Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2000

Open to Public Inspection

A For the 2000 calendar year, OR tax year period beginning JUL 1, 2000 and ending JUN 30, 2001

B Check if applicable: [X] Change of address; [ ] Change of name; [ ] Initial return; [ ] Final return; [ ] Amended return (use also for state reporting)

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: YOUNG MEN'S CHRISTIAN ASSOCIATION OF SANTA CLARA VALLEY

Number and street (or P O box if mail is not delivered to street address): 1922 THE ALAMEDA, 3RD FLOOR | Room/suite

City or town, state or country, and ZIP: SAN JOSE, CA 95126

D Employer identification number: 94-1156318

E Telephone number: (408) 298-3888

F Check ▶ [ ] if application pending

G Organization type (check only one) ▶ [X] 501(c) (3) ◀ (insert no) [ ] 527 OR [ ] 4947(a)(1)

• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 900-EZ)**

(H and I are not applicable to section 527 orgs)

H(a) Is this a group return for affiliates? [ ] Yes [X] No

H(b) If "Yes," enter number of affiliates ▶

H(c) Are all affiliates included? N/A [ ] Yes [ ] No (If "No," attach a list)

H(d) Is this a separate return filed by an organization covered by a group ruling? [ ] Yes [X] No

J Accounting method [ ] Cash [X] Accrual [ ] Other (specify) ▶

I Enter 4-digit group exemption no (GEN) ▶

K Check here ▶ [ ] if the organization's gross receipts are normally not more than $25 000 The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data **Some states require a complete return**

L Check this box if the organization is not required to attach Schedule B (Form 990 or 990-EZ) ▶ [ ]

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

1	Contributions gifts, grants, and similar amounts received					
a	Direct public support		1a	2,305,936.		
b	Indirect public support		1b	163,403.		
c	Government contributions (grants)		1c	460,455.		
d	Total (add lines 1a through 1c) (cash $ 2,929,794. noncash $)				1d	2,929,794.
2	Program service revenue including government fees and contracts (from Part VII, line 93)				2	15,931,517.
3	Membership dues and assessments				3	8,696,608.
4	Interest on savings and temporary cash investments				4	
5	Dividends and interest from securities				5	415,629.
6 a	Gross rents SEE STATEMENT 2		6a	45,038.		
b	Less rental expenses		6b			
c	Net rental income or (loss) (subtract line 6b from line 6a)				6c	45,038.
7	Other investment income (describe ▶)				7	
8 a	Gross amount from sale of assets other than inventory	(A) Securities 3,168,862.	8a	(B) Other		
b	Less cost or other basis and sales expenses	851,428.	8b			
c	Gain or (loss) (attach schedule)	2,317,434.	8c			
d	Net gain or (loss) (combine line 8c, columns (A) and (B)) STMT 3				8d	2,317,434.
9	Special events and activities (attach schedule)					
a	Gross revenue (not including $ ______ of contributions reported on line 1a)		9a			
b	Less direct expenses other than fundraising expenses		9b			
c	Net income or (loss) from special events (subtract line 9b from line 9a)				9c	
10 a	Gross sales of inventory, less returns and allowances		10a	32,384.		
b	Less cost of goods sold		10b	25,901.		
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a) STMT 4				10c	6,483.
11	Other revenue (from Part VII, line 103)				11	142,092.
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)				12	30,484,595.
13	Program services (from line 44, column (B))				13	23,967,742.
14	Management and general (from line 44, column (C))				14	3,540,874.
15	Fundraising (from line 44, column (D))				15	302,447.
16	Payments to affiliates (attach schedule) SEE STATEMENT 5				16	218,666.
17	Total expenses (add lines 16 and 44, column (A))				17	28,029,729.
18	Excess or (deficit) for the year (subtract line 17 from line 12)				18	2,454,866.
19	Net assets or fund balances at beginning of year (from line 73, column (A))				19	20,470,767.
20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 6				20	<582,034.>
21	Net assets or fund balances at end of year (combine lines 18 19 and 20)				21	22,343,599.

Revenue / Expenses / Net Assets

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SCANNED JUL 12 2002

P 6

023001 12 19-00 LHA **For Paperwork Reduction Act Notice, see page 1 of the separate instructions**

Part II Statement of Functional Expenses All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) cash $ ______ noncash $ ______	22				
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25 Compensation of officers directors, etc	25	606,208.	0.	500,229.	105,979.
26 Other salaries and wages	26	13,520,914.	12,471,658.	1,047,825.	1,431.
27 Pension plan contributions	27				
28 Other employee benefits	28	1,521,916.	1,340,686.	166,096.	15,134.
29 Payroll taxes	29	1,305,518.	1,186,208.	111,461.	7,849.
30 Professional fundraising fees	30				
31 Accounting fees	31	41,692.		41,692.	
32 Legal fees	32	6,267.		6,267.	
33 Supplies	33				
34 Telephone	34	297,527.	220,189.	76,702.	636.
35 Postage and shipping	35	225,379.	176,951.	44,096.	4,332.
36 Occupancy	36	998,460.	998,460.		
37 Equipment rental and maintenance	37	533,120.	450,241.	77,845.	5,034.
38 Printing and publications	38	679,746.	473,823.	165,707.	40,216.
39 Travel	39	236,609.	204,443.	26,744.	5,422.
40 Conferences, conventions, and meetings	40				
41 Interest	41	478,547.	235,113.	243,434.	
42 Depreciation, depletion, etc (attach schedule)	42	1,207,242.	996,498.	210,744.	
43 Other expenses (itemize)					
a	43a				
b	43b				
c	43c				
d	43d				
e SEE STATEMENT 7	43e	6,151,918.	5,213,472.	822,032.	116,414.
44 Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D) carry these totals to lines 13 15	44	27,811,063.	23,967,742.	3,540,874.	302,447.

