DLN: 93493043022810

Return of Organization Exempt From Income Tax

OMB No 1545-0047 2008

Open to Public

Form **990** 匆

Department of the Treasury

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Internal R		•	► The or	rganization may have to use a	copy of this return to satisfy s	tate reporting	g requirements	Inspection				
A For	the 2	2008 ca	lendar yea	r, or tax year beginning 07-01-	-2008 and ending 06-30-200	9		_				
B Che	ck ıf aı	pplicable	Please	C Name of organization YMCA of San Diego County			D Employer id	lentification number				
┌ Addr	ess change use IRS						95-2039198					
Name change print or bonny business As							E Telephone n	lumber				
┌ Initia	al retur	rn	type. See Specific	Number and street (or P O box if	mail is not delivered to street addre	ess) Room/suite	(858) 292					
┌ Tem	nınatıo	n	Instruc- tions.	3708 Ruffin Road			G Gross receip	ots \$ 151,808,000				
┌ Ame	nded r	return		City or town, state or country, an	d ZIP + 4		1					
┌ _{Appl}	ıcatıon	pending		San Diego, CA 92123								
			F Nar	ne and address of Principal Of	ficer	H(a) Is the	s a group retur	n for				
			Richard	d A Collato		affilia		⊤Yes ▼ No				
				Ruffin Rd ego,CA 92123		U/h) A	I -661:-t :1	led?				
I Tax	-exem	pt status) (3) ◀ (insert no)	l) or	1 ' '	I affiliates includ Io " attach a lis	t See instructions)				
J We	eb site	e: ► www	w ymca org			-	p Exemption N					
К Туре	of org	anızatıon	✓ Corporat	tion trust association other	<u></u>	L Year of Fo	rmation 1882	1 State of legal domicile CA				
Par		Sumi	•	no organization/a								
Governance	1 See A		describe tr al Data Tab	he organization's mission or mo ble	ost significant activities							
	2			if the organization discontinu	ed its operations or disposed (of more than 2	25% of its asse	ets				
<u> ş</u>	3		,	members of the governing bod				61				
පී	4			ndent voting members of the g				60				
Activities &	5		•	mployees (Part V, line 2a)		-,		5,967				
¥	6			olunteers (estimate if necessa				1,948				
5	7a			` ated business revenue from Pa	• •		7a					
4	ь	_		iness taxable income from Foi			7 6)				
					·	Pric	or Year	Current Year				
	8	Contri	butions and	d grants (Part VIII, line 1h)			53,724,000	51,118,000				
≗	9			revenue (Part VIII, line 2g)		67,991,000	73,323,000					
Revenue	_		ment incor	me (Part VIII, column (A), line		1,585,000	383,000					
æ	11	Other	revenue (P	art VIII, column (A), lines 5,	5d, 8c, 9c, 10c, and 11e)		1,855,000	1,409,000				
	12	Total r	evenue—a	dd lines 8 through 11 (must eo	qual Part VIII, column (A), lın	e		404.000.000				
		12)		ar amounts paid (Part IX, colui	(1)		125,155,000	126,233,000				
	13			30,000								
	14		•	or for members (Part IX, colum	, ,,	_		0				
8	15	Salarie 10)	es, other co	ompensation, employee benefit	61,827,000	67,171,000						
Expenses	16a	•	sional fund	lraising fees (Part IX, column (0					
ĕ	ь			penses, Part IX, column (D), line 25								
_	17							53,377,000				
	18			-add lines 13–17 (must equal			55,967,000	120,578,000				
	19			penses Subtract line 18 from			7,361,000	5,655,000				
<u>क्ष</u>			<u> </u>			Beginni	ing of Year	End of Year				
Not Assets or Fund Balances	20	Totala	assets (Par	rt X, line 16)		_	150,942,000	153,488,000				
Ass Ba	21			Part X, line 26)			21,322,000	20,659,000				
<u> </u>	22		·	nd balances Subtract line 21 fi	rom line 20		129,620,000	132,829,000				
Pari			ature Blo				123,020,000	132,023,000				
Pleas		Under p	enalties of pe ef, it is true,	erjury, I declare that I have examined correct, and complete Declaration of		d on all informat l						
Sign Here		[ature of office			Date	 :					
			C Sullivan Cl									
		F	-		Data	Charle f	Drop/- DTT	(See Can Inst.)				
D-' '		Preparer signature			2010-02-12	Check If self-	Preparer's PTIN	(See Gen Inst)				
Paid			em									
Prepa			ame (or yours nployed),	yMCA of San Diego County			EIN Þ					
Use O	шу		and ZIP + 4	3708 Ruffin Road								
				San Diego, CA 92123			Phone no 🕨					
May th	ne IR:	S discus	s this retu	rn with the preparer shown abo	ove? (See instructions)			┌ Yes				

Part III Statement of Program Service Accomplishments (See the instructions.)

1 See Ad	Briefly describe the organization's mission dditional Data Table
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	If "Yes," describe these new services on Schedule O Did the organization cease conducting or make significant changes in how it conducts any program services?
4	If "Yes," describe these changes on Schedule O Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported
4a	(Code) (Expenses \$ 15,828,000 including grants of \$) (Revenue \$ 14,340,000) CAMPING The program thrusts within camping are Day Camping, Resident Camping, Family Camps, Adventure Travel Programs, Leadership Development, Collaborative Programs, & Intersession Programs In essence, YMCA Camping Programs utilize outdoor settings, work with people in small groups, include lots of activities, all to build character. Education, spiritual development, social growth, fitness and intellectual challenges are offered at fees affordable to the community Fund raising efforts such as the "Kids to Camp" campaign and the support of the Community Campership Council provides the financial assistance to those who otherwise couldn't afford camp. Last summer, 3,419 children attended week-long resident camp sessions. Over 90 staff guided these campers, ages 7-16. In addition, 9,331 6th grade students attended outdoor environmental education programs at camp. Day camps at 13 YMCA branches provide fun and adventure for nearly 21,000 children from preschool age to teens. Activities include gymnastics, science, sports, cooking, theatre arts, surfing, swimming, dancing, woodworking, cheer leading, TV news production, and more.
4b	(Code) (Expenses \$ 33,922,000 including grants of \$) (Revenue \$ 33,974,000) HEALTH ENHANCEMENT & YOUTH SPORTS During fiscal year 08/09, the YMCA of San Diego County served 277,593 members and participants, of which 48% were male and 52% were female By age Preschool 9%, Elementary 20%, Jr/Sr High 16%, Young Adult 16%, Adult 30-54 28%, Adult 55-64 6%, Senior Adult >64 5% Prevention is the key word for physical education and health at the YMCA For the YMCA, exercise is a way of life that requires education in good nutrition, proper exercise, avoidance of drug and alcohol abuse, dealing with stress and reducing the problems associated with chronic diseases YMCA exercise programs include strength training group exercise, walking clubs, martial arts, roller hockey, running clubs, yoga, stretch, soccer, gymnastics, swimming, water fitness, tennis, volleyball, basketball, dance, mind/body fitness, and prenatal classes for expecting mothers. With over 147,000 participants in various health enhancement and skills development classes, the list of results is endless.
4c	(Code) (Expenses \$ 62,196,000 including grants of \$) (Revenue \$ 25,009,000)
	HUMAN SERVICES The YMCA of San Diego County assists over 100,000 people each year offering child care, counseling of troubled youths and parents, dealing with runaways, offering healthy alternatives to gangs, crime and drug abuse, helping child victims of abuse, programs for active older adults, and shelters for teens in crisis. Child care before and after school child care is available at 170 locations serving over 11,000 children every day and full day care for children 2-1/2 to 5 years old is available at 8 YMCA preschools throughout the County. YMCA Childcare Resource Service served over 52,000 families
4d	Other program services (Describe in Schedule O)
4e	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses \$ 111.946.000 Must equal Part IX. Line 25, column (B).

