

Form **990**

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

2001

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2001 calendar year, or tax year period beginning **JUL 1, 2001** and ending **JUN 30, 2002**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See Specific Instructions.	C Name of organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF SANTA CLARA VALLEY		D Employer identification number 94-1156318
		Number and street (or P O box if mail is not delivered to street address) Room/suite 1922 THE ALAMEDA, 3RD FLOOR		E Telephone number (408) 298-3888
		City or town, state or country, and ZIP + 4 SAN JOSE, CA 95126		F Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify)

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

H and I are not applicable to section 527 organizations

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

I Enter 4-digit GEN

M Check if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

G Web site **WWW.SCVYMCA.ORG**

J Organization type (check only one) 501(c)(3) (insert no) 4947(a)(1) or 527

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 Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 **32,145,129.**

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

Revenue	1	Contributions, gifts, grants, and similar amounts received				
	a	Direct public support	1a	2,829,974.		
	b	Indirect public support	1b	93,065.		
	c	Government contributions (grants)	1c	784,845.		
	d	Total (add lines 1a through 1c) (cash \$ 3,613,750. noncash \$ 94,134.)	1d		3,707,884.	
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2		16,082,010.	
	3	Membership dues and assessments	3		11,110,194.	
	4	Interest on savings and temporary cash investments	4			
	5	Dividends and interest from securities	5		182,218.	
	6a	Gross rents SEE STATEMENT 2	6a	40,358.		
	b	Less rental expenses	6b			
	6c	Net rental income or (loss) (subtract line 6b from line 6a)	6c		40,358.	
7	Other investment income (describe)	7				
8a	Gross amount from sale of assets other than inventory	(A) Securities	8a			
		858,757.	8a			
		Less cost or other basis and sales expenses	8b	9,949.		
		1,017,470.	8b			
c	Gain or (loss) (attach schedule)	8c	<9,949.>			
d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8d		<168,662.>		
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				
10a	Gross sales of inventory, less returns and allowances	10a	38,248.			
		10b	40,356.			
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c		<2,108.>		
11	Other income (from Part VII, line 103)	11		125,460.		
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		31,077,354.		
Expenses	13	Program services (from line 44, column (B))	13		25,794,731.	
	14	Management and general (from line 44, column (C))	14		4,241,068.	
	15	Fundraising (from line 44, column (D))	15		333,434.	
	16	Payments to affiliates (attach schedule) SEE STATEMENT 6	16		196,220.	
	17	Total expenses (add lines 16 and 44, column (A))	17		30,565,453.	
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18		511,901.	
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19		22,343,599.	
	20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 7	20		<282,446.>	
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21		22,573,054.	

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**YOUNG MEN'S CHRISTIAN ASSOCIATION OF
SANTA CLARA VALLEY**

Form 990 (2001)

94-1156318

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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 \$ _____				
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc	853,655.	85,415.	657,251.	110,989.
26	Other salaries and wages	14,710,777.	13,536,412.	1,147,884.	26,481.
27	Pension plan contributions	1,839,037.	1,578,404.	241,258.	19,375.
28	Other employee benefits				
29	Payroll taxes	1,422,941.	1,284,526.	128,526.	9,889.
30	Professional fundraising fees				
31	Accounting fees	46,708.		46,708.	
32	Legal fees	5,400.		5,400.	
33	Supplies				
34	Telephone	358,373.	260,280.	97,233.	860.
35	Postage and shipping	297,674.	241,811.	45,818.	10,045.
36	Occupancy	1,069,131.	1,069,131.		
37	Equipment rental and maintenance	507,867.	381,788.	124,333.	1,746.
38	Printing and publications	762,280.	518,329.	200,628.	43,323.
39	Travel	170,448.	139,505.	27,723.	3,220.
40	Conferences, conventions, and meetings				
41	Interest	650,068.	261,439.	388,629.	
42	Depreciation, depletion, etc (attach schedule)	1,783,436.	1,403,463.	379,973.	
43	Other expenses not covered above (itemize)				
a	_____				
b	_____				
c	_____				
d	_____				
e	SEE STATEMENT 8	5,891,438.	5,034,228.	749,704.	107,506.
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	30,369,233.	25,794,731.	4,241,068.	333,434.