Reporting of Joint Costs Did you report in column (B) (Program services) any joint costs from a combined educational campaign and fundraising solicitation? ▶ ☐ Yes ☒ No

If "Yes" enter (i) the aggregate amount of these joint costs $ ______, (ii) the amount allocated to Program services $ ______, (iii) the amount allocated to Management and general $ ______, and (iv) the amount allocated to Fundraising $ ______

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? ▶
SEE STATEMENT 12

All organizations must describe their exempt purpose achievements in a clear and concise manner State the number of clients served publications issued etc Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others)

	Program Service Expenses (Required for 501(c)(3) and (4) orgs and 4947(a)(1) trusts but optional for others)
a HEALTH MAINTENANCE- 67,935 INDIVIDUALS SEE FOOTNOTE ATTACHED (Grants and allocations $)	5,842,802.
b CAMPING, YOUTH DEVELOPMENT & FAMILIES- 46,012 CAMPERS SEE FOOTNOTE ATTACHED (Grants and allocations $)	7,388,047.
c CHILD CARE- 8,178 PARTICIPANTS SEE FOOTNOTE ATTACHED (Grants and allocations $)	10,736,893.
d (Grants and allocations $)	
e Other program services (attach schedule) (Grants and allocations $)	
f **Total of Program Service Expenses** (should equal line 44, column (B), Program services) ▶	23,967,742.

Part IV Balance Sheets

	Note	*Where required, attached schedules and amounts within the description column should be for end-of-year amounts only*			(A) Beginning of year		(B) End of year
Assets	45	Cash - non-interest-bearing			4,135.	45	4,135.
	46	Savings and temporary cash investments			7,606,618.	46	4,505,559.
	47 a	Accounts receivable	47a	622,415.			
	b	Less allowance for doubtful accounts	47b		655,754.	47c	622,415.
	48 a	Pledges receivable	48a	1,490,303.			
	b	Less allowance for doubtful accounts	48b		2,173,937.	48c	1,490,303.
	49	Grants receivable				49	
	50	Receivables from officers, directors, trustees, and key employees				50	
	51 a	Other notes and loans receivable	51a				
	b	Less allowance for doubtful accounts	51b			51c	
	52	Inventories for sale or use				52	
	53	Prepaid expenses and deferred charges			82,256.	53	62,095.
	54	Investments - securities STMT 8	▶ ☐ Cost ☒ FMV		2,038,333.	54	3,957,843.
	55 a	Investments - land, buildings, and equipment basis	55a				
	b	Less accumulated depreciation	55b			55c	
	56	Investments - other				56	
	57 a	Land, buildings, and equipment basis	57a	32,606,535.			
	b	Less accumulated depreciation	57b	9,638,412.	15,152,430.	57c	22,968,123.
	58	Other assets (describe ▶ SEE STATEMENT 9)			5,808,827.	58	905,923.
	59	**Total assets** (add lines 45 through 58) (must equal line 74)			33,522,290.	59	34,516,396.
Liabilities	60	Accounts payable and accrued expenses			3,182,795.	60	2,061,252.
	61	Grants payable				61	
	62	Deferred revenue			2,501,560.	62	2,939,070.
	63	Loans from officers, directors trustees, and key employees				63	
	64 a	Tax-exempt bond liabilities				64a	
	b	Mortgages and other notes payable			138,196.	64b	51,051.
	65	Other liabilities (describe ▶ SEE STATEMENT 10)			7,228,972.	65	7,121,424.
	66	**Total liabilities** (add lines 60 through 65)			13,051,523.	66	12,172,797.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here** ▶ ☒ and complete lines 67 through 69 and lines 73 and 74					
	67	Unrestricted			15,757,714.	67	20,865,940.
	68	Temporarily restricted			4,227,586.	68	991,192.
	69	Permanently restricted			485,467.	69	486,467.
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 70 through 74					
	70	Capital stock, trust principal, or current funds				70	
	71	Paid-in or capital surplus, or land, building, and equipment fund				71	
	72	Retained earnings, endowment accumulated income, or other funds				72	
	73	**Total net assets or fund balances** (add lines 67 through 69 OR lines 70 through 72, column (A) must equal line 19 and column (B) must equal line 21)			20,470,767.	73	22,343,599.
	74	**Total liabilities and net assets / fund balances** (add lines 66 and 73)			33,522,290.	74	34,516,396.

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization How the public perceives an organization in such cases may be determined by the information presented on its return Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return

a	Total revenue, gains, and other support per audited financial statements	a	29,928,462.
b	Amounts included on line a but not on line 12, Form 990		
(1)	Net unrealized gains on investments $ <582,034.>		
(2)	Donated services and use of facilities $		
(3)	Recoveries of prior year grants $		
(4)	Other (specify) $		
	Add amounts on lines (1) through (4)	b	<582,034.>
c	Line a minus line b	c	30,510,496.
d	Amounts included on line 12, Form 990 but not on line a		
(1)	Investment expenses not included on line 6b, Form 990 $		
(2)	Other (specify) STMT 11 $ <25,901.>		
	Add amounts on lines (1) and (2)	d	<25,901.>
e	Total revenue per line 12 Form 990 (line c plus line d)	e	30,484,595.

