____ _____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

YOUNG MEN'S CHRISTIAN ASSOCIATION OF WENATCHEE

91-0578224

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	----- ----- -----	\$ -----	-----

Name of organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF WENATCHEE	Employer identification number 91-0578224
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ _____
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
----- ----- -----		----- ----- -----	
-----	----- ----- -----	----- ----- -----	----- ----- -----
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
----- ----- -----		----- ----- -----	
-----	----- ----- -----	----- ----- -----	----- ----- -----
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
----- ----- -----		----- ----- -----	
-----	----- ----- -----	----- ----- -----	----- ----- -----
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
----- ----- -----		----- ----- -----	
-----	----- ----- -----	----- ----- -----	----- ----- -----
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
----- ----- -----		----- ----- -----	

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

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.

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization

YOUNG MEN'S CHRISTIAN ASSOCIATION OF WENATCHEE

Employer identification number

91-0578224

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question number, Description, and Held at the End of the Tax Year. Includes questions 1-9 regarding conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question number, Description, and Amount. Includes questions 1a, 1b, 2, a, b regarding art and historical treasures.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange program
 - e** Other _____
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	664,059	611,858	543,786	593,668	536,385
b Contributions	5,655	1,605	600	350	4,916
c Net investment earnings, gains, and losses	74,840	71,522	90,068	(27,652)	74,141
d Grants or scholarships	0	0		0	0
e Other expenditures for facilities and programs	13,729	20,926	22,596	22,580	21,774
f Administrative expenses	0	0	0	0	0
g End of year balance	730,825	664,059	611,858	543,786	593,668

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment 73.61 %
- b** Permanent endowment 26.39 %
- c** Term endowment 0.00 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|------------------------------------|-------------------------------------|-------------------------------------|
| (i) Unrelated organizations | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (ii) Related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0	1,515,958	0	1,515,958
b Buildings	0	2,965,115	1,748,723	1,216,392
c Leasehold improvements	0	462,571	359,583	102,988
d Equipment	0	769,120	616,742	152,378
e Other	0	0	0	0
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				2,987,716

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) . ▶		

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) . ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	0

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII .

Part XIII

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference - Identifier	Explanation	
SCHEDULE D, PART XI, LINE 2(D) - OTHER REVENUES IN AUDITED FINANCIAL STATEMENTS NOT IN FORM 990	(a) Description	(b) Amount
	CARES ACT EMPLOYEE RETENTION CREDIT	697,308
SCHEDULE D, PART XII, LINE 2(D) - OTHER EXPENSES IN AUDITED FINANCIAL STATEMENTS NOT IN FORM 990	(a) Description	(b) Amount
	CARES ACT EMPLOYEE RETENTION CREDIT	697,308

Part XIII

Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference - Identifier	Explanation
SCHEDULE D, PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUNDS	IN ACCORDANCE WITH THE WISHES OF DONORS, INCOME FROM ENDOWMENT FUNDS IS USED TO FURTHER THE YMCA'S MISSION. 2021 POLICY ALLOWS UP TO 4% OF THE VALUE OF ENDOWMENT FUNDS TO BE USED.
SCHEDULE D, PART X, LINE 2 - FIN 48 (ASC 740) FOOTNOTE	THE ASSOCIATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. HOWEVER, INCOME GENERATED BY ACTIVITIES THAT WOULD BE CONSIDERED UNRELATED TO THE ASSOCIATION'S EXEMPT PURPOSE WOULD BE SUBJECT TO UNRELATED BUSINESS INCOME TAX (UBIT). THE ASSOCIATION DID NOT ENGAGE IN ANY UNRELATED BUSINESS ACTIVITIES DURING THE YEARS ENDING DECEMBER 31, 2021 AND 2020. THEREFORE, NO PROVISION FOR UBIT TAX HAS BEEN RECORDED. THE MOST SIGNIFICANT TAX POSITIONS OF THE ASSOCIATION ARE ITS ASSERTIONS THAT IT IS EXEMPT FROM INCOME TAXES AND ITS DETERMINATION OF WHETHER ANY AMOUNTS ARE SUBJECT TO UNRELATED BUSINESS TAX (UBIT). ALL SIGNIFICANT TAX POSITIONS HAVE BEEN CONSIDERED BY MANAGEMENT. IT HAS BEEN DETERMINED THAT IT IS MORE LIKELY THAN NOT THAT ALL TAX POSITIONS WOULD BE SUSTAINED UPON EXAMINATION BY TAXING AUTHORITIES.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization

YOUNG MEN'S CHRISTIAN ASSOCIATION OF WENATCHEE

Employer identification number

91-0578224

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) -----							
(2) -----							
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							
(8) -----							
(9) -----							
(10) -----							
(11) -----							
(12) -----							

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
- 3 Enter total number of other organizations listed in the line 1 table ▶

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

Cat. No. 50055P

Schedule I (Form 990) 2021

Part IV

Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference - Identifier	Explanation
<p>SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS.</p>	<p>THE WENATCHEE VALLEY YMCA PROVIDES MEMBERSHIP AND PROGRAM SCHOLARSHIPS TO YOUTH WHOSE PARENT INDICATES THEY ARE UNABLE TO AFFORD THE REGULAR FEES. EACH APPLICANT IS REQUIRED TO COMPLETE A BRIEF FORM THAT MUST BE SIGNED BY A PARENT CERTIFYING THEY ARE UNABLE TO AFFORD THE REGULAR FEES AND TO IDENTIFY THEIR HOUSEHOLD INCOME. WHEN AN APPLICATION IS RECEIVED, THE PARENT IS NOTIFIED THAT THEIR APPLICATION HAS BEEN APPROVED AND THE AMOUNT OF ASSISTANCE THEY HAVE BEEN AWARDED. THE ASSISTANCE IS IN THE FORM OF A CREDIT THAT IS APPLIED TO THE APPROPRIATE PROGRAM OR MEMBERSHIP FEE UPON REGISTRATION. THE NUMBER OF RECIPIENTS LISTED IN PART III COLUMN (B) IS THE NUMBER OF SCHOLARSHIPS USED AND IS A DUPLICATED COUNT AS RECIPIENTS MAY HAVE RECEIVED MULTIPLE SCHOLARSHIPS. THE TOTAL VALUE OF SCHOLARSHIPS REDEEMED IS LISTED IN PART III COLUMN C. WE HAVE LISTED THIS VALUE BASED ON THE AMOUNT CREDITED TO THE PUBLISHED PRICES CHARGED, BUT IT SHOULD BE NOTED THAT YMCA YOUTH MEMBERSHIP AND PROGRAMS FEES DO NOT COVER THE FULL COST OF YOUTH MEMBERSHIP AND PROGRAM SERVICES. THEREFORE, THE TOTAL COST OF SERVICES PROVIDED BY SCHOLARSHIPS WOULD BE CONSIDERABLY HIGHER.</p>

**SCHEDULE L
(Form 990)**

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open To Public Inspection

Name of the organization

YOUNG MEN'S CHRISTIAN ASSOCIATION OF WENATCHEE

Employer identification number

91-0578224

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958. ▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total						▶ \$						

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Cat. No. 50056A

Schedule L (Form 990) 2021

Part V

Supplemental Information. Provide additional information for responses to questions on Schedule L (see instructions).