Joint Costs Check if you are following SOP 98-2
 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? 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? <input type="checkbox"/>	Program Service Expenses (Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts but optional for others)
SEE STATEMENT 12	
a HEALTH MAINTENANCE- 54,172 INDIVIDUALS SEE FOOTNOTE ATTACHED	
(Grants and allocations \$ _____)	7,929,104.
b CAMPING, YOUTH DEVELOPMENT & FAMILIES- 36,691 CAMPERS SEE FOOTNOTE ATTACHED	
(Grants and allocations \$ _____)	8,009,408.
c CHILD CARE- 7,534 PARTICIPANTS SEE FOOTNOTE ATTACHED	
(Grants and allocations \$ _____)	9,856,219.
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)	25,794,731.

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	3,985.	
	46 Savings and temporary cash investments	4,505,559.	46	5,309,427.	
	47 a Accounts receivable	47a 473,892.			
	b Less allowance for doubtful accounts	47b		622,415.	47c 473,892.
	48 a Pledges receivable	48a 1,662,064.			
	b Less allowance for doubtful accounts	48b 336,000.		1,490,303.	48c 1,326,064.
	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		62,095.	53	78,156.
	54 Investments - securities STMT 9	▶ <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	3,957,843.	54	3,133,474.
	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 34,514,882.				
b Less accumulated depreciation	57b 11,349,420.		22,968,123.	57c 23,165,462.	
58 Other assets (describe ▶ SEE STATEMENT 10)		905,923.	58	804,054.	
59 Total assets (add lines 45 through 58) (must equal line 74)		34,516,396.	59	34,294,514.	
Liabilities	60 Accounts payable and accrued expenses	2,061,252.	60	2,021,107.	
	61 Grants payable		61		
	62 Deferred revenue	2,939,070.	62	2,777,878.	
	63 Loans from officers, directors, trustees, and key employees		63		
	64 a Tax-exempt bond liabilities		64a		
	b Mortgages and other notes payable	51,051.	64b	10,673.	
	65 Other liabilities (describe ▶ SEE STATEMENT 11)		7,121,424.	65	6,911,802.
66 Total liabilities (add lines 60 through 65)		12,172,797.	66	11,721,460.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74				
	67 Unrestricted	20,865,940.	67	20,448,217.	
	68 Temporarily restricted	991,192.	68	1,638,370.	
	69 Permanently restricted	486,467.	69	486,467.	
	Organizations that do not follow SFAS 117, check here ▶ <input type="checkbox"/> 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, column (B) must equal line 21)		22,343,599.	73	22,573,054.
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)		34,516,396.	74	34,294,514.

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.

**YOUNG MEN'S CHRISTIAN ASSOCIATION OF
SANTA CLARA VALLEY**

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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	30,835,264.
b	Amounts included on line a but not on line 12, Form 990		
(1)	Net unrealized gains on investments \$ <282,446.>		
(2)	Donated services and use of facilities \$		
(3)	Recoveries of prior year grants \$		
(4)	Other (specify) \$		
	Add amounts on lines (1) through (4)	b	<282,446.>
c	Line a minus line b	c	31,117,710.
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 12 \$ <40,356.>		
	Add amounts on lines (1) and (2)	d	<40,356.>
e	Total revenue per line 12, Form 990 (line c plus line d)	e	31,077,354.

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

a	Total expenses and losses per audited financial statements	a	30,605,809.
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	0.
c	Line a minus line b	c	30,605,809.
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 13 \$ <40,356.>		
	Add amounts on lines (1) and (2)	d	<40,356.>
e	Total expenses per line 17, Form 990 (line c plus line d)	e	30,565,453.