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements	a	28,055,630.
b	Amounts included on line a but not on line 17, Form 990		
(1)	Donated services and use of facilities $		
(2)	Prior year adjustments reported on line 20 Form 990 $		
(3)	Losses reported on line 20, Form 990 $		
(4)	Other (specify) $		
	Add amounts on lines (1) through (4)	b	
c	Line a minus line b	c	28,055,630.
d	Amounts included on line 17, Form 990 but not on line a		
(1)	Investment expenses not included on line 6b, Form 990 $		
(2)	Other (specify) STMT 12 $ <25,901.>		
	Add amounts on lines (1) and (2)	d	<25,901.>
e	Total expenses per line 17, Form 990 (line c plus line d)	e	28,029,729.

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
SEE STATEMENT FOR UNCOMPENSATED DIREC		0.	0.	0.
DAVID THORNTON 1922 THE ALAMEDA, 3RD FLOOR SAN JOSE, CA 95126	PRESIDENT/CEO 40	187,692.	24,131.	0.
PAMELA VON WIEGAND 1922 THE ALAMEDA, 3RD FLOOR SAN JOSE, CA 95126	SR. VP, OPERATIONS 40	105,117.	15,243.	0.
KATHY CHENG 1922 THE ALAMEDA, 3RD FLOOR SAN JOSE, CA 95126	VP FINANCE 40	114,824.	14,770.	0.
ROBERT HERMANSON 1922 THE ALAMEDA, 3RD FLOOR SAN JOSE, CA 95126	VP FIN/DVLMPT 40	105,979.	14,858.	0.
DEANE SHOKES 1922 THE ALAMEDA, 3RD FLOOR SAN JOSE, CA 95126	VP OPERATIONS 40	92,596.	13,024.	0.

75 Did any officer, director trustee, or key employee receive aggregate compensation of more than $100,000 from your organization and all related organizations, of which more than $10,000 was provided by the related organizations? If "Yes" attach schedule ☐ Yes ☒ No

Part VI Other Information

				N/A	Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity			76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes			77		X
78 a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?			78a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		N/A	78b		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement			79		X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?			80a		X
b	If "Yes," enter the name of the organization ▶ ______ and check whether it is ☐ exempt OR ☐ nonexempt					
81 a	Enter the amount of political expenditures, direct or indirect, as described in the instructions for line 81	81a	0.			
b	Did the organization file Form 1120-POL for this year?			81b		X
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?			82a		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions for reporting in Part III.)	82b	N/A			
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?			83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?			83b	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?			84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		N/A	84b		
85	*501(c)(4), (5), or (6) organizations.* a Were substantially all dues nondeductible by members?		N/A	85a		
b	Did the organization make only in-house lobbying expenditures of $2,000 or less?		N/A	85b		
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year					
c	Dues, assessments, and similar amounts from members	85c	N/A			
d	Section 162(e) lobbying and political expenditures	85d	N/A			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A			
g	Does the organization elect to pay the section 6033(e) tax on the amount in 85f?		N/A	85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		N/A	85h		
86	*501(c)(7) organizations.* Enter: a Initiation fees and capital contributions included on line 12	86a	N/A			
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A			
87	*501(c)(12) organizations.* Enter: a Gross income from members or shareholders	87a	N/A			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A			
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX			88		X
89 a	*501(c)(3) organizations.* Enter: Amount of tax imposed on the organization during the year under section 4911 ▶ 0. , section 4912 ▶ 0. , section 4955 ▶ 0.					
b	*501(c)(3) and 501(c)(4) organizations.* Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction			89b		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		▶ 0.			
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		▶ 0.			

90 a List the states with which a copy of this return is filed ▶ CALIFORNIA

b Number of employees employed in the pay period that includes March 12, 2000 | 90b | 862

91 The books are in care of ▶ KATHY CHENG Telephone no. ▶ (408) 298-3888

Located at ▶ 1922 THE ALAMEDA, 3RD FLOOR, SAN JOSE, CA ZIP code ▶ 95126

92 *Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of* Form 1041 - Check here ▶ ☐
and enter the amount of tax-exempt interest received or accrued during the tax year ▶ | 92 | N/A

Part VII Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated	Unrelated business income (A) Business code	Unrelated business income (B) Amount	Excluded by section 512, 513, or 514 (C) Exclusion code	Excluded by section 512, 513, or 514 (D) Amount	(E) Related or exempt function income
93 Program service revenue					
a CAMP FEES					4,651,020.
b CHILD CARE FEES					9,457,172.
c PROGRAM FEES					998,153.
d SWIM FEES					825,172.
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					8,696,608.
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities			14	415,629.	
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property			16	45,038.	
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	2,317,434.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					6,483.
103 Other revenue					
a MISCELLANEOUS					109,422.
b LOCKER RENTAL					32,670.
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		2,778,101.	24,776,700.
105 Total (add line 104, columns (B), (D), and (E)) ▶					27,554,801.