Form **990** (2008)

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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Νο
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		No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		No
5	Section $501(c)(4)$, $501(c)(5)$, and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Νο
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		N o
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		 N o
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or			
	provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		N o
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII .	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		N o
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		N o
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		N o
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		N o
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		Νο
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νο
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νο
25a	Section $501(c)(3)$ and $501(c)(4)$ organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
Ь	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		N o
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

Part IV Checklist of Required Schedules (Continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part			
		28a		Νo
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		No
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No

Form	Form 990 (2008)						
Pa	rt V Statements Regarding Other IRS Filings and Tax Complian	ce					
					Yes	No	
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable						

	· ·	1a	2,397			
ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable					
c	Did the organization comply with backup withholding rules for reportable payments to	1b o vend	0 dors and reportable			
	gaming (gambling) winnings to prize winners?			1 c	Yes	
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	5,967			
b	If at least one is reported in 2a, did the organization file all required federal employm Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this			2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during return?	g the	year covered by this	3a		Νο
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Scho	edule (o	3b		Νο
la	At any time during the calendar year, did the organization have an interest in, or a si over, a financial account in a foreign country (such as a bank account, securities account)?			4a		Νο
b	If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Refinancial Accounts.	port o	f Foreign Bank and			
ā	Was the organization a party to a prohibited tax shelter transaction at any time during	ng the	tax year?	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited	tax sh	elter transaction?	5b		Νo
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exempted Shelter Transaction</i> ?	t Entit •	y Regarding Prohibited	5с		Νο
5a	Did the organization solicit any contributions that were not tax deductible $^{\circ}$			6a		Νo
b	If "Yes," did the organization include with every solicitation an express statement the were not tax deductible?	at sud	ch contributions or gifts	6b		No
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization provide goods or services in exchange for any quid pro quo contimore?	trıbutı	on of \$75 or	7a	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services pr			7b	Yes	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal proper file Form 8282?	rty for •	which it was required to	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay benefit contract?	prem	iums on a personal	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a person	onal b	enefit contract?	7f		Νo
g	For all contributions of qualified intellectual property, did the organization file Form 8	3899	as required?	7g		No
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization fixed required?	ıle a F . •	orm 1098-C as	7h		No
3	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds a supporting organizations. Did the supporting organization, or a fund maintained by a sexcess business holdings at any time during the year?		1 /1 /	8		No
•	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			9a		Νο
b	Did the organization make a distribution to a donor, donor advisor, or related person	?.		9b		Νο
LO	Section 501(c)(7) organizations. Enter		•			
а	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				
L1	Section 501(c)(12) organizations Enter					
а	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				
L2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in	lieu c	of Form 1041?	12a		Νο
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
	•				,	

Section A. Governing Body and Management

No

Νo

Νo

Νo

Νo

Nο

Yes

Yes

3

4

5

6

7a

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances
processes or changes in Schedule O. See instructions

	processes, or changes in Schedule O. See instructions.	_	_
1a	Enter the number of voting members of the governing body	1a	61
ь	Enter the number of voting members that are independent	1b	60

Did any officer, director, trustee, or key employee	ha	ve a	a fam	uly	rela	tıon	shij	or	a b	usır	ness	rel	atıc	nsh	ιрν	vith	any
other officer, director, trustee, or key employee?																	
Building and the state of the s									c								

Did the organization delegate control over management duties customarily performed by or under the direct
supervision of officers, directors or trustees, or key employees to a management company or other person?

4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was
	filed?

5	Did the organization become aware during the year of a material diversion of the organization's assets?		
6	Does the organization have members or stockholders?		

•																									
Does the organizatio	n ha	ave	mer	nbe	rs,	stoc	kho	lder	s, c	or ot	her	per	sons	wh	o ma	ау (elec	t on	e o	r m	ore	mei	nbe	rs of	the
governing body? .									-																

D	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	•
	Did the organization contemporaneously document the meetings held or written actions undertaken during t	he
	year by the following	

	Did the digamization contemporaneously document the meetings held of written detions undertaken during the
	year by the following
a	the governing hody?

Ь	each committee with authority to act on behalf of the governing body?		-		-			
	Does the organization have local chapters, branches, or affiliates? .							

ь	If "Yes," does the organization have written policies and procedures governing the activities of such	c h	apte	ers,	,
	affiliates, and branches to ensure their operations are consistent with those of the organization? .				,

10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations
	must describe in Schedule O the process, if any, the organization uses to review the Form 990

11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached a	at
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	

7b		Νo
8a	Yes	
8b	Yes	
9a	Yes	
9b	Yes	
10	Yes	
11		No

Section B. Policies

9a

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 \cdot .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
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			
а	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
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?	16a		Νο
Ь	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		N o
		TOD		1 110

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed CA
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website. I another's website.
- Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

Paul C Sullivan 3708 Ruffin Road San Diego, CA 92123 (858) 292-9622

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

Check this box if the organization did not compensate any officer, director, trustee or key employee

- * List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- * List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- * List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- * List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

The check this box in the organization and i		Posit	(C) chec	:k al				(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Chrector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
							-			

Part VII Continued

			(i ition that a			all			(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
							\vdash			
					_		_			
							-			
	-		1				1			
			-	\vdash	\vdash		\vdash			
							 			
			1				l			
1b Total							+	3,243,282		

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►26

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

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

(A) Name and business address	(B) Description of services	(C) Compensation				
Zampi Associates 225 Broadway Suite 1450 San Diego, CA 92101	Settlement	700,000				
Russos Landscaping 7394 Celata Ln San Diego, CA 92129	Landscaping	362,747				
Wested 4665 Lampson Ave Los Alamitos, CA 90720	Staff Training	161,424				
Eloisa G Perez 4040 Hegg Street San Diego, CA 92103	Childcare Provider	85,975				
Michaeil Ari Wulffhart 3670 Park Blvd 9 San Diego, CA 92103	Specialty Camps	85,975				
2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization						