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 DIRECTORS		0.	0.	0.
DAVID THORNTON 1922 THE ALAMEDA, 3RD FLOOR SAN JOSE, CA 95126	PRESIDENT/CEO 40	203,462.	27,484.	4,620.
PAMELA VON WIEGAND 1922 THE ALAMEDA, 3RD FLOOR SAN JOSE, CA 95126	SR. VP, OPERATIONS 40	114,503.	16,587.	0.
KATHY CHENG 1922 THE ALAMEDA, 3RD FLOOR SAN JOSE, CA 95126	VP FINANCE 40	129,138.	18,388.	0.
ROBERT HERMANSON 1922 THE ALAMEDA, 3RD FLOOR SAN JOSE, CA 95126	VP FUND DEVELOPMENT 40	110,989.	16,156.	0.
DEANE SHOKES 1922 THE ALAMEDA, 3RD FLOOR SAN JOSE, CA 95126	VP OPERATIONS 40	115,148.	16,684.	0.
J. DALE 1922 THE ALAMEDA, 3RD FLOOR SAN JOSE, CA 95126	VP HUMAN RESOURCES 40	95,000.	14,177.	0.
M. HOSHIKO 1922 THE ALAMEDA, 3RD FLOOR SAN JOSE, CA 95126	VP PROGRAM & COMM DEV 40	85,415.	12,990.	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 Form 990 (2001)

**YOUNG MEN'S CHRISTIAN ASSOCIATION OF
SANTA CLARA VALLEY**

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Part VII Analysis of Income-Producing Activities (See Specific Instructions on page 32)

Note Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513 or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue					
a CAMP FEES					4,686,124.
b CHILD CARE FEES					9,293,235.
c PROGRAM FEES					934,534.
d SWIM FEES					1,168,117.
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					11,110,194.
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities			14	182,218.	
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property			16	40,358.	
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	<168,662.>	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					<2,108.>
103 Other revenue					
a MISCELLANEOUS					92,948.
b LOCKER RENTAL					32,512.
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		53,914.	27,315,556.
105 Total (add line 104, columns (B), (D), and (E))					27,369,470.

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 (See Specific Instructions on page 32)

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 14

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions on page 33)

(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 (See Specific Instructions on page 33)

- (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

Accompanying schedules and statements and to the best of my knowledge and belief it is true, correct, and complete information of which preparer has any knowledge

5/13/03 KATHY CHENG (VP OF FINANCE)

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-(See separate instructions.)
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No 1545-0047

2001

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 page 1 of the 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	100,955.	14,928.	
MARIO VARGAS ----- 1922 THE ALAMEDA, SAN JOSE, CA 95126	BRANCH EXECUT 40	93,967.	14,041.	
EDWARD SLATER ----- 1975 S. WHITE RD, SAN JOSE, CA 95148	BRANCH EXECUT 40	95,606.	12,219.	
CHERYL VARGAS ----- 1922 THE ALAMEDA, SAN JOSE, CA 95126	BRANCH EXECUT 40	89,885.	13,080.	
MICHAEL WENTZ ----- 1922 THE ALAMEDA, SAN JOSE, CA 95126	BRANCH EXECUT 40	79,929.	11,728.	
Total number of other employees paid over \$50,000 ▶	18			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the 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
LINDA SILVIUS ----- 276 N 3RD STREET #C, SAN JOSE, CA 95112	CONSULTING	86,355.

Total number of others receiving over \$50,000 for professional services ▶	0	

Part III Statements About Activities (See page 2 of the instructions)

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? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities **▶** \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line I of Part VI-B)

	Yes	No
1		X
2a		X
2b		X
2c		X
2d	X	
2e		X
3		X
4		X

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 substantial contributors, 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? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)

- a Sale, exchange, or leasing of property?
- b Lending of money or other extension of credit?
- c Furnishing of goods, services, or facilities?
- d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?
- e Transfer of any part of its income or assets?