Note *Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I*

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes

Line No ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
	SEE STATEMENT 13

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
N/A	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

[redacted] ccompanying schedules and statements, and to the best of my knowledge and belief, it is true nformation of which preparer has any knowledge (Important. See General Instruction W)

5/14/02 ▶ DAVID G. THORNTON PRESIDENT + CEO

[redacted]

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No 1545-0047

2000

Name of the organization: YOUNG MEN'S CHRISTIAN ASSOCIATION OF SANTA CLARA VALLEY

Employer identification number: 94 1156318

Part I **Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**
(See instructions List each one If there are none, enter "None")

(a) Name and address of each employee paid more than $50 000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
JOHN REMY 5632 SANTA THERESA BLVD, SAN JOSE CA	BRANCH EXECUT 40	93,940.	13,786.	
RANDOLPH BOLSINGER 1922 THE ALAMEDA, SAN JOSE, CA 95126	BRANCH EXECUT 40	85,879.	12,856.	
EDWARD SLATER 1975 S. WHITE RD, SAN JOSE, CA 95148	BRANCH EXECUT 40	86,488.	11,113.	
JANET DALE 1922 THE ALAMEDA, SAN JOSE, CA 95126	DIR. H/R 40	83,280.	12,485.	
MARIO VARGAS 1922 THE ALAMEDA, SAN JOSE, CA 95126	BRANCH EXECUT 40	82,911.	12,392.	
Total number of other employees paid over $50 000 ▶	14			

Part II **Compensation of the Five Highest Paid Independent Contractors for Professional Services**
(See instructions List each one (whether individuals or firms) If there are none, enter "None")

(a) Name and address of each independent contractor paid more than $50 000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over $50 000 for professional services ▶ 0		

LHA For Paperwork Reduction Act Notice, see page 1 of the Instructions for Form 990 and Form 990-EZ

Schedule A (Form 990 or 990-EZ) 2000

023101
12-09-00

Part III Statements About Activities

		Line	Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum?	1		X
	If "Yes" enter the total expenses paid or incurred in connection with the lobbying activites ▶ $			
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities			
2	During the year has the organization, either directly or indirectly, engaged in any of the following acts with any of its trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee majority owner, or principal beneficiary			
a	Sale, exchange, or leasing of property?	2a		X
b	Lending of money or other extension of credit?	2b		X
c	Furnishing of goods, services, or facilities?	2c		X
d	Payment of compensation (or payment or reimbursement of expenses if more than $1 000)?	2d	X	
e	*Transfer of any part of its income or assets?*	2e		X
	If the answer to any question is "Yes," attach a detailed statement explaining the transactions			
3	Does the organization make grants for scholarships, fellowships, student loans, etc ?	3		X
4 a	Do you have a section 403(b) annuity plan for your employees?	4a		X
b	Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments (See page 2 of the instructions)			

Part IV Reason for Non-Private Foundation Status (See pages 2 through 5 of the instructions)

The organization is not a private foundation because it is (Please check only **ONE** applicable box)

5 ☐ A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)

6 ☐ A school Section 170(b)(1)(A)(ii) (Also complete Part V, page 5)

7 ☐ A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)

8 ☐ A Federal, state or local government or governmental unit Section 170(b)(1)(A)(v)

9 ☐ A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) **Enter the hospital's name, city, and state** ▶

10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)

11a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)

11b ☐ A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)

12 ☐ 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 charitable, etc , 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) (Also complete the **Support Schedule** in Part IV-A)

13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in **(1)** lines 5 through 12 above, or **(2)** section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations (See page 5 of the instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above

14 ☐ An organization organized and operated to test for public safety Section 509(a)(4) (See page 5 of the instructions)

Part IV-A **Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**
Note *You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.*

Calendar year (or fiscal year beginning in) ▶	(a) 1999	(b) 1998	(c) 1997	(d) 1996	(e) Total
15 Gifts grants and contributions received (Do not include unusual grants See line 28.)	3,079,988.	3,228,567.	5,746,964.	4,101,801.	16,157,320.
16 Membership fees received	6,146,065.	5,259,352.	4,548,736.	3,874,397.	19,828,550.
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable etc, purpose	14,695,746.	12,685,724.	11,486,862.	9,973,861.	48,842,193.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	1,020,589.	529,821.	376,825.	262,979.	2,190,214.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	24,942,388.	21,703,464.	22,159,387.	18,213,038.	87,018,277.
24 Line 23 minus line 17	10,246,642.	9,017,740.	10,672,525.	8,239,177.	38,176,084.
25 Enter 1% of line 23	249,424.	217,035.	221,594.	182,130.	

26 **Organizations described on lines 10 or 11** a Enter 2% of amount in column (e), line 24 ▶ 26a 763,522.

b Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1996 through 1999 exceeded the amount shown in line 26a Enter the sum of all these excess amounts ▶ 26b 0.

c Total support for section 509(a)(1) test Enter line 24, column (e) ▶ 26c 38,176,084.

d Add Amounts from column (e) for lines 18 2,190,214. 19 ______ 22 ______ 26b ______ ▶ 26d 2,190,214.

e Public support (line 26c minus line 26d total) ▶ 26e 35,985,870.

f **Public support percentage (line 26e (numerator) divided by line 26c (denominator))** ▶ 26f 94.2629%

27 **Organizations described on line 12** a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," attach a list (which is not open to public inspection) to show the name of, and total amounts received in each year from, each "disqualified person" Enter the sum of such amounts for each year

(1999) N/A (1998) (1997) (1996)

b For any amount included in line 17 that was received from a nondisqualified person, attach a list to show the name of, and amount received for each year, that was more than the **larger** of **(1)** the amount on line 25 for the year or **(2)** $5,000 (Include in the list organizations described in lines 5 through 11, as well as individuals) After computing the difference between the amount received and the larger amount described in **(1)** or **(2)**, enter the sum of these differences (the excess amounts) for each year N/A