Return Reference - Identifier	Explanation
<p>SCHEDULE L, PART II - CLAUDIA DE ROBLES</p>	<p>CLAUDIA DE ROBLES IS A BRANCH MANAGER FOR CASHMERE VALLEY BANK AND A MEMBER OF THE YMCA BOARD OF DIRECTORS. THE YMCA HAS SEVERAL BANK ACCOUNTS WITH CASHMERE VALLEY BANK FROM WHICH A STANDARD INTEREST IS PAID TO THE YMCA. THE SELECTION PROCESS FOR THESE ACCOUNTS WAS MADE BY THE YMCA FINANCE COMMITTEE BASED ON INTEREST RATES AND BANK LOCATIONS. CLAUDIA DE ROBLES WAS NOT ON THE YMCA BOARD OF DIRECTORS DURING THE DISCUSSIONS THAT LED TO THESE DECISIONS NOR WAS SHE A PART OF THESE DISCUSSIONS. THE YMCA PURCHASES ACH AND CREDIT CARD SERVICES FROM CASHMERE VALLEY BANK. THE DECISION TO PURCHASE THESE SERVICES WAS MADE BY THE YMCA EXECUTIVE DIRECTOR BASED ON BANK LOCATION AND CONVENIENCE OF HAVING ALL BANKING SERVICES HANDLED BY ONE BANK. CLAUDIA DE ROBLES WAS NOT INVOLVED IN THE DECISION PROCESS. ALL INTEREST RATES AND CHARGES WERE BASED ON CURRENT MARKET RATES. THE ASSOCIATION OBTAINED A PAYCHECK PROTECTION PROGRAM LOAN THROUGH CASHMERE VALLEY BANK. NOT REPORTABLE ON SCHEDULE L.</p>
<p>SCHEDULE L, PART II - STEVE LEE</p>	<p>STEVE LEE IS A LOAN OFFICER FOR CASHMERE VALLEY BANK AND A MEMBER OF THE YMCA BOARD OF TRUSTEES. THE YMCA HAS SEVERAL BANK ACCOUNTS WITH CASHMERE VALLEY BANK FROM WHICH A STANDARD INTEREST IS PAID TO THE YMCA. THE SELECTION PROCESS FOR THESE ACCOUNTS WAS MADE BY THE YMCA FINANCE COMMITTEE BASED ON INTEREST RATES AND BANK LOCATIONS. STEVE LEE WAS NOT ON THE YMCA BOARD OF TRUSTEES DURING THE DISCUSSIONS THAT LED TO THESE DECISIONS NOR WAS HE A PART OF THESE DISCUSSIONS. THE YMCA PURCHASES ACH AND CREDIT CARD SERVICES FROM CASHMERE VALLEY BANK. THE DECISION TO PURCHASE THESE SERVICES WAS MADE BY THE YMCA EXECUTIVE DIRECTOR BASED ON BANK LOCATION AND CONVENIENCE OF HAVING ALL BANKING SERVICES HANDLED BY ONE BANK. STEVE LEE WAS NOT INVOLVED IN THE DECISION PROCESS. ALL INTEREST RATES AND CHARGES WERE BASED ON CURRENT MARKET RATES. THE ASSOCIATION OBTAINED A PAYCHECK PROTECTION PROGRAM LOAN THROUGH CASHMERE VALLEY BANK. NOT REPORTABLE ON SCHEDULE L.</p>
<p>SCHEDULE L, PART IV - JEFF ROUNDS</p>	<p>JEFF ROUNDS IS AN OFFICER/SECRETARY OF THE YMCA BOARD OF DIRECTORS. JEFF ROUNDS IS THE OWNER OF LIBKE INSURANCE ASSOCIATES, AN INSURANCE BROKER FOR THE YMCA. THE YMCA PURCHASED INSURANCE SERVICES THROUGH LIBKE INSURANCE ASSOCIATES IN 2021 AND 2020. NOT REPORTABLE ON SCHEDULE L.</p>
<p>SCHEDULE L, PART IV - ROB JOHNSON</p>	<p>ROB JOHNSON WORKS FOR D.A. DAVIDSON AND THE ASSOCIATION HELD INVESTMENTS AT THIS INSTITUTION DURING 2020. HOWEVER, ALL SUCH INVESTMENTS WERE LIQUIDATED AND MOVED TO ANOTHER INSTITUTION BY THE END OF 2020. NOT REPORTABLE ON SCHEDULE L.</p>