3 Does the organization make grants for scholarships, fellowships, student loans, etc? (See Note below)

4 Do you have a section 403(b) annuity plan for your employees?

Note 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

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 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)
- 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 6 of the instructions)

YOUNG MEN'S CHRISTIAN ASSOCIATION OF

Schedule A (Form 990 or 990-EZ) 2001 **SANTA CLARA VALLEY**

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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) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28)	2,929,794.	3,079,988.	3,228,567.	5,746,964.	14,985,313.
16 Membership fees received	8,696,608.	6,146,065.	5,259,352.	4,548,736.	24,650,761.
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	15,964,856.	14,695,746.	12,685,724.	11,486,862.	54,833,188.
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	2,926,676.	1,020,589.	529,821.	376,825.	4,853,911.
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	30,517,934.	24,942,388.	21,703,464.	22,159,387.	99,323,173.
24 Line 23 minus line 17	14,553,078.	10,246,642.	9,017,740.	10,672,525.	44,489,985.
25 Enter 1% of line 23	305,179.	249,424.	217,035.	221,594.	
26 Organizations described on lines 10 or 11	<p>a Enter 2% of amount in column (e), line 24</p> <p>b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1997 through 2000 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts.</p> <p>c Total support for section 509(a)(1) test. Enter line 24, column (e).</p> <p>d Add: Amounts from column (e) for lines 18 <u>4,853,911.</u> 19 _____ 22 _____ 26b _____</p> <p>e Public support (line 26c minus line 26d total)</p> <p>f Public support percentage (line 26e (numerator) divided by line 26c (denominator))</p>				<p>26a 889,800.</p> <p>26b 0.</p> <p>26c 44,489,985.</p> <p>26d 4,853,911.</p> <p>26e 39,636,074.</p> <p>26f 89.0899%</p>
27 Organizations described on line 12	<p>a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2000) <u>N/A</u> (1999) _____ (1998) _____ (1997) _____</p> <p>b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records 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). Do not file this list with your return. 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: (2000) _____ (1999) _____ (1998) _____ (1997) _____</p> <p>c Add: Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____</p> <p>d Add: Line 27a total _____ and line 27b total _____</p> <p>e Public support (line 27c total minus line 27d total)</p> <p>f Total support for section 509(a)(2) test. Enter amount on line 23, column (e): <u>N/A</u></p> <p>g Public support percentage (line 27e (numerator) divided by line 27f (denominator))</p> <p>h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))</p>				<p>27c N/A</p> <p>27d N/A</p> <p>27e N/A</p> <p>27f N/A %</p> <p>27g N/A %</p> <p>27h N/A %</p>

28 Unusual Grants: For an organization described in line 10, 11, or 12, that received any unusual grants during 1997 through 2000, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

NONE

YOUNG MEN'S CHRISTIAN ASSOCIATION OF

Schedule A (Form 990 or 990-EZ) 2001 **SANTA CLARA VALLEY**

94-1156318 Page 4

Part V Private-School Questionnaire (See page 7 of the instructions)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		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?		
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?		
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? 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?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions? 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?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities? 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?		
b	Has the organization's right to such aid ever been revoked or suspended? 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		

Schedule A (Form 990 or 990-EZ) 2001

YOUNG MEN'S CHRISTIAN ASSOCIATION OF

Schedule A (Form 990 or 990-EZ) 2001 **SANTA CLARA VALLEY**

94-1156318 Page 5

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions)

N/A

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

Check **a** if the organization belongs to an affiliated group Check **b** if you checked "a" 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 -		
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	41	
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		
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	

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 11 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A (e) Total
	(a) 2001	(b) 2000	(c) 1999	(d) 1998	
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
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) (See page 12 of the instructions)

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

- 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)

	Yes	No	Amount
a			
b			
c			
d			
e			
f			
g			
h			
i			0.

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

PART III, A:

HEALTH MAINTENANCE - 54,172 INDIVIDUALS FROM BIRTH-SENIOR CITIZENS WERE SERVED IN CLASSES & PROGRAMS WHICH MAKE IT CONVENIENT FOR PARTICIPANTS TO ADOPT GOOD EXERCISE & HEALTH HABITS IN TURN INFLUENCING HUMAN QUALITY OF LIFE IN OUR COMMUNITIES.