(1999) (1998) (1997) (1996)

c Add Amounts from column (e) for lines 15 ______ 16 ______ 17 ______ 20 ______ 21 ______ ▶ 27c N/A

d Add Line 27a total ______ and line 27b total ______ ▶ 27d N/A

e Public support (line 27c total minus line 27d total) ▶ 27e N/A

f Total support for section 509(a)(2) test Enter amount on line 23, column (e) ▶ 27f N/A

g **Public support percentage (line 27e (numerator) divided by line 27f (denominator))** ▶ 27g N/A %

h **Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))** ▶ 27h N/A %

28 **Unusual Grants.** For an organization described in line 10 11, or 12, that received any unusual grants during 1996 through 1999 attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant and a brief description of the nature of the grant Do not include these grants in line 15 (See page 5 of the instructions)

NONE

Part V **Private School Questionnaire**
(To be completed ONLY by schools that checked the box on line 6 in Part IV) N/A

			Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		
	If "Yes," please describe if "No," please explain (If you need more space attach a separate statement)			
32	Does the organization maintain the following			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)			
33	Does the organization discriminate by race in any way with respect to			
a	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
	If you answered "Yes" to either 34a or b, please explain using an attached statement			
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35		

Part VI-A **Lobbying Expenditures by Electing Public Charities**

(To be completed ONLY by an eligible organization that filed Form 5768) N/A

Check here ▶ ☐ if the organization belongs to an affiliated group

Check here ▶ ☐ if you checked "a" above and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
		N/A	
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount Enter the amount from the following table -	41		
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44		

If the amount on line 40 is -	The lobbying nontaxable amount is -
Not over $500,000	20% of the amount on line 40
Over $500 000 but not over $1,000 000	$100,000 plus 15% of the excess over $500 000
Over $1 000 000 but not over $1 500 000	$175,000 plus 10% of the excess over $1 000 000
Over $1 500 000 but not over $17 000 000	$225 000 plus 5% of the excess over $1 500 000
Over $17 000 000	$1 000 000

Caution *If there is an amount on either line 43 or line 44, you must file Form 4720*

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below See the instructions for lines 45 through 50 on page 9 of the instructions)

	Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) ▶	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
45 Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
46 Lobbying ceiling amount (150% of line 45(e))					6,000,000.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
49 Grassroots ceiling amount (150% of line 48(e))					1,500,000.
50 Grassroots lobbying expenditures					0.

Part VI-B **Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) N/A

During the year, did the organization attempt to influence national state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes	No	Amount
a Volunteers			
b Paid staff or management (include compensation in expenses reported on lines c through h)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (add lines c through h)			0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

Part VII **Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations**

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

		Yes	No
a Transfers from the reporting organization to a noncharitable exempt organization of			
(i) Cash	51a(i)		X
(ii) Other assets	a(ii)		X
b Other transactions			
(i) Sales or exchanges of assets with a noncharitable exempt organization	b(i)		X
(ii) Purchases of assets from a noncharitable exempt organization	b(ii)		X
(iii) Rental of facilities, equipment, or other assets	b(iii)		X
(iv) Reimbursement arrangements	b(iv)		X
(v) Loans or loan guarantees	b(v)		X
(vi) Performance of services or membership or fundraising solicitations	b(vi)		X
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	c		X

d If the answer to any of the above is "Yes," complete the following schedule Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received N/A

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶ ☐ Yes ☒ No

b If "Yes," complete the following schedule N/A

(a) Name of organization	(b) Type of organization	(c) Description of relationship

FOOTNOTES STATEMENT 1

PART III, A:
HEALTH MAINTENANCE - 67,935 INDIVIDUALS FROM BIRTH-SENIOR CITIZENS WERE SERVED IN CLASSES & PROGRAMS WHICH MAKE IT CONVENIENT FOR PARTICIPANTS TO ADOPT GOOD EXERCISE & HEALTH HABITS IN TURN INFULENCING HUMAN QUALITY OF LIFE IN OUR COMMUNITIES.

PART III, B:
CAMPING, YOUTH DEVELOPMENT & FAMILIES - 46,012 CAMPERS PARTICIPATED IN OVERNIGHT & DAY CAMP PROGRAMS WHICH TEACH YOUNG PEOPLE & FAMILIES A RESPECT FOR NATURE AS WELL AS COOPERATION, TEAM WORK, & PERSONAL VALUES.

PART III, C:
CHILD CARE - 8,178 PARTICIPANTS IN INFANT, PRESCHOOL, & SCHOOL AGE CHILD CARE. SERVES THE NEEDS OF WORKING PARENTS BY PROVIDING CARE & A GROWING EXPERIENCE FOR THE CHILDREN & ALLOWING PARENTS TO WORK & BE PRODUCTIVE IN THEIR COMMUNITY.

FORM 990 . RENTAL INCOME STATEMENT 2

KIND AND LOCATION OF PROPERTY	ACTIVITY NUMBER	GROSS RENTAL INCOME
FACILITIES RENTAL	1	45,038.
TOTAL TO FORM 990, PART I, LINE 6A		45,038.

FORM 990 GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES STATEMENT 3

DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
SALE OF PROPERTY	2,513,032.	199,037.	0.	2,313,995.
SALE OF INVESTMENTS	655,830.	652,391.	0.	3,439.
TO FORM 990, PART I, LINE 8	3,168,862.	851,428.	0.	2,317,434.