					1		
				(A) Total Revenue	(B) Related or Exempt Function	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC
					Revenue		512, 513, or 514
J.A s.	1a	Federated campaigns 1a					
팔	b	Membership dues					
Contributions, gifts, grants and other similar amounts	С	Fundraising events	14,215,000				
gitts ar a	d	Related organizations1d					
ns, simi	е	Government grants (contributions) 1e	36,903,000				
her	f	All other contributions, gifts, grants, and similar amounts not included above					
at it	g	1f Noncash contributions included in					
ည်မှာ		lines 1a-1f \$		5, ,,,			
	h	Total (Add lines 1a-1f)		51,118,000			
			Business Code				
E E	2a	Program Service Fees		49,805,000	49,805,000		
ja,	ь	Membership dues		23,518,000	23,518,000		
2 <u>2</u>	с			, ,	, ,		
Š	d						
33	e						
Program Serwce Revenue	f	All other program service revenue					
£	g	Total. Add lines 2a-2f					
	3	Investment income (including divid	lends, interest				
		other similar amounts)		1,264,000			1,264,000
	4	Income from investment of tax-exempt bo	nd proceeds				
	5	Royalties					
		(ı) Real	(II) Personal				
	6a	Gross Rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
		(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other 23,137,000	``				
	b	Less cost or other basis and					
	с	Sales expenses Gain or (loss) -881,000					
	d	Net gain or (loss)	•	-881,000			-881,000
	8a	Gross income from fundraising	·				
		events (not including \$ 2,639,000					
Other Revenue		of contributions reported on line					
Φ ≥		1c) See Part IV, line 18 Attach Schedule G if total exceeds					
æ		\$15,000					
jer	ь	Less direct expensesb	1,557,000				
ᅙ	С	Net income or (loss) from fundraisi	ng events	1,082,000			1,082,000
	9a	Gross income from gaming activities See part IV, line 19	-				
		Complete Schedule G ıf total exceeds \$15,000					
		a					
	b c	Less direct expensesb	ctivities				
		<u> </u>	► Etivities				
	10a	Gross sales of inventory, less returns and allowances .	227.000				
	ь	Less cost of goods sold b	327,000				
	с	Net income or (loss) from sales of i	nventory	327,000			327,000
		Miscellaneous Revenue	Business Code				
	11a						
	b						<u> </u>
	С						<u> </u>
	d	All other revenue					
	e	Total. Add lines 11a-11d		126.225	73.005		
	12	Total Revenue. Add lines 1h, 2g, 3, 8c,	, 4 , 5 , 6 d , 7 d ,	126,233,000	73,323,000		1,792,000
]	9c, 10c, and 11e	. ►				

Form 990 (2008) Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) orgall other organizations must complete column (A) but are not re) .
Do r	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 governments and organizations in the U S See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16	30,000	30,000		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	2,377,000	401,000	1,528,000	448,000
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	53,313,000	49,763,000		674,000
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	3,376,000	3,001,000	324,000	51,000
9	Other employee benefits	2,691,000	2,503,000	160,000	28,000
10	Payroll taxes	5,414,000	4,879,000	402,000	133,000
11	Fees for services (non-employees)				
а	Management				
Ь	Legal				
С	Accounting	101,000		101,000	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees	115,000		115,000	
g	Other	26,267,000	25,992,000	174,000	101,000
12	Advertising and promotion	1,226,000	1,098,000	70,000	58,000
13	Office expenses	1,397,000	1,218,000	165,000	14,000
14	Information technology				
15	Royalties				
16	Occupancy	5,651,000	5,482,000	169,000	
17	Travel	1,659,000	1,590,000	66,000	3,000
18	Payments of travel or entertainment expenses for any Federal, state or local public officials				
19	Conferences, conventions and meetings	1,093,000	825,000	185,000	83,000
20	Interest				
21	Payments to affiliates	269,000	269,000		
22	Depreciation, depletion, and amortization	4,536,000	4,298,000	238,000	
23	Insurance	365,000	329,000	36,000	
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	Supplies	7,035,000	6,760,000	75,000	200,000
ь	Rent, Mtce & Pchse of Equip	1,500,000	1,412,000	88,000	<u> </u>
c	Miscellaneous	1,415,000	1,348,000	45,000	22,000
d	Prov for Doubtful Receivables	592,000	592,000		<u> </u>
e	Loss on Disposal of Assets	156,000	156,000		
f	All other expenses	·	· ·		
25	Total functional expenses. Add lines 1 through 24f	120,578,000	111,946,000	6,817,000	1,815,000
26	Joint Costs. Check if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	, 1,1,1	,,	,,	,,

Parity Balance Sheet	Part X	Ralance	Sheet
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					(A)		(B	-
	1	Cash—non-interest-bearing			Beginning of year 1,428,000	1	End of	year 2,028,000
	2	Savings and temporary cash investments	•		8,009,000			5,259,000
	3	Pledges and grants receivable, net			2,993,000			5.984.000
	4	Accounts receivable, net			9,038,000			9,348,000
	5	Receivables from current and former officers, directors, trustee		omployees or	0,000,000	-		0,040,000
		other related parties		•		5		
	6	Receivables from other disqualified persons (as defined under spersons described in section $4958(c)(3)(B)$ Complete Part II of	Sched	ule L		6		
	7	Notes and loans receivable, net				7		
	8	Inventories for sale or use				8		
ste	9	Prepaid expenses and deferred charges			444,000	9		479,000
Assets	10a	Land, buildings, and equipment cost basis	10a	121,957,000				
•	ь	Less accumulated depreciation Complete Part VI of Schedule D	10Ь	37,043,000	83,712,000	10c	8	4,914,000
	11	Investments—publicly traded securities			40,047,000			0,769,000
	12	Investments—other securities See Part IV, line 11 Complete P			10,0 11,000		•	
		Schedule D				12		
	13	Investments—program-related See Part IV, line 11 $\it Complete$ of $\it Schedule D$.	Part VI	11		13		
	14	Intangible assets				14		
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D			5,271,000	15		4,707,000
	16	Total assets. Add lines 1 through 15 (must equal line 34)			150,942,000	16	15	3,488,000
	17	Accounts payable and accrued expenses .			12,847,000	17	1:	2,857,000
	18	Grants payable				18		
	19	Deferred revenue			7,686,000	19	ı	6,994,000
	20	Tax-exempt bond liabilities			20			
<u>, 6</u>	21	Escrow account liability Complete Part IV of Schedule D		21				
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified						
Ë		persons Complete Part II of Schedule L		•		22		
	23	Secured mortgages and notes payable to unrelated third partie	s .			23		
	24	Unsecured notes and loans payable				24		
	25	Other liabilities Complete Part X of Schedule D			789,000	25		808,000
	26	Total liabilities. Add lines 17 through 25			21,322,000	26	2	0,659,000
ės		Organizations that follow SFAS 117, check here ► ✓ and com through 29, and lines 33 and 34.	plete l	ines 27				
Balance	27	Unrestricted net assets			112,809,000	27	10	9,663,000
- E	28	Temporarily restricted net assets			13,252,000	28	1	8,945,000
豆	29	Permanently restricted net assets			3,559,000	29	,	4,221,000
Fund		Organizations that do not follow SFAS 117, check here	nd con	ıplet e				
or F		lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30		
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31		
	32	Retained earnings, endowment, accumulated income, or other f	unds			32		
Net	33	Total net assets or fund balances			129,620,000	33	13	2,829,000
_	34	Total liabilities and net assets/fund balances			150,942,000	34	15	3,488,000
Pa	rt XI	Financial Statements and Reporting						
							Yes	No

Part XT	Financial	Statements	and Reporting

1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νο
ь	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
С	If "Yes" to lines 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?	2c	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
ь	If "Yes," did the organization undergo the required audit or audits?	3b	Yes	_