**SCHEDULE O
(Form 990)**

Department of Treasury Internal Revenue Service

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

2021

Open to Public Inspection

Name of the Organization
YOUNG MEN'S CHRISTIAN ASSOCIATION OF WENATCHEE

Employer Identification Number
91-0578224

Return Reference - Identifier	Explanation
- PART I ADDITIONAL DBAS	WENATCHEE VALLEY YMCA
FORM 990, PART I, LINE 1 - BRIEF MISSION	SOCIAL RESPONSIBILITY, THE Y WORKS TO PROVIDE EVERY INDIVIDUAL WITH ACCESS TO THE ESSENTIALS NEEDED TO LEARN, GROW, AND THRIVE. THE Y IS DEDICATED TO BUILDING HEALTHY, CONFIDENT, CONNECTED, AND SECURE CHILDREN, ADULTS, FAMILIES AND COMMUNITIES. DUE TO THE PANDEMIC, OPERATIONS EXCEPT FOR CHILDCARE, STOPPED.
FORM 990, PART I, LINE 6 - EXPLANATION	84 VOLUNTEERS SHARE THEIR TIME (2,422 HRS) AND TALENTS TO ENHANCE THE QUALITY AND STRENGTH OF YMCA PROGRAMS IN 2021, INCLUDING CAMPAIGN VOLUNTEERS THAT RAISE FUNDS ANNUALLY FOR THE YMCA'S PARTNERS WITH YOUTH CAMPAIGN TO PROVIDE YMCA YOUTH SCHOLARSHIPS. YMCA GOVERNANCE VOLUNTEERS DEVELOP POLICIES AND SHAPE THE FUTURE OF THE WENATCHEE VALLEY YMCA BY SERVING ON THE BOARD OF DIRECTORS AND TRUSTEES. THE LAKE WENATCHEE YMCA CAMP RELIES HEAVILY ON VOLUNTEER NURSES THROUGHOUT THE SUMMER AND WORK WEEKENDS RELY ON DOZENS OF DEDICATED VOLUNTEERS FOR SEASONAL PROJECTS TO BE COMPLETED.
FORM 990, PART IV, LINE 26 - PART IV LINE 26, 28C	STEVE LEE IS A LOAN OFFICER FOR CASHMERE VALLEY BANK AND IS A MEMBER OF THE YMCA BOARD OF TRUSTEES. THE YMCA HAS SEVERAL BANK ACCOUNTS WITH CASHMERE VALLEY BANK FROM WHICH A STANDARD INTEREST IS PAID TO THE YMCA. THE SELECTION PROCESS FOR THESE ACCOUNTS WAS MADE BY THE YMCA FINANCE COMMITTEE BASED ON INTEREST RATES AND BANK LOCATIONS. STEVE LEE WAS NOT ON THE YMCA BOARD OF TRUSTEES DURING THE DISCUSSIONS THAT LED TO THESE DECISIONS NOR WAS HE A PART OF THESE DISCUSSIONS. THE YMCA PURCHASES ACH AND CREDIT CARD SERVICES FROM CASHMERE VALLEY BANK. THE DECISION TO PURCHASE THESE SERVICES WAS MADE BY THE YMCA CHIEF EXECUTIVE OFFICER BASED ON BANK LOCATION AND CONVENIENCE OF HAVING ALL BANKING SERVICES HANDLED BY ONE BANK. STEVE LEE WAS NOT INVOLVED IN THE DECISION PROCESS. ALL INTEREST RATES AND CHARGES WERE BASED ON CURRENT MARKET RATES.