FORM 990 INCOME AND COST OF GOODS SOLD INCLUDED ON PART I, LINE 10 STATEMENT 4

INCOME

1. GROSS RECEIPTS	32,384	
2. RETURNS AND ALLOWANCES		
3. LINE 1 LESS LINE 2		32,384
4. COST OF GOODS SOLD (LINE 13)	25,901	
5. GROSS PROFIT (LINE 3 LESS LINE 4)		6,483

COST OF GOODS SOLD

6. INVENTORY AT BEGINNING OF YEAR		
7. MERCHANDISE PURCHASED		
8. COST OF LABOR		
9. MATERIALS AND SUPPLIES	25,901	
10. OTHER COSTS		
11. ADD LINES 6 THROUGH 10		25,901
12. INVENTORY AT END OF YEAR		
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12). .		25,901

FORM 990 .	PAYMENTS TO AFFILIATES	STATEMENT 5

AFFILIATE'S NAME	AFFILIATE'S ADDRESS
NATIONAL YMCA SUPPORT	

PURPOSE OF PAYMENT	AMOUNT
MEMBERSHIP FEES BASED ON A PERCENTAGE OF CERTAIN REVENUES.	218,666.
TOTAL TO FORM 990, PART I, LINE 16	218,666.

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT 6

DESCRIPTION	AMOUNT
UNREALIZED LOSSES	<582,034.>
TOTAL TO FORM 990, PART I, LINE 20	<582,034.>

FORM 990	OTHER EXPENSES	STATEMENT 7

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
MEMBERSHIP DUES	19,748.	10,858.	8,195.	695.
CONTRACTUAL EXPENSES	434,581.	272,728.	123,681.	38,172.
FACILITIES OPERATING EXPENSE	1,548,237.	1,274,750.	272,745.	742.
VEHICLE OPERATIONS AND RENTALS	705,192.	668,011.	34,453.	2,728.
OFFICE AND PROGRAM EXPENSES	1,976,413.	1,777,048.	125,288.	74,077.
LIABILITY INSURANCE	222,668.	210,668.	12,000.	
PROGRAM BAD DEBT EXPENSE	260,281.	166,773.	93,508.	
OTHER EXPENSES	984,798.	832,636.	152,162.	
TOTAL TO FM 990, LN 43	6,151,918.	5,213,472.	822,032.	116,414.

FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 8

DESCRIPTION	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	OTHER SECURITIES	TOTAL NON-GOV'T SECURITIES
INVESTMENTS				3,957,843.	3,957,843.
TO FM 990, LN 54 COL B				3,957,843.	3,957,843.

FORM 990 OTHER ASSETS STATEMENT 9

DESCRIPTION	AMOUNT
CERTIFICATE ISSUE COSTS	254,926.
CERTIFICATE PROCEEDS	613,365.
DEPOSITS	37,632.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	905,923.

FORM 990 OTHER LIABILITIES STATEMENT 10

DESCRIPTION	AMOUNT
CERTIFICATES OF PARTICIPATION	6,935,000.
DEFERRED RENT	186,424.
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B	7,121,424.