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As Filed Data -

DLN: 93493043022810

OMB No 1545-0047

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts. Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

		ne organizat i	on					Em	ployer ide	ent if icat io	n numb	er	
YMCA	oi San	Diego County						95	-203919	R			
Pai	rt I	Reason	for Public C	harity Status (to be co	mpleted	bv all or	ganizatio						
				ation because it is (Please					21101140				
1	Γ	A church, c	onvention of ch	urches, or association of ch	urches de	scribed in	Section 1	L70(b)(1)	(A)(i).				
2	Γ	A school de	escribed in Sect	ion 170(b)(1)(A)(ii). (Attac	ch Schedu	le E)							
3	Γ	A hospital	or a cooperative	e hospital service organizati	on descril	oed in Sec	tion 170(l	o)(1)(A)(i	i ii). (Attac	h Schedul	le H)		
4	Γ	A medical i	research organi	zation operated in conjuncti	on with a l	nospital d	escribed i	n Section	170(b)(1)	(A)(iii). E	nter th	e	
		hospital's r	name, city, and	state									
5	\sqcap	Anorganiza	ation operated f	or the benefit of a college or	universit	y owned o	r operated	by a gove	ernmental	unıt desc	rıbed ır	1	
		Section 170	D(b)(1)(A)(iv).	(Complete Part II)									
6	\sqcap	A federal, s	tate, or local go	overnment or governmental	unıt descr	ıbed ın Se	ction 170	(b)(1)(A)	(v).				
7	굣	An organiza	ation that norma	ally receives a substantial p	art of its s	support fro	om a gove	rnmental ı	ınıt or fror	n the gene	ral pul	olic	
	described in Section 170(b)(1)(A)(vi) (Complete Part II)												
8	Γ	A communi	ty trust describ	ed in Section 170(b)(1)(A)	(vi) (Com	plete Par	tII)						
9	Γ	An organization that normally receives (1) more than 331/3% 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 331/3% of												
		ıts support	from gross inve	estment income and unrelate	ed busines	s taxable	ıncome (l	ess sectio	on 511 ta:	x) from bu	sıness	es	
		acquired by	the organization	on after June 30, 1975 See	Section 5	09(a)(2).	(Complet	e Part III)				
10													
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													
				orted organizations describe type of supporting organiza				•		Section 5	09(a)(3). (Sheck
		a T					nally Integ	_	'' d	Гтуре	III - () the	er
e	\sqcap	By checkin	g this box, I ce	rtify that the organization is					one or mo	re disquali	ified pe	rso	ns
				agers and other than one or	more publ	ıcly suppo	orted orga	nızatıons	described	ın sectior	1509 (a	1)(1) or
		section 50		d a westtan dataumsmatian fra	+b a TDC	. +6-+ .+	5 Tuno I	Tuna II a	- Tuna III				
f		check this		d a written determination fro	im the IRS	o that it is	a Type I,	Type II o	riypeiii	Supportin	ig orga	IIIZa	Lion,
g				as the organization accepted	d any gift	or contrib	utıon from	any of the	<u>:</u>				,
		following pe									_		
			•	r indirectly controls, either a		-	th persons	describe	d in (ii)	-	Y e	es	No
		• •	, -	ng body of the the supported	-	tion				11g		+	
			•	erson described in (i) above		3				11g(+	
L		• •		ty of a person described in (11g(111)		
h		Provide the	i lollowing intori	nation about the organizatio	ns the org	janization	supports						
	(i) Na	ame of	(ii) EIN	(iii) Type of organization	(iv) I	s the	(v) Did v	ou notify	(vi) 1	s the	(vii)	Δmc	ount of
		orted	(11) 2111	(described on lines 1- 9		ation in		ınızatıon		ation in		рро	
	0 rgan	nization		above or IRC section		listed in		i) of your		organized			
				(See Instructions))	your go docur	verning	supp	ort?	I in the	US?			
					Yes	No	Yes	No	Yes	No	1		
					162	140	162	140	162	140			
										-			
							 			 			
										 			
					l		1	1	1	1	1		

Total

Part II Support Schedule for Organizations Described in IRC 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.)

	(Complete only if you chec	ked the box o	n line 5, 7, or	8 of Part I.)				
Pı	ublic Support							_
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not	51,302,000	46,387,000	51,428,000	53,724,000		51,118,000	253,959,000
_	include any "unusual grants ") Tax revenues levied for the organization's							
2	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 line 1-3	51,302,000	46,387,000	51,428,000	53,724,000		51,118,000	253,959,000
5	The portion of total contribution by each							
	person (other than a government unit or							
	publicly supported organization) included							
	on line 1 that exceed 2% of the amount shown on line 11, column							
	(f)							
6	Public Support subtract line 5 from line							353.050.000
	4							253,959,000
T	otal Support							
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
7	A mounts from line 4	51,302,000	900,000	51,428,000	53,724,000	!	51,118,000	253,959,000
8	Gross income from interest, dividends,							
	payments received on securities loans, rents, royalties and income from similar	886,000	900,000	1,458,000	1,585,000		1,264,000	6,093,000
	sources							
9	Net income from unrelated business							_
	activities, whether or not the business is							
	regularly carried on							
10	Other income Do not include gain or loss							
	from the sale of capital assets (Explain in Part IV)							
11	Total Support (Add lines 7 through 10)							260,052,000
12	Gross receipts from related activities, etc	(See instruction	<u> </u>			12		322,510,000
	·		•					322,310,000
13	First Five Years. If the Form 990 is for the organization, check this box and stop here	organization's fir	st, secona, tniro	i, fourth, or fifth	tax year as a 5	O T (C)(▶ ┌
	organization, check this box and stop here							-1
C	omputation of Public Support Perc	entage						
14	Public Support Percentage for 2008 (line 6		ed by line 11 co	lumn (f))		14		97.660 %
15	Public Support Percentage for 2007 Sched			(//		15		98.400 %
162	33 1/3% Test - 2008. If the organization did			nd line 14 is 33	8 1/3% or more		this hav	
	and stop here. The organization qualifies as		•		1,370 01 111010,	CHOCK	tillo box	▶ ▽
ь	33 1/3% Test - 2007. If the organization die		•		L5 is 33 1/3% o	r more	, check th	
	box and stop here. The organization qualifie	es as a publicly s	supported organ	ızatıon				▶ ┌
17a	10% Facts and Circumstances Test - 2008.							
	more, and if the organization meets the "fac							
	organization meets the "facts and circumst							▶ 厂
b	10% Facts and Circumstances Test - 2007.							
	more, and if the organization meets the "fac the organization meets the "facts and circu							
18	Private Foundation. If the organization did							-,
	instructions		, , ,	, = = = , = . = 01	_,		-	▶ □

Part III Support Schedule for Organizations Described in IRC 509(a)(2) (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2004 **(b)** 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's taxexempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total Add lines 1-5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 c Total of lines 7a and 7b Public Support (Substract line 7c from 253,959,000 line 6) **Total Support** (a) 2004 **(b)** 2005 (d) 2007 (e) 2008 Calendar year (or fiscal year beginning in) (c) 2006 (f) Total 9 Amounts from line 6 Gross income from interest, dividends, 10a payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business 11 activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss 12 from the sale of capital assets (Explain in Part IV) Total Support (Add lines 9, 10c, 11 and 13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here **Computation of Public Support Percentage** 15 Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f)) 15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 27g 16 **Computation of Investment Income Percentage** 17 Investment Income Percentage for 2008 (line 10c column (f) divided by line 13 column (f)) **17** Investment Income Percentage from 2007 Schedule A, Part IV-A, line 27h 18

19a 33 1/3% Tests - 2008. 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 **33 1/3% Tests - 2007.** 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

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV	Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)								
	Facts and Circumstances Test								

Schedule A (Form 990 or 990-EZ) 2008

Software ID: Software Version:

EIN: 95-2039198

Name: YMCA of San Diego County

Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Aaa												
		Posit t	(C :ion (hat a	chec		l			(F)	(F)		
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations		
Oscar M Ancıra , Vice Chair	5 00	Х		Х				0	0	0		
Joseph Benoit , Director	2 00	Х						0	0	0		
Bob Bolinger , Director	2 00	Х						0	0	0		
Jackie Bradford , Director	2 00	Х						0	0	0		
Rick Bregman , Director	2 00	Х						0	0	0		
Robert D Buell , Chairman	10 00	Х		Х				0	0	0		
Jeffrey A Busby , Director	2 00	Х						0	0	0		
Glenn R Carlson , Vice Chair	5 00	Х		Х				0	0	0		
Frederick W Close MD , Director	2 00	Х						0	0	0		
Steve Conner , Director	2 00	Х						0	0	0		
Denise Cooper , Director	2 00	Х						0	0	0		
James M Cowley , Director	2 00	Х						0	0	0		
Thomas E Darcy , Director	2 00	Х						0	0	0		
David Dominguez , Director	2 00	Х						0	0	0		
Theresa J Drew , Vice Chair	5 00	Х		Х				0	0	0		
Stephen M Dunn , Director	2 00	Х						0	0	0		
Charles Edwards MD , Director	2 00	Х						0	0	0		
Steven C Francis , Vice Chair	5 00	Х		Х				0	0	0		
Scott Free , Vice Chair	5 00	Х		Х				0	0	0		
Randy Frisch , Director	2 00	Х						0	0	0		
Terry B Grier EdD , Director	2 00	Х						0	0	0		
Duncan Royce Hadden , Director	2 00	Х						0	0	0		
Karla Hertzog , Dırector	2 00	Х						0	0	0		
T W Hoehn , Vice Chair	5 00	Х		Х				0	0	0		
Robert Horsman , Director	2 00	Х						0	0	0		
Murray Hutchison , Director	2 00	Х						0	0	0		
Pat Hyndman , Director	2 00	Х						0	0	0		
Gordon Johns , Dırector	2 00	Х						0	0	0		
Randy Jones , Director	2 00	Х						0	0	0		
Rodney Lanthorne , Immediate Past Chairman	5 00	Х		х				0	0	0		

Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Aaa											
		(C) Position (check all that apply)							(E)	(F)	
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations	
Robert L Loomis , Director	2 00	Х						0	0	0	
James T McCarthy , Director	2 00	X						0	0	0	
Jack McGrory , Director	2 00	Х						0	0	0	
Gary Meads , Director	2 00	Х						0	0	0	
Alberto Mier Y Teran , Director	2 00	Х						0	0	0	
Armon Mills , Director	2 00	Х						0	0	0	
Bryan Mın , Dırector	2 00	Х						0	0	0	
Vince Mudd , Director	2 00	Х						0	0	0	
Andrew Murphy , Director	2 00	Х						0	0	0	
Mike Murphy , Director	2 00	Х						0	0	0	
Greg Noonan , Director	2 00	Х						0	0	0	
Oscar Padılla , Dırector	2 00	Х						0	0	0	
James H Reed , Director	2 00	Х						0	0	0	
Trindl Reeves , Secretary	5 00	Х		Х				0	0	0	
Sylvia Rios , Director	2 00	Х						0	0	0	
John Sarkısıan , Vıce Chair	5 00	Х		Х				0	0	0	
Phillip Schneider , Treasurer	5 00	Х		Х				0	0	0	
Kathleen D Scott , Director	2 00	Х						0	0	0	
Cecilia ScottStanfel , Director	2 00	Х						0	0	0	
Lawrence W Shea , Director	2 00	Х						0	0	0	
James Simpson , Director	2 00	Х						0	0	0	
Susan Snow , Director	2 00	Х						0	0	0	
mark A Stephens , Director	2 00	Х						0	0	0	
Cecil Steppe , Director	2 00	Х						0	0	0	
John Stiska , Vice Chair	5 00	Х						0	0	0	
Michael F Sullivan , Director	2 00							0	0	0	
Robert A Tjosvold , Director	2 00	Х						0	0	0	
Randolph E Ward EdD , Director	2 00	Х						0	0	0	
Bill Weber , Director	2 00	Х						0	0	0	
James Williams , Director	2 00							0	0	0	

Form 990, Part VII - Section Aaa

TOTHI 330/ Tare VIII Section Add										
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	on a Institutional Trustee	chec pply)	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
Richard A Collato , CEO & President	50 00	Х		Х	Х			911,560	0	0
Richard I Chapel , EVP & COO	50 00			Χ	Χ			301,506	0	0
D William Davis , EVP Development	50 00			Χ	Χ			242,219	0	0
Paul C Sullivan , CFO	50 00			Х	Х			220,924	0	0
Richard Webster , VP-Exec Dir MV Br	50 00				Х			232,949	0	0
Susan Hight , Exec Dir Ecke Br	50 00				Х			212,929	0	0
Debbie MacDonald , Exec Dir CRS	50 00				Х			179,294	0	0
Steve Rowe , VP-Exec Dir East Cty Br	50 00					Х		215,213	0	0
Sam Wurtzbacher , Exec Dır La Jolla Br	50 00					Х		205,460	0	0
Christina Williams , VP-Exec Dir So Bay Br	50 00					Х		202,586	0	0
John Merritt Granquist , VP Info Systems	50 00				X			161,332	0	0
Alfredo Velasco , Exec Dır Palomar Br	50 00					Х		157,310	0	0

Form 990, Part I, Line 1 - Briefly describe the Organization's mission or most significant activities:

The YMCA of San Diego County is dedicated to improving the quality of human life and to helping all people realize their fullest potential as children of God through the development of the spirit, mind and body. Program goals include developing self-confidence and self-respect, developing a faith for daily living based upon Judeo-Christian teachings, promoting growth as responsible members of society, instilling an appreciation that health of mind and body is a sacred gift and that physical fitness and mental well being are conditions to be achieved and maintained, recognizing the worth of all persons and working for interracial and inter-group understanding, developing capacities for leadership and responsibility, and developing appreciation for the beauty, diversity and interdependence of all forms of life and all resources which God as provided.

Form 990, Part III, Line 1 - Briefly describe the organization's mission:

The YMCA of San Diego County is dedicated to improving the quality of human life and to helping all people realize their fullest potential as children of God through the development of the spirit, mind and body. Program goals include developing self-confidence and self-respect, developing a faith for daily living based upon Judeo-Christian teachings, promoting growth as responsible members of society, instilling an appreciation that health of mind and body is a sacred gift and that physical fitness and mental well being are conditions to be achieved and maintained, recognizing the worth of all persons and working for interracial and inter-group understanding, developing capacities for leadership and responsibility, and developing appreciation for the beauty, diversity and interdependence of all forms of life and all resources which God as provided.