FORM 990, PART IV, LINE 28C - PART IV LINE 28A, 28C	JEFF ROUNDS IS A MEMBER OF THE YMCA BOARD OF DIRECTORS. JEFF ROUNDS IS THE OWNER OF LIBKE INSURANCE ASSOCIATES, AN INSURANCE BROKER FOR THE YMCA. THE YMCA PURCHASED INSURANCE SERVICES THROUGH LIBKE INSURANCE ASSOCIATES IN 2020. THE YMCA PAID REDWOODS INSURANCE COMPANY FOR AUTO, LIABILITY AND PROPERTY INSURANCE SERVICES. THE YMCA ALSO PURCHASES MEDICAL AND DENTAL INSURANCE SERVICES THROUGH LIBKE INSURANCE SERVICES, BUT MAKES PAYMENTS OF LESS THAN \$10,000 PER MONTH DIRECTLY TO THE INSURANCE CARRIERS. LIBKE INSURANCE SERVICES HAS BEEN PROVIDING INSURANCE SERVICES TO THE YMCA FOR MORE THAN TWENTY YEARS.
FORM 990, PART VI, LINE 2 - FAMILY/BUSINESS RELATIONSHIPS AMONGST INTERESTED PERSONS	CLAUDIA DE ROBLES - BUSINESS RELATIONSHIP STEVE LEE - BUSINESS RELATIONSHIP JEFF ROUNDS - BUSINESS RELATIONSHIP
FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS	THE YOUNG MEN'S CHRISTIAN ASSOCIATION OF WENATCHEE IS A PUBLIC CHARITY OPEN TO ALL WITHOUT REGARD TO ABILITY TO PAY. MEMBERS HAVE THE RIGHT TO ELECT BOARD MEMBERS AND MUST APPROVE ANY CHANGES TO THE ARTICLES OF INCORPORATION, BUT DO NOT RECEIVE ANY DISTRIBUTIONS OF INCOME OR ASSETS FROM THE ORGANIZATION.
FORM 990, PART VI, LINE 7A - MEMBERS OR STOCKHOLDERS ELECTING MEMBERS OF GOVERNING BODY	THE YOUNG MEN'S CHRISTIAN ASSOCIATION OF WENATCHEE IS A PUBLIC CHARITY OPEN TO ALL WITHOUT REGARD TO ABILITY TO PAY. MEMBERS HAVE THE RIGHT TO ELECT BOARD MEMBERS AND MUST APPROVE ANY CHANGES TO THE ARTICLES OF INCORPORATION, BUT DO NOT RECEIVE ANY DISTRIBUTIONS OF INCOME OR ASSETS FROM THE ORGANIZATION.
FORM 990, PART VI, LINE 7B - DECISIONS REQUIRING APPROVAL BY MEMBERS OR STOCKHOLDERS	IN ACCORDANCE WITH THE ADOPTED BY-LAWS OF THE YOUNG MEN'S CHRISTIAN ASSOCIATION OF WENATCHEE, THE SALE OF ANY LAND OR BUILDINGS OF THE ORGANIZATION IS SUBJECT TO REVIEW BY THE BOARD OF TRUSTEES. IF THE BOARD OF TRUSTEES VOTES AGAINST ANY SUCH SALE, THE BOARD OF DIRECTORS MAY OVERTURN THE DECISION OF THE BOARD OF TRUSTEES ONLY WITH A 75% VOTE AT A REGULAR OR SPECIAL MEETING OF THE BOARD OF DIRECTORS AT WHICH A QUORUM IS PRESENT.
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	AN UNREDACTED COPY OF THE 990 FORM IS MADE AVAILABLE TO ALL MEMBERS OF THE BOARD OF DIRECTORS PRIOR TO FILING. QUESTIONS OR CONCERNS ARE REVIEWED BY THE FINANCE COMMITTEE AND FORWARDED TO THE BOARD OF DIRECTORS.
FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY	THE CONFLICT OF INTEREST POLICY IS REVIEWED AT THE FIRST BOARD MEETING OF EACH BOARD YEAR. CONFLICT OF INTEREST DISCLOSURE QUESTIONNAIRES ARE DISTRIBUTED TO ALL DIRECTORS, TRUSTEES, AND KEY EMPLOYEES AT THE BEGINNING OF EACH BOARD YEAR. THE RESULTS OF RETURNED QUESTIONNAIRES ARE COMPILED AND REVIEWED BY THE EXECUTIVE COMMITTEE WHOSE MEMBERS ARE RESPONSIBLE FOR ENFORCEMENT OF THE CONFLICT OF INTEREST POLICY.