FORM 990 OTHER REVENUE INCLUDED ON FORM 990 STATEMENT 11

DESCRIPTION	AMOUNT
COST OF GOODS SOLD	<25,901.>
TOTAL TO FORM 990, PART IV-A	<25,901.>

FORM 990 OTHER EXPENSES INCLUDED ON FORM 990 STATEMENT 12

DESCRIPTION	AMOUNT
COST OF GOODS SOLD	<25,901.>
TOTAL TO FORM 990, PART IV-B	<25,901.>

FORM 990 PART VIII - RELATIONSHIP OF ACTIVITIES TO ACCOMPLISHMENT OF EXEMPT PURPOSES STATEMENT 13

LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93A	CAMP FEES - REVERING NATURE AND THE FULLNESS OF GOD'S BOUNTY IS A MAJOR PROGRAM GOAL FOR THE YMCA. Y CAMPING PROGRAMS ARE EDUCATIONAL; THEY PROMOTE SPIRITUAL AWARENESS, MENTAL DEVELOPMENT, PHYSICAL WELL-BEING, AND A RESPECT FOR THE ENVIRONMENT. THROUGH A VARIETY OF ACTIVITIES AND THE USE OF NATURAL SURROUNDINGS, YMCA CAMPING SEEKS TO HELP PARTICIPANTS ACHIEVE THEIR FULLEST POTENTIAL IN SPIRIT, MIND, AND BODY. IN MANY INSTANCES, CAMPING PROGRAMS SERVE AS CHILD CARE FOR PARENTS IN THE SUMMERTIME, ALLOWING THEM TO REMAIN GAINFULLY EMPLOYED. THE PROGRAM IS OFFERED ON A BELOW-COST BASIS TO PARENTS UNABLE TO AFFORD THE FULL FEE.
93B	CHILD CARE FEES - THE CENTRAL FOCUS OF ALL YMCA CHILD CARE PROGRAMS IS TO FOSTER GROWTH AND DEVELOPMENT, NOT ONLY IN CHILDREN BUT ALSO IN THEIR PARENTS AND FAMILIES. THESE EDUCATIONAL PROGRAMS HELP KIDS DEVELOP MORAL AND ETHICAL BEHAVIOR, SELF-ESTEEM, AND LEADERSHIP. PARENTS PLAY AN IMPORTANT ROLE IN POLICY AND PROGRAM DECISIONS. FOR MANY, Y CHILD CARE ALLOWS PARENTS OF THE CHILDREN IN OUR PROGRAMS TO REMAIN GAINFULLY EMPLOYED KNOWING THAT THEIR CHILDREN ARE THRIVING IN A SAFE, SUPPORTIVE ENVIROMENT. FOR PARENTS WHO CANNOT AFFORD THE FULL FEE, CARE IS PROVIDED ON A BELOW-COST BASIS.
93C	SPECIAL INTEREST CLASSES - THE YMCA OFFERS CLASSES AND PROGRAMS TO SPECIAL TARGET GROUPS SUCH AS FAMILIES, TEENS, AND ACTIVE OLDER ADULTS. THESE PROGRAMS HELP PEOPLE GROW AS RESPONSIBLE MEMBERS OF FAMILIES, GIVE KIDS GOOD ROLE MODELS TO HELP THEM DEVELOP GOOD VALUES, AND PROVIDE SENIORS WITH SOCIAL, FITNESS, AND VOLUNTEER OPPORTUNITIES.
93D	SWIM SCHOOL FEES - YMCA AQUATICS PROGRAMS ARE PART OF THE Y'S OVERALL GOAL OF BUILDING HEALTHY SPIRIT, MIND, AND BODY. IN ADDITION TO PROVIDING SPECIFIC SWIMMING AND WATER SAFETY SKILLS, THEY PROMOTE GOOD HEALTH THROUGH REGULAR EXERCISE. THEY ALSO PROMOTE TEAMWORK, SELF-CONFIDENCE, AND LEADERSHIP. THESE PROGRAMS ARE OFFERED AT FEES AFFORDABLE TO THE COMMUNITY AT LARGE, WITH FINANCIAL ASSISTANCE TO THOSE WHO CAN'T AFFORD THE FULL FEE.
94	MEMBERSHIP DUES AND ASSESSMENTS - THE YMCA IS ESSENTIALLY A MEMBERSHIP ASSOCIATION OF MEN, WOMEN AND CHILDREN OF ALL AGES, ABILITIES, INCOMES, RACES, AND RELIGIONS. IT IS DEDICATED TO BUILDING HEALTHY BODY, MIND, SPIRIT OF INDIVIDUALS AND FAMILIES. IT PUTS CHRISTIAN PRINCIPLES INTO PRACTICE THROUGH PROGRAMS THAT PROMOTE GOOD HEALTH, STRONG FAMILIES, YOUTH LEADERSHIP, COMMUNITY DEVELOPMENT, AND INTERNATIONAL UNDERSTANDING. YMCA MEMBERS HAVE ACCESS TO ALL PROGRAMS

ACTIVITIES, AND FACILITIES, ALL OF WHICH FURTHER OUR CHARITABLE PURPOSE, DESCRIBED ABOVE IN THIS SECTION AND IN PART III.

97B NET RENTAL INCOME - THE YMCA IS A NON-PROFIT, COMMUNITY SERVICE AGENCY DEDICATED TO BUILDING HEALTHY BODY, MIND AND SPIRIT FOR MEMBER INDIVIDUALS AND FAMILIES. COMMUNITY SPIRIT INVOLVES SHARING RESOURCES WITH LOCAL AGENCIES. THE YMCA OF SANTA CLARA VALLEY PROVIDES FACILITY USAGE FOR NEIGHBOR NON-PROFIT AGENCIES AT NOMINAL COST IN SUPPORT OF THE TOTAL COMMUNITY.

102 SALES TO THE PUBLIC - INCOME FROM THE SALE OF EDUCATIONAL MATERIALS,
103 EQUIPMENT AND OTHER ITEMS NEEDED BY PARTICIPANTS FOR EFFECTIVE PARTICIPATION IN YMCA PROGRAMS.

****

THE GOALS OF ALL YMCA PROGRAMS AND PRACTICES ARE TO HELP PARTICIPANTS

- GROW AS RESPONSIBLE MEMBERS OF FAMILIES AND COMMUNITIES.
- RECOGNIZE THAT EVERYONE IS A CHILD OF GOD AND WORTHY OF RESPECT.
- UNDERSTAND THAT WELL-BEING MEANS A HEALTHY BODY, MIND, AND SPIRIT.
- BUILD SELF ESTEEM - AN APPRECIATION OF ONE'S OWN WORTH.
- WORK FOR WORLDWIDE UNDERSTANDING.
- DEVELOP SKILLS FOR LEADERSHIP.
- REVERE NATURE AND THE FULLNESS OF GOD'S BOUNTY.

Y-Mutual Insurance Company Ltd
Statement Regarding Form 5471
For the year ended 31 December 2000

The following shareholder of Y-Mutual Insurance Company Ltd ("Y-Mutual"), meeting the requirements under Regulation Section 1 6038-2(j) to file Form 5471, Schedule J, Schedule O and related statements on behalf of all other US shareholders, will file the aforementioned documents on behalf of all other US shareholders of Y-Mutual:

Shareholder filing on behalf of all other US shareholders:	Armed Services YMCA of the USA 6225 Brandon Avenue – Suite 215 Springfield VA 22150
Taxpayer Identification No..	36-3274346
Type of Return Filed.	Form 990
IRS Service Center where tax return is filed.	Ogden, Utah 84201-0027

Schedule I, line 6 of Form 5471 indicates that each of the shareholder's pro rata share of Y-Mutual's Subpart F income for the year ended 31 December 2000 was "None."

This statement is intended to satisfy the reporting requirements under Sections 6038 and 6046 and the related regulations as they relate to US shareholders defined under Section 953(c) and the Revenue Reconciliation Act of 1989 as it relates to US shareholders of a controlled foreign corporation.