PART III, B:

CAMPING, YOUTH DEVELOPMENT & FAMILIES - 36,691 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 - 7,534 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	40,358.
TOTAL TO FORM 990, PART I, LINE 6A		40,358.

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 INVESTMENT	858,757.	1,017,470.	0.	<158,713.>
TO FORM 990, PART I, LINE 8	858,757.	1,017,470.	0.	<158,713.>

FORM 990 GAIN (LOSS) FROM SALE OF OTHER ASSETS STATEMENT 4

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED		
SALE OF PROPERTY	VARIOUS	VARIOUS	PURCHASED		
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	9,949.	0.	0.	<9,949.>
TO FM 990, PART I, LN 8		9,949.	0.	0.	<9,949.>

FORM 990

INCOME AND COST OF GOODS SOLD
INCLUDED ON PART I, LINE 10

STATEMENT 5

INCOME

1. GROSS RECEIPTS	38,248	
2. RETURNS AND ALLOWANCES		
3. LINE 1 LESS LINE 2		38,248
4. COST OF GOODS SOLD (LINE 13)	40,356	
5. GROSS PROFIT (LINE 3 LESS LINE 4)		<2,108>

COST OF GOODS SOLD

6. INVENTORY AT BEGINNING OF YEAR		
7. MERCHANDISE PURCHASED		
8. COST OF LABOR		
9. MATERIALS AND SUPPLIES	40,356	
10. OTHER COSTS		
11. ADD LINES 6 THROUGH 10		40,356
12. INVENTORY AT END OF YEAR		
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12)		40,356

FORM 990 PAYMENTS TO AFFILIATES STATEMENT 6

AFFILIATE'S NAME	AFFILIATE'S ADDRESS	AMOUNT
NATIONAL YMCA SUPPORT		
PURPOSE OF PAYMENT		
MEMBERSHIP FEES BASED ON A PERCENTAGE OF CERTAIN REVENUES.		196,220.
TOTAL TO FORM 990, PART I, LINE 16		196,220.

FORM 990 OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 7

DESCRIPTION	AMOUNT
UNREALIZED LOSSES	<282,446.>
TOTAL TO FORM 990, PART I, LINE 20	<282,446.>

FORM 990 OTHER EXPENSES STATEMENT 8

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
MEMBERSHIP DUES	12,045.	12,045.		
CONTRACTUAL EXPENSES	865,408.	622,179.	220,655.	22,574.
FACILITIES OPERATING EXPENSE	1,749,151.	1,453,012.	293,524.	2,615.
VEHICLE OPERATIONS AND RENTALS	774,858.	729,670.	45,178.	10.
OFFICE AND PROGRAM EXPENSES	1,940,206.	1,729,776.	130,702.	79,728.
LIABILITY INSURANCE	289,374.	277,374.	12,000.	
PROGRAM BAD DEBT EXPENSE	151,736.	114,239.	37,497.	
OTHER EXPENSES	108,660.	95,933.	10,148.	2,579.
TOTAL TO FM 990, LN 43	5,891,438.	5,034,228.	749,704.	107,506.

FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 9

SECURITY DESCRIPTION	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	OTHER SECURITIES	TOTAL NON-GOV'T SECURITIES
INVESTMENTS				3,133,474.	3,133,474.
TO 990, LN 54 COL B				3,133,474.	3,133,474.

FORM 990 OTHER ASSETS STATEMENT 10

DESCRIPTION	AMOUNT
CERTIFICATE ISSUE COSTS	230,969.
CERTIFICATE PROCEEDS	542,774.
DEPOSITS	30,311.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	804,054.

FORM 990 OTHER LIABILITIES STATEMENT 11

DESCRIPTION	AMOUNT
CERTIFICATES OF PARTICIPATION	6,725,000.
DEFERRED RENT	186,802.
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B	6,911,802.