Return Reference - Identifier	Explanation
<p>FORM 990, PART VI, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL</p>	<p>THE BOARD OF DIRECTORS MUST ANNUALLY APPROVE THE COMPENSATION OR ANY CHANGE TO THE COMPENSATION OF THE YMCA CHIEF EXECUTIVE OFFICER. THE BOARD OF DIRECTORS DELEGATES ITS AUTHORITY TO DETERMINE THE COMPENSATION OF THE CHIEF EXECUTIVE OFFICER TO THE EXECUTIVE COMMITTEE. WHEN CONSIDERING THE COMPENSATION OF THE CHIEF EXECUTIVE OFFICER, THE EXECUTIVE COMMITTEE MEETS WITHOUT THE CHIEF EXECUTIVE OFFICER BEING PRESENT. ANY OTHER COMMITTEE MEMBER WHO HAS A PERSONAL INTEREST IN THE COMPENSATION OF THE CHIEF EXECUTIVE OFFICER IS ALSO EXCLUDED FROM DISCUSSION AND DETERMINATION OF THE CHIEF EXECUTIVE OFFICER'S COMPENSATION.</p> <p>BEFORE CHANGING THE COMPENSATION OF THE CHIEF EXECUTIVE OFFICER, THE EXECUTIVE COMMITTEE DETERMINES THAT THE COMPENSATION TO BE PAID IS REASONABLE. WHEN DETERMINING WHETHER OR NOT THE COMPENSATION OF THE CHIEF EXECUTIVE OFFICER IS REASONABLE, THE EXECUTIVE COMMITTEE CONSIDERS ALL ELEMENTS OF COMPENSATION, COMPENSATION OF CHIEF EXECUTIVE OFFICERS OF FULL-FACILITY YMCAS IN EASTERN WASHINGTON STATE, THE YMCA OF THE USA RECOMMENDED SALARY RANGE FOR CHIEF EXECUTIVE OFFICERS OF YMCAS WITH BUDGET SIZES SIMILAR TO THE WENATCHEE VALLEY YMCA, AND COMMITTEE MEMBERS' KNOWLEDGE OF COMPENSATION TRENDS IN NORTH CENTRAL WASHINGTON.</p> <p>THE EXECUTIVE COMMITTEE PROCESS IS DOCUMENTED IN THE COMMITTEE MINUTES, IN A LETTER TO THE CHIEF EXECUTIVE OFFICER, AND IN A WRITTEN REPORT PRESENTED AT THE NEXT REGULAR MEETING OF THE WENATCHEE VALLEY YMCA BOARD OF DIRECTORS. DOCUMENTATION INCLUDES THE DATE OF COMPENSATION DISCUSSION, THE COMPENSATION RECOMMENDATION, THE EFFECTIVE DATE OF THE ACTION, COMMITTEE MEMBERS PRESENT, DESCRIPTION OF COMPARABILITY DATA, AND THE ACTION THAT THE APPROVED COMPENSATION RECOMMENDATION IS REASONABLE.</p>
<p>FORM 990, PART VI, LINE 15B - EXPLANATION</p>	<p>THE CHIEF EXECUTIVE OFFICER OF THE WENATCHEE VALLEY YMCA IS AN OFFICER OF THE ORGANIZATION, BUT DOES NOT MEET THE DEFINITION OF A KEY EMPLOYEE. NO OTHER WENATCHEE VALLEY YMCA EMPLOYEE MEETS THE DEFINITIONS OF OFFICER OR KEY EMPLOYEE.</p>
<p>FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC</p>	<p>THE WENATCHEE VALLEY YMCA MAKES COPIES OF THE FOLLOWING ITEMS AVAILABLE FOR PUBLIC REVIEW UPON REQUEST:</p> <ul style="list-style-type: none"> *ARTICLES OF INCORPORATION. *BY LAWS. *CONFLICT OF INTEREST POLICY. *501(C)3 DETERMINATION LETTER FROM THE INTERNAL REVENUE SERVICE. *FORM 990 FOR EACH OF THE LAST THREE FISCAL YEARS.* *YMCA ANNUAL REPORTS FOR THE LAST THREE YEARS. <p>THE WENATCHEE VALLEY DID NOT HAVE A COPY OF FORM 1023 IN ITS POSSESSION ON JULY 15, 1987 AND IS THEREFORE NOT REQUIRED TO MAKE A COPY AVAILABLE FOR PUBLIC REVIEW. THE WENATCHEE VALLEY YMCA HAS INSTEAD OPTED TO MAKE A COPY OF ITS 501(C)3 DETERMINATION LETTER AVAILABLE FOR PUBLIC REVIEW.</p> <p>*FORM 990 IS REVIEWED BY THE YMCA BOARD OF TRUSTEES BEFORE BEING SUBMITTED TO THE INTERNAL REVENUE SERVICE. FORM 990 IS ADDED TO THE PUBLIC DISCLOSURE DOCUMENTS AT THE SAME TIME IT IS SUBMITTED TO THE INTERNAL REVENUE SERVICE.</p> <p>TWO SETS OF PUBLIC DISCLOSURE DOCUMENTS ARE AVAILABLE AT THE WENATCHEE VALLEY YMCA, 217 ORONDO, WENATCHEE, WASHINGTON. ONE SET IS AVAILABLE IN THE ADMINISTRATIVE OFFICES AND ANOTHER SET IS IN THE OFFICE OF THE CHIEF EXECUTIVE OFFICER. PUBLIC DISCLOSURE DOCUMENTS ARE ALSO AVAILABLE FOR PUBLIC INSPECTION ON THE WENATCHEE VALLEY YMCA WEB SITE WWW.WENYMCA.ORG.</p>