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As Filed Data -

DLN: 93493043022810

15 NO 1545-002

2008

OMB No 1545-0047

Supplemental Financial Statements

(Form 990)

SCHEDULE D

Department of the Treasury
Internal Revenue Service

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public Inspection

	The vertice deriving		Inspection
	me of the organization CA of San Diego County		Employer identification number
			95-2039198
Pa	organizations Maintaining Donor A organization answered "Yes" to Form S		ınds or Accounts. Complete if the
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate Contributions to (during year)		
3	Aggregate Grants from (during year)		
1	Aggregate value at end of year		
5	Did the organization inform all donors and donor ad funds are the organization's property, subject to th	<u> </u>	or advised Yes V No
5	Did the organization inform all grantees, donors, an used only for charitable purposes and not for the be		•
	impermissible private benefit?		<u> </u>
	rt II Conservation Easements. Complete		5 Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the Preservation of land for public use (e.g., recrea		historically importantly land area
	Protection of natural habitat	<u> </u>	rtified historic structure
	Preservation of open space	,	
		-1.6	
2	Complete lines 2a-2d if the organization held a qua on the last day of the tax year	alified conservation contribution in the form	or a conservation easement
	, ,		Held at the End of the Yea
а	Total number of conservation easements		2a
ь	Total acreage restricted by conservation easeme	nts	2b
c	Number of conservation easements on a certified		2c
d	Number of conservation easements included in (c	2d	
3	Number of conservation easements modified, trans		<u> </u>
•	the taxable year	sterred, released, extinguished, or terminate	a by the organization during
	the taxable year P		
1	Number of states where property subject to conser		
5	Does the organization have a written policy regardi enforcement of the conservation easements it hold		Tyes Vo
5	Staff or volunteer hours devoted to monitoring, insp	pecting and enforcing easements during the	year ►
7	A mount of expenses incurred in monitoring, inspec	ting, and enforcing easements during the ye	ear ►\$
3	Does each conservation easement reported on line $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$?	e 2(d) above satisfy the requirements of sec	tion Yes V No
9	In Part XIV, describe how the organization reports balance sheet, and include, if applicable, the text o the organization's accounting for conservation ease	of the footnote to the organization's financial	
ar	t IIII Organizations Maintaining Collecti Complete if the organization answered		or Other Similar Assets.
1a	If the organization elected, as permitted under SFA art, historical treasures, or other similar assets he provide, in Part XIV, the text of the footnote to its f	ld for public exhibition, education or researc	ch in furtherance of public service,
b	If the organization elected, as permitted under SFA historical treasures, or other similar assets held fo provide the following amounts relating to these iter	or public exhibition, education, or research ir	·
	(i) Revenues included in Form 990, Part VIII, line	1	► \$
	(ii) Assets included in Form 990, Part X		▶ - \$
2	If the organization received or held works of art, his following amounts required to be reported under SF		r financial gain, provide the
а	Revenues included in Form 990, Part VIII, line 1		▶ \$
b	Assets included in Form 990, Part X		▶ \$

3	Using the organization's accession and othe	•				a significant	use	of its co	llection		
_	items (check all that apply)		ا بد	_							
а	Public exhibition		a j		Loan or excha	nge prograr	ns				
Ь	Scholarly research		e [Other						
c	Preservation for future generations										
4	Provide a description of the organization's co Part XIV	ollections and explair	n how t	hey	/ further the org	janization's	exen	npt purp	ose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t						ımıla	r	Γ,	Yes	ע No
Pai	Trust, Escrow and Custodial A Part IV, line 9, or reported an ar	Arrangements.	Compl	ete	e if the organi		wer	ed "Yes	" to Fo	rm 9	90,
1a	Is the organization an agent, trustee, custoc included on Form 990, Part X?	lian or other intermed	liary fo	rc	ontributions or	other asset	s not	:	Γ,	Yes	√ No
b	If "Yes," explain why in Part XIV and comple	ete the following table	<u>:</u>						A		
_							-		A mou	nt	
C	Beginning balance					10					
d	Additions during the year					10					
e	Distributions during the year					10					
f	Ending balance					11					
2a	Did the organization include an amount on Fo	•	21?						Γ,	Yes	▼ No
	If "Yes," explain the arrangement in Part XI\										
Pa	rt V Endowment Funds. Complete	If the organization (a)Current Year	answ (b)P			rm 990, P Years Back				Equr V	ears Back
la	Beginning of year balance	16,268,000	(D)P	101	rear (c) iwo	rears back	(a) i iii	ee rears i	back (e)	iroui te	ears back
La b		1,877,000									
_	Contributions	-2,847,000									
C _ı	Investment earnings or losses	2,047,000									
d	Grants or scholarships	-367,000									
е	Other expenditures for facilities and programs	-307,000									
f	Administrative expenses										
g	End of year balance	14,931,000									
2	Provide the estimated percentage of the yea	r end balance held as	5								
a	Board designated or quasi-endowment	76 000 %									
	Permanent endowment > 24 000 %										
b	remailent endowment P										
c Ba	Term endowment ►						. ما به س	_			
oa	Are there endowment funds not in the posse organization by	ssion of the organizat	LION LIN	ala	ire neid and adi	mmstered i	OI LIIE	=		Yes	No
	(i) unrelated organizations								3a(i)		No
	(ii) related organizations								3a(ii)		Νo
b	If "Yes" to 3a(11), are the related organization	ns listed as required	on Sch	ned	ule R?				3b		Νo
	Describe in Part XIV the intended uses of th	e organization's endo	wmen	t fu	nds						
ŀ	Describe in Fall XIV the intelluca ases of th				orm 990 Dar	LV line 10)				
	t VI Investments—Land, Building	s, and Equipmen	t. See	• F	orini 990, Par	c X, iiile 10					
		s, and Equipmen	t. See	(;	a) Cost or other sis (investment)	(b)Cost or ot basis (other	her	(c) Depre	eciation	(d) B	ook value
Pai	t VI Investments—Land, Building	s, and Equipmen	t. See	(;	a) Cost or other	(b)Cost or ot	her	(c) Depr	eciation	(d) B	ook value
Pa i	Description of investment Land	s, and Equipmen	t. See	(;	a) Cost or other	(b)Cost or ot	her	(c) Depre	eciation	(d) B	ook value
Par 1a b	Tt VI Investments—Land, Buildings Description of investment	s, and Equipmen	t. See	(;	a) Cost or other	(b)Cost or ot	her	(c) Depre	eciation	(d) B	ook value
1a b c	Description of investment Land	s, and Equipmen	t. See	(;	a) Cost or other	(b)Cost or ot	her	(c) Depr	eciation	(d) B	ook value
Par 1a b c d	Description of investment Land	s, and Equipmen		(;	a) Cost or other	(b)Cost or ot	her	(c) Depre	eciation	(d) B	ook value

Part VII Investments—Other Securities. See	Form 990, Part X, line 1	2.	
(a) Description of security or cateory (including name of security)	(b) Book value		d of valuation year market value
Financial derivatives and other financial products			
Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. Se	e Form 990, Part X, line	13.	
(a) Description of investment type	(b) Book value	(c) Method	d of valuation year market value
			,
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, II			(b) Book value
Beneficial Interest in Charitable Trusts	ption		4,694,000
Land Held for Sale			13,000
Land Held for Sale			13,000
Total. (Column (b) should equal Form 990, Part X, col.(B) line			4,707,000
Part X Other Liabilities. See Form 990, Part	T.		
(a) Description of Liability	(b) A mount		
Federal Income Taxes Cift Apputies Bayable	747.000		
Gift Annuities Payable Notes Payable to City of SD	747,000		
Total I ayable to City of 3D	61,000		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	808,000		