FORM 990 OTHER REVENUE INCLUDED ON FORM 990 STATEMENT 12

DESCRIPTION	AMOUNT
COST OF GOODS SOLD	<40,356.>
TOTAL TO FORM 990, PART IV-A	<40,356.>

FORM 990	OTHER EXPENSES INCLUDED ON FORM 990	STATEMENT 13
DESCRIPTION		AMOUNT
COST OF GOODS SOLD		<40,356.>
TOTAL TO FORM 990, PART IV-B		<40,356.>

FORM 990 PART VIII - RELATIONSHIP OF ACTIVITIES TO ACCOMPLISHMENT OF EXEMPT PURPOSES STATEMENT 14

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 2001

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 eligible US shareholders, will file the aforementioned documents on behalf of all eligible US shareholders of Y-Mutual:

Shareholder filing on behalf of all
eligible 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 2001 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

OFFICERS

**Colleen Wilcox, Chair
1922 The Alameda, San Jose, CA 95126**

**Richard Alejandro, Vice Chair
1922 The Alameda, San Jose, CA 95126**

**Robert Archer, Vice Chair
1922 The Alameda, San Jose, CA 95126**

**Colleen Pouliot, Vice Chair
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**Debra Taylor, Vice Chair
1922 The Alameda, San Jose, CA 95126**

**Brooks Mancini, Treasurer
1922 The Alameda, San Jose, CA 95126**

**Roy Bigge, Asst. Treasurer
1922 The Alameda, San Jose, CA 95126**

**Richard Lowenthal, Secretary
1922 The Alameda, San Jose, CA 95126**

**Robert Lee, Immediate Past Chair
1922 The Alameda, San Jose, CA 95126**

**Ervie Smith-Brewick, At-Large Member
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**Armon Mills, At-Large Member
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**John Pencer, At-Large Member
1922 The Alameda, San Jose, CA 95126**

**Phillip Sims, At-Large Member
1922 The Alameda, San Jose, CA 95126**

**Superintendent
SCC Office of Education**

**Past President & CEO
Mexican Heritage Corporation**

**President & CEO
Coast Counties Truck & Equipment**

**Board of Directors
Adobe Systems, Inc.**

**Vice President/Manager
Union Bank of California**

**Chairman
B.T. Mancini Co., Inc.**

**Sr. Private Banker
Wells Fargo**

**Mayor
Cupertino City Council**

**CEO
Manpower, Inc.**

**President/CEO
Ervie L. Smith, Inc.**

**Publisher
Silicon Valley Business Ink**

**Owner
Pencer Instruments**

**Sr. Partner
Sims & Layton**

MEMBERS

Shari Boxer 1922 The Alameda, San Jose, CA 95126	President JDS Group Public Relations
Leon Beauchman 1922 The Alameda, San Jose, CA 95126	Director of Government Relations SBC
Kansen Chu 1922 The Alameda, San Jose, CA 95126	Restaurateur
Robert Drescher 1922 The Alameda, San Jose, CA 95126	Consultant
Carl Guardino 1922 The Alameda, San Jose, CA 95126	President Silicon Valley Mfg. Group
Nabil A. Ibrahim 1922 The Alameda, San Jose, CA 95126	Associate Vice President San Jose State University
James Kenny 1922 The Alameda, San Jose, CA 95126	President San Jose National Bank
Sharon Kreider 1922 The Alameda, San Jose, CA 95126	Partner Kreider & Schmatz
Jane Light 1922 The Alameda, San Jose, CA 95126	Library Director City of San Jose
Henry Manayan 1922 The Alameda, San Jose, CA 95126	Consultant
Michael D Moul 1922 The Alameda, San Jose, CA 95126	GEM Properties, Inc.
Charlotte Powers 1922 The Alameda, San Jose, CA 95126	Consultant
Christine Pfendt 1922 The Alameda, San Jose, CA 95126	CitiGate Cunningham
Adolph Quilici 1922 The Alameda, San Jose, CA 95126	Retired, FMC Corporation
Lydia Tai 1922 The Alameda, San Jose, CA 95126	Owner The Teak House
Toni Nelson 1922 The Alameda, San Jose, CA 95126	Marketing Director Deloitte & Touche