YMCA of SANTA CLARA VALLEY
METROPOLITAN BOARD OF DIRECTORS
JUNE 2001

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Robert Rhodes	Partner Shilling & Kenyon/SK Consulting
Gilbert Sangari	Publisher San Jose Magazine
Kent Smith	Program Director Vesper Society
Bill Sullivan	Sr. Vice President Agilent Technologies
C.J. Van Pelt	Executive Director Cisco Systems Foundation
Bernard J. Vogel III	Partner Silicon Valley Law Group
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Pat Wolfe	Clinical Manager O'Connor Hospital

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Stan Chinchen	Retired
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Donald B. Richardson, Jr	Wool, Richardson & Graff

[redacted] Form **8868**
(December 2000)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return

OMB No 1545-1709

AFm

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ▶ [X]
- If you are filing for an **Additional (not automatic) 3-Month Extension, complete only Part II** (on page 2 of this form)

Note Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time - Only submit original (no copies needed)

Note: Form 990-T corporations *requesting an automatic 6-month extension - check this box and complete Part I only* ▶ [ ]

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

Type or print File by the due date for filing your return See instructions	Name of Exempt Organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF SANTA CLARA VALLEY	Employer identification number 94-1156318
	Number, street, and room or suite no If a P O box, see instructions 1922 THE ALAMEDA, 3RD FLOOR	
	City, town or post office, state, and ZIP code For a foreign address, see instructions SAN JOSE, CA 95126	

Check type of return to be filed (file a separate application for each return)

[X] Form 990	[ ] Form 990-T (corporation)	[ ] Form 4720
[ ] Form 990-BL	[ ] Form 990-T (sec 401(a) or 408(a) trust)	[ ] Form 5227
[ ] Form 990-EZ	[ ] Form 990-T (trust other than above)	[ ] Form 6069
[ ] Form 990-PF	[ ] Form 1041 A	[ ] Form 8870

- If the organization does **not** have an office or place of business in the United States, check this box ▶ [ ]
- If this is for a **Group Return** enter the organization's four digit Group Exemption Number (GEN) ________ If this is for the **whole** group, check this box ▶ [ ] If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6-month, for **990-T corporation**) extension of time until FEBRUARY 15, 2002 to file the exempt organization return for the organization named above The extension is for the organization's return for
▶ [ ] calendar year ______ or
▶ [X] tax year beginning JUL 1, 2000, and ending JUN 30, 2001

2 If this tax year is for less than 12 months, check reason [ ] Initial return [ ] Final return [ ] Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions $ ________

b If this application is for Form 990 PF or 990-T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit $ ________

c **Balance Due.** Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions $ N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ▶ A. J. McLean Title ▶ CPA Date ▶ 11/12/01

LHA **For Paperwork Reduction Act Notice, see instruction** Form **8868** (12-2000)

023831
12 16-00

- If you are filin[redacted] Additional (not automatic) 3-Month Extension, complete only Part II and check this box ▶ [X]

Note Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1)

Part II **Additional (not automatic) 3-Month Extension of Time - Must file Original and One Copy.**

Type or print. File by the extended due date for filing the return See instructions	Name of Exempt Organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF SANTA CLARA VALLEY	Employer identification number 94-1156318
	Number, street, and room or suite no If a P.O box, see instructions 1922 THE ALAMEDA, 3RD FLOOR	For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions SAN JOSE, CA 95126	

Check type of return to be filed (File a separate application for each return)

[X] Form 990 [ ] Form 990-EZ [ ] Form 990-T (sec 401(a) or 408(a) trust) [ ] Form 1041-A [ ] Form 5227 [ ] Form 8870
[ ] Form 990-BL [ ] Form 990-PF [ ] Form 990-T (trust other than above) [ ] Form 4720 [ ] Form 6069

STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868

- If the organization does not have an office or place of business in the United States, check this box ▶ [ ]
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) ________ . If this is for the **whole** group, check this box ▶ [ ] If it is for **part** of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until MAY 15, 2002 .

5 For calendar year _______ , or other tax year beginning JUL 1, 2000 and ending JUN 30, 2001 .

6 If this tax year is for less than 12 months, check reason [ ] Initial return [ ] Final return [ ] Change in accounting period

7 State in detail why you need the extension
THE TAXPAYER RESPECTFULLY REQUESTS AN ADDITIONAL EXTENSION OF TIME TO FILE IN ORDER TO GATHER NECESSARY INFORMATION TO FILE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions $ ________

b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 $ ________

c **Balance Due** Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions $ N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ▶ *Ka E Kell* Title ▶ *CPA* Date ▶ *2/7/02*

Notice to Applicant - To Be Completed by the IRS

[✓] We **have** approved this application Please attach this form to the organization's return

[ ] We **have not** approved this application However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions) This grace period is considered to be a valid extension of time for elections otherwis required to be made on a timely return Please attach this form to the organization's return

[ ] We **have not** approved this application After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file We are not granting the 10-day grace period

[ ] We **cannot consider** this application because it was filed after the due date of the return for which an extension was requested

[ ] Other ________

RECEIVED
124 FEB 13 2002 IRS-OSC
OGDEN, UT

________ By ________ ________
Director Date

Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above

Type or print	Name FRANK, RIMERMAN & CO. LLP
	Number and street (include suite, room, or apt. no) Or a P O box number 60 S. MARKET STREET, #1550
	City or town, province or state, and country (including postal or ZIP code) SAN JOSE, CA 95113

~~FRANK RIMERMAN & CO., LLP~~
CERTIFIED PUBLIC ACCOUNTANTS
60 S. MARKET ST., SAN JOSE, CA 95113
~~#94-1341042~~