	Identifier Return Reference Explanat	ion	
Part	t V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b		
	nplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, P	art XIV	, lines 1b and 2b,
Par	t XIV Supplemental Information		
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	120,578,000
c	Add lines 4a and 4b	4c	
Ь	Other (Describe in Part XIV)		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
3	Subtract line 2e from line 1	3	120,578,000
e	Add lines 2a through 2d	2e	1,862,000
d	Other (Describe in Part XIV) 2d		
c	Losses reported on Form 990, Part IX, line 25 2c		
b	Prior year adjustments		
а	Donated services and use of facilities		
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
1	Total expenses and losses per audited financial statements	1	122,440,000
Part	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	s per	Return
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	126,233,000
c	Add lines 4a and 4b	4c	
ь	Other (Describe in Part XIV) 4b		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
3	Subtract line 2e from line 1	3	126,233,000
e	Add lines 2a through 2d	2e	-584,000
d	Other (Describe in Part XIV)		
c	Recoveries of prior year grants		
a b	Donated services and use of facilities		
² a	Net unrealized gains on investments		
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12	-	
1	Total revenue, gains, and other support per audited financial statements	1	125,649,000
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue	er R	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	5,071,000
9	Total adjustments (net) Add lines 4 - 8	9	-584,000
8	Other (Describe in Part XIV)	8	
7	Prior period adjustments	7	
6	Investment expenses	6	
5	Donated services and use of facilities	5	1,862,000
4	Net unrealized gains (losses) on investments	4	-2,446,000
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	5,655,000
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	120,578,000
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	126,233,000

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Ident if ier	Return Reference	Explanation
		Part V, Line 4 - The Association's endowment fund includes approximately 120 individual funds established for a variety of purposes. The endowment fund earnings are used to support various YMCA programs, including youth sports, resident camping, day camping, child care, gang and drug abuse prevention, counseling, and other social service programs.

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As Filed Data -

DLN: 93493043022810

OMB No 1545-0047

2008

SCHEDULE F (Form 990)

Department of the Treasury

▶ Attach to Form 990. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

Statement of Activities Outside the United States

Open to Public

пеша	r Revenue Service						Inspection			
	e of the organization					Employer ide	ntification number			
МС	A of San Diego County					95-203919	8			
Pa				de the United States	. Complete	e if the organ	nization answered			
	"Yes" to Form 9									
1				ecords to substantiate t						
	· -		-	assistance, and the se			ward Ves No			
2	For grant makers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States									
_			/F 000\ f							
3	Activites per Region (U:	se Schedule F-1	(Form 990) if add	ditional space is needed) (d) Activities conducted in	(a) If pativit	ty listed in (d)	Ι			
	() D	(b) Number of	(c) Number of	region (by type) (ie,			(f) Total expenditures in			
	(a) Region	offices in the region	employees or agents in region	fundraising, program services, grants to recipients located in		ecific type of	region			
				the region)	service(s	s) in region				

Totals.

and EIN (ıf applıcable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other
	Mexico	O rganizational support	30,000	Check			
			Mexico Organizational	Mexico Organizational 30,000	Mexico Organizational 30,000 Check	Mexico Organizational 30,000 Check	Mexico Organizational 30,000 Check

a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non- cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV) appraisal, oth

Schedule F (Form 990) 2008

raitty	Supplemental Infor Complete this part to	provide the information required	in Part I, line 2, and any other additional information.
	Identifier	ReturnReference	Explanation
			The YMCA of San Diego County provides organizational support to the YMCA of Tijuana, Mexico Oversight by the YMCA of San Diego County includes frequent visits to the Tijuana YMCA and observation of the programs provided

Software ID: 08000124

Software Version: 2008

EIN: 95-2039198

Name: YMCA of San Diego County

Form 990 Schedule F Part II - Grants and Other Assistance to Organizations or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Organizational support	30,000	Check				

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DLN: 93493043022810

SCHEDULE G (Form 990 or 990-EZ) **Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No 1545-0047

Department of the Treasury

Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV,

Internal Revenue Service	Inspection						
Name of the organization YMCA of San Diego Cour					Employer ide	ntification number	
	·- <i>'</i>				95-2039198		
Part I Fundraisir	ng Activities. Complete	e if the orga	anızatıon a	nswered "Yes"	to Form 990, Part IV	, line 17.	
1 Indicate whether th a	ons ons	through any		Solicitation of r	non-government grants government grants		
or key employees li b If "Yes," list the ten	n have a written or oral agre sted in Form 990, Part VII) i highest paid individuals or at least \$5,000 by the orga	or entity in entities (fun	connection draisers) pu	with professional f	fundraising activities? ents under which the fu		
(i) Name of Individu or entity (fundraise		(iii) Di fundraiser custody control contributio	have or (iv)	v) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization	
		Yes	No				
Total							
			· · · · · ·				
	1 1 11						

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or 3 licensing

CA

Par	t II	Fundraising Events. Com more than \$15,000 on Form					repor	ted
			(a) Event #1	(b) Event #2	(c) O ther Events	(Add col		
			Roof Raisers (event type)	(event type)	(total number)	co	ol (c))	
⊕	1	Constants	258,000		2,151,000			
Revenue	2	Gross receipts						
æ.	_	contributions						
	3	Gross revenue (line 1 minus line 2)						
	4	Cash Prizes						
Ses	5	Non-cash Prizes						
Expenses	6	Rent/Facility costs						
鱼	7	Other direct expenses	193,000	95,000	1,269,000			
Direct	8	Direct expense summary Add lin	es 4 through 7 ın column	(d)	🕨		1,55	7,000
	9	Net income summary Combine li	nes 3 and 8 ın column (d))	•		1,08	2,000
Par	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, lir		"Yes" to Form 990, Pa	rt IV, line 19, or repo	rted mo	re thar	า
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Tota col (a) ti	il gaming hrough co	(Add ol (c))
~	1	Gross revenue						
	2	Cash prizes						
Expenses	3	Non-cash prizes						
<u>ស</u> ប	4	Rent/facility costs						
Direct	5	Other direct expenses						
	6	Volunteer labor	┌────────────────────────────────────	┌── Yes	Yes% ▼ No			
	7	Direct expense summary Add line	,	,		<u> </u>		
					_			
	8	Net gaming income summary Com	bine lines 1 and 7 in colu	ımn (d)	<u> - </u>		Yes	No
9	Ente	er the state(s) in which the organiza	ition operates gaming act	tivities			103	110
а	Is t	he organization licensed to operate	gaming activities in each	n of these states?		· 9a		Νο
b	If"l	No," Explain						
10a		re any of the organization's gaming	icenses revoked, suspen	ided or terminated during	the tax year?	10a	-	Νο
b	11	Yes," Explain						
						\Box		
11		es the organization operate gaming a				11	 	Νο
12		he organization a grantor, beneficia ned to administer charitable gaming				. ,,		N a

			Yes	No
13	Indicate the percentage of gaming activity operated in			
а	The organization's facility			
b	An outside facility			
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records			
	Name 🕨			
	Address 🟲			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a		No
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue retained by the third party > \$			
c	If "Yes," enter name and address			
	Name 🟲			
	Address ►			
16	Gaming manager information			
	Name ▶			
	Gaming manager compensation 🟲 \$			
	Description of services provided 🕨			
	Director/officer Employee Independent contractor			
17	Mandatory distributions			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a		Νο
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$			

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As Filed Data -

DLN: 93493043022810

OMB No 1545-0047

Employer identification number

Schedule J

(Form 990)

Department of the Treasury

ın Part III

Name of the organization

Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

Compensation Information

Open to Public Inspection

YMCA of San Diego County 95-2039198 **Questions Regarding Compensation** Yes Νo Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax idemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain **1**b Νo Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 Yes Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply Written employment contract Compensation committee Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a Receive a severance payment or change of control payment? 4a Νo 4b Participate in, or receive payment from, a supplemental nonqualified retirement plan? Νo 4c Participate in, or receive payment from, an equity-based compensation arrangement? Νo If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III 501(c)(3) and 501(c)(4) organizations only must complete lines 5-8. For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of The organization? 5a Νo 5b Νo Any related organization? If "Yes," to line 5a or 5b, describe in Part III For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of The organization? 6a Νo 6b Any related organization? Νo If "Yes," to line 6a or 6b, describe in Part III For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 Νo Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe

Νo

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of	W-2 and/or 1099-MIS	C compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & ıncentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
Richard A Collato	(1) (11)	236,000	599,000	76,560		42,881	954,441	
Richard I Chapel	(1) (11)	235,563	65,000	943		33,102	334,608	
D William Davis	(1) (11)	223,619	15,000	3,600		33,102	275,321	
Paul C Sullivan	(1) (11)	210,924	10,000			33,808	254,732	
Richard Webster	(1) (11)	229,949	3,000			35,032	267,981	
Susan Hight	(1) (11)	212,929				32,848	245,777	
Debbie MacDonald	(1) (11)	176,294		2,400		24,831	203,525	
Steve Rowe	(1) (11)	205,213	10,000			33,123	248,336	
Sam Wurtzbacher	(ı) (ıı)	190,660	10,000	4,800		31,593	237,053	
Christina Williams	(ı) (ıı)	202,186		400		27,626	230,212	
John Merritt Granquist	(ı) (ıı)	152,540	8,792			22,755	184,087	
Alfredo Velasco	(ı) (ıı)	155,410	1,000	900		25,815	183,125	
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Return Reference	Explanation

Software ID: 08000124
Software Version: 2008

EIN: 95-2039198

Name: YMCA of San Diego County

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name	(B) Breakdown o	of W-2 and/or 1099-MI	SC compensation	(C) Deferred	(D) Nontaxable (E) Total of columns	(F) Compensation	
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
Richard A Collato ((599,000	76,560		42,881	954,441	
Richard I Chapel ((65,000	943		33,102	334,608	
D William Davis ((223,619	15,000	3,600		33,102	275,321	
Paul C Sullivan ((10,000			33,808	254,732	
Richard Webster ((3,000			35,032	267,981	
Susan Hight ((32,848	245,777	
Debbie MacDonald (1			2,400		24,831	203,525	
Steve Rowe ((10,000			33,123	248,336	
Sam Wurtzbacher ((10,000	4,800		31,593	237,053	
Christina Williams ((400		27,626	230,212	
John Merritt Granquist (1		8,792			22,755	184,087	
A Ifredo V elasco (1		1,000	900		25,815	183,125	

DLN: 93493043022810

OMB No 1545-0047

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Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ► To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38b or 40b.

Transactions with Interested Persons

	the organization an Diego County					Er	nploy	er ide	nt if ica	tion nu	ımber	
THICAULS	an Diego County					9:	5-203	9198	3			
Part I	Excess Benefit Transact					l) organı	zatıor	ns on	ly).			
	To be completed by organizatio	ns that a	nswered "Ye	es" on Form 990, Part IV	/, line 2	25a or 25b	o, or F	orm 9	90-EZ			
1	(a) Name of disqualified	person		(b) Des	criptio	n of transa	ection			(4	Corr	ected?
	. ,	•		\-/							Yes	No
										-+		
										-		
		-										
	r the amount of tax imposed on tone	he orgar	nization man	agers or disqualified per	sons di	uring the y	earur	_	\$			
	r the amount of tax, if any, on lin	e 2 aho	ve reimhiire	ed by the organization				_	⊅ —— \$			
Part II	, ,,		·	<u> </u>			•		→			
Part	Loans to and/or From To be completed by organizate				TV , lin	e 26. or Fo	orm 9	90-E2	7. Part	V. line	38a	
	To be completed by ergamea.			Tes on form 550, rate	T	e 20, 01 . c	71111 2	<u> </u>	(f			
(a) Na	ame of interested person and	(b) Loan to or from the		(c)Original principal			(e)		Appr	oved	/	
(a) No	purpose	organiz		amount	(d) Ba	lance due	defa	ult?	by board committe		1 -	
		To	From	_			Yes	No	Yes	No	Yes	No
		10	110111				163	NO	163	NO	1 03	140
					+							
otal .				> \$								
Part III												
	To be completed by organ					art IV, lın	e 27					
(a) Name of interested person	(I	-	ip between interested pe	rson	(c)A m	ount c	fgra	nt or ty	pe of a	ssista	nce
			aii	d the organization								

Business Transactions Involving Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	(e) Sha organiz reven	ation's
	organization			Yes	No

Additional Data

Software ID: Software Version:

EIN: 95-2039198

Name: YMCA of San Diego County

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the	(c) A mount of	(d) Description of transaction	(e) Sharing of organization's revenues?		
	organization	l transaction ¢		Yes	No	
Joeseph Benoit Small Business Banking Exec Union Bank	YMCA Board member	58,000	The YMCA pays Union Bank fees for basic banking and treasury services		No	
Trindl Reeves Principal Barney Barney	YMCA Board member	100,000	Barney and Barney is the YMCA's insurance broker		Νο	
Michael Sullivan Sr VP Asst Regional Mgr Wells Fargo	YMCA Board member	33,800	Wells Fargo provides merchant card processing services to the YMCA		No	
Randy Frisch VP Operations Bus Devel Union Tribune Publishing Co	YMCA Board member	45,000	The YMCA purchases advertising in the Union Tribune newpaper		No	
Randy Ward Superintendent of Schools SD County Office of Education	YMCA Board member	183,000	SD Office of education provides curriculum development and use of a camp		No	
Robert Horsman President San Diego National Bank	YMCA Board member	235,000	The YMCA purchased a certificate of deposit from SD National Bank		No	
Richard Collato Board Member Sempra Energy	YMCA President & CEO	1,989,000	The YMCA purchased power and gas from SDG&E, a wholly owned sub of Sempra		No	

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008

Open to Public Inspection

Name of the organization YMCA of San Diego County Employer identification number

95-2039198

ldentifier	Return Reference	Explanation
		Part VI Line 2 - Directors Glenn Carlson and Jeff Busby are partners in the firm Brandes Investment partners Directors Robert Buell and James Cow ley were partners in the law firm Luce Forward Hamilton & Scripps Part VI Line 15 - Process for Establishing Top Management Compensation The Executive Compensation Committee, under authority delegated by the Board of Directors, conducts an independent review of the total compensation of senior executives who are determined to come under the intermediate sancions, other "disqualified persons" if any, and senior executives named in the California Nonprofit Integrity Act of 2004. The review includes a determination of the reasonableness of compensation in light of what is paid to similarly situated executives at other origanizations, both for-profit and not-for-profit. The review happens at least annually based upon an independent comparative compensation study prepared by a compensation expert consultant compiled from external comparability data to assist in assessing reasonableness. Records of this process are preserved as required by IRS regs. The Executive Compensation Committee reports to the Board at least annually regarding the results of their review. Part VIQ10 - The IRS form 990 is prepared and reviewed by management before making an electronic copy available to all board members prior to filling with the IRS. Part VIQ12c - In addition to requiring completion of an annual disclosure questionnaire, the Association regulary reminds board members and key staff of their responsibility to disclose potential conflicts and recuse themselves from decisions or actions that might be in conflict. Part VIQ19 - The Association makes all required documents available upon request. Schedule J Part II - Explanation of compensation Richard Collato - The President is employed under an employment contract approved in excutive session, with the President not present, by the Executive Compensation Committee of the Board of Directors. The Executive Compensation Committee is compose