Robert Rhodes
1922 The Alameda, San Jose, CA 95126

Kent Smith
1922 The Alameda, San Jose, CA 95126

Bernard J. Vogel III
1922 The Alameda, San Jose, CA 95126

Jim Walker
1922 The Alameda, San Jose, CA 95126

Pat Wolfe
1922 The Alameda, San Jose, CA 95126

Partner
Shilling & Kenyon/SK Consulting

Associate Pastor
Los Gatos Presbyterian Church

Partner
Silicon Valley Law Group

Retired,
Cortana Corporation

Executive Director
Pathways Health

ACTIVE LIFE MEMBERS

H.A. Beaudoin
1922 The Alameda, San Jose, CA 95126

Retired

Edward Bowen III
1922 The Alameda, San Jose, CA 95126

Inventory Management Edge

Steve Caplan
1922 The Alameda, San Jose, CA 95126

President
KBM Workspace

Stan Chinchon
1922 The Alameda, San Jose, CA 95126

Retired

Lowell S. Clark
1922 The Alameda, San Jose, CA 95126

Retired

Stan Gadway
1922 The Alameda, San Jose, CA 95126

Retired

Warren Gilbert
1922 The Alameda, San Jose, CA 95126

President
Warren Gilbert Assoc. AIA

Gordon F. Levy
1922 The Alameda, San Jose, CA 95126

Vice-President
Morgan Stanley Dean Witter

George Royer
1922 The Alameda, San Jose, CA 95126

Retired, IBM

Britton Saterlee
1922 The Alameda, San Jose, CA 95126

Retired, GE

LIFE MEMBERS

Gary Burke
1922 The Alameda, San Jose, CA 95126

VP/The Nasdaq Stock Market

James Jackson
1922 The Alameda, San Jose, CA 95126

Jackson, MacAllister & Abdalah

Ronald James
1922 The Alameda, San Jose, CA 95126

Retired

Allen Johnson, M.D.
1922 The Alameda, San Jose, CA 95126

Retired

Marlin S. Krebs
1922 The Alameda, San Jose, CA 95126

Manpower Inc.

Kenneth Newfarmer
1922 The Alameda, San Jose, CA 95126

Retired, Insurance

Ernest Renzel, Jr
1922 The Alameda, San Jose, CA 95126

Retired

Donald B. Richardson, Jr
1922 The Alameda, San Jose, CA 95126

Wool, Richardson & Graff

Dale Swanson
1922 The Alameda, San Jose, CA 95126

Retired

Dave M. Tatsuno
1922 The Alameda, San Jose, CA 95126

Retired

- If you are filing for an 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).

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, 2003

5 For calendar year _____, or other tax year beginning JUL 1, 2001 and ending JUN 30, 2002

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 ADDITIONAL TIME TO FILE IN ORDER TO GATHER NECESSARY INFORMATION TO FILE A COMPLETE AND ACCURATE TAX 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 2/4/03

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 otherwise 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 _____

EXTENSION APPROVED
FEB 20 2003

Director _____ By LINDA WEISKOPF, FIELD DIRECTOR
SUBMISSION PROCESSING CENTER

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

RIMERMAN & CO. LLP
and street (include suite, room, or apt no.) Or a P.O. box number
MARKET STREET, #500
town, province or state, and country (including postal or ZIP code)
JOSE, CA 95113

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box
 - 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	Name of Exempt Organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF SANTA CLARA VALLEY	Employer identification number 94-1156318
File by the due date for filing your return. See instructions.	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):

- | | | |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> 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 18, 2003 to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning JUL 1, 2001, and ending JUN 30, 2002

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 ▶ Ken E Bell Title ▶ CPA Date ▶ 11/4/02
 LHA For Paperwork Reduction Act Notice, see instruction Form 8868 (12-2000)

FRANK, RIMERMAN CO LLP 94-1341042
 CERTIFIED PUBLIC ACCOUNTANTS
 60 S MARKET STREET #1550, SAN JOSE, CA 95113