

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

2002

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 2002 calendar year, or tax year period beginning **JUL 1, 2002** and ending **JUN 30, 2003**

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	C Name of organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF SANTA CLARA VALLEY	D Employer identification number 94-1156318
	Please use IRS label or print or type See Specific Instructions 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

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

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

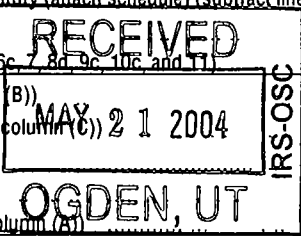
K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 **30,253,687.**

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	2,197,697.		
	b Indirect public support	1b	110,110.		
	c Government contributions (grants)	1c	1,093,552.		
	d Total (add lines 1a through 1c) (cash \$ 3,394,100. noncash \$ 7,259.)	1d			3,401,359.
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2			14,957,405.
	3 Membership dues and assessments	3			11,439,679.
	4 Interest on savings and temporary cash investments	4			
	5 Dividends and interest from securities	5			168,870.
	6 a Gross rents SEE STATEMENT 2	6a	17,535.		
	b Less rental expenses	6b			
	c Net rental income or (loss) (subtract line 6b from line 6a)	6c			17,535.
	7 Other investment income (describe)	7			
	8 a Gross amount from sale of assets other than inventory	(A) Securities		(B) Other	
	b Less cost or other basis and sales expenses	8a	108,044.	8b	70,792.
	c Gain or (loss) (attach schedule)	8c	<45,567.>	8c	<70,792.>
	d Net gain or (loss) (combine line 8c, columns (A) and (B))	8d	STMT 3	STMT 4	<116,359.>
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	41,036.			
b Less cost of goods sold	10b	21,796.			
c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c	STMT 5		19,240.	
11 Other revenue (from Part VII, line 103)	11			119,759.	
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12			30,007,488.	
13 Program services (from line 44, column (B))	13			26,183,105.	
14 Management and general (from line 45, column (C))	14			3,913,782.	
15 Fundraising (from line 44, column (D))	15			267,657.	
16 Payments to affiliates (attach schedule)	16			224,272.	
17 Total expenses (add lines 16 and 44, column (A))	17			30,588,816.	
18 Excess or (deficit) for the year (subtract line 17 from line 12)	18			<581,328.>	
19 Net assets or fund balances at beginning of year (from line 73, column (A))	19			22,573,054.	
20 Other changes in net assets or fund balances (attach explanation)	20			144,485.	
21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21			22,136,211.	

JUN 17 2004
 SCANNED



5

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

94-1156318

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. Page 2

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	870,632.	0.	756,715.	113,917.
26	Other salaries and wages	14,403,346.	13,279,325.	1,123,080.	941.
27	Pension plan contributions	1,179,639.	996,571.	173,789.	9,279.
28	Other employee benefits	777,724.	657,030.	114,577.	6,117.
29	Payroll taxes	1,891,699.	1,709,043.	173,118.	9,538.
30	Professional fundraising fees				
31	Accounting fees	42,854.		42,854.	
32	Legal fees	6,778.		6,778.	
33	Supplies				
34	Telephone	371,723.	252,900.	118,234.	589.
35	Postage and shipping	270,836.	210,763.	52,931.	7,142.
36	Occupancy	1,093,762.	1,093,762.		
37	Equipment rental and maintenance	480,582.	337,836.	139,801.	2,945.
38	Printing and publications	655,125.	424,664.	183,446.	47,015.
39	Travel	137,983.	135,168.	2,117.	698.
40	Conferences, conventions, and meetings				
41	Interest	630,743.	603,399.	27,344.	
42	Depreciation, depletion, etc (attach schedule)	1,685,751.	1,447,939.	237,812.	
43	Other expenses not covered above (itemize). a _____ b _____ c _____ d _____ e SEE STATEMENT 8				
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	30,364,544.	26,183,105.	3,913,782.	267,657.

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? SEE STATEMENT 14

What is the organization's primary exempt purpose?	Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others)
a HEALTH MAINTENANCE- 68,205 INDIVIDUALS SEE FOOTNOTE ATTACHED (Grants and allocations \$ _____)	10,718,094.
b CAMPING, YOUTH DEVELOPMENT & FAMILIES- 22,599 CAMPERS SEE FOOTNOTE ATTACHED (Grants and allocations \$ _____)	7,220,944.
c CHILD CARE- 3,871 PARTICIPANTS SEE FOOTNOTE ATTACHED (Grants and allocations \$ _____)	8,244,067.
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)	26,183,105.

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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	3,985.	45	3,485.	
	46	Savings and temporary cash investments	5,309,427.	46	5,095,607.	
	47 a	Accounts receivable	1,092,900.			
		47a				
	b	Less: allowance for doubtful accounts	46,991.	473,892.	47c	1,045,909.
		47b				
	48 a	Pledges receivable	891,609.			
		48a				
	b	Less: allowance for doubtful accounts	245,328.	1,326,064.	48c	646,281.
		48b				
	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			51c	
	51b					
52	Inventories for sale or use			52		
53	Prepaid expenses and deferred charges		78,156.	53	84,562.	
54	Investments - securities STMT 9	▶ <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	3,133,474.	54	3,128,707.	
55 a	Investments - land, buildings, and equipment basis					
	55a					
b	Less: accumulated depreciation			55c		
	55b					
56	Investments - other			56		
57 a	Land, buildings, and equipment basis	34,949,388.				
	57a					
b	Less: accumulated depreciation	12,895,656.	23,165,462.	57c	22,053,732.	
	57b					
58	Other assets (describe ▶ SEE STATEMENT 10)		804,054.	58	473,595.	
59	Total assets (add lines 45 through 58) (must equal line 74)		34,294,514.	59	32,531,878.	
Liabilities	60	Accounts payable and accrued expenses	2,021,107.	60	1,488,324.	
	61	Grants payable		61		
	62	Deferred revenue	2,777,878.	62	2,406,043.	
	63	Loans from officers, directors, trustees, and key employees		63		
	64 a	Tax-exempt bond liabilities			64a	
	b	Mortgages and other notes payable	10,673.		64b	
	65	Other liabilities (describe ▶ SEE STATEMENT 11)		6,911,802.	65	6,501,300.
66	Total liabilities (add lines 60 through 65)		11,721,460.	66	10,395,667.	
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	20,448,217.	67	20,340,872.	
	68	Temporarily restricted	1,638,370.	68	1,308,872.	
	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)		22,573,054.	73	22,136,211.
	74	Total liabilities and net assets / fund balances (add lines 66 and 73)		34,294,514.	74	32,531,878.

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.

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Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return	Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return
<p>a Total revenue, gains, and other support per audited financial statements ▶ a <u>30,153,487.</u></p> <p>b Amounts included on line a but not on line 12, Form 990:</p> <p>(1) Net unrealized gains on investments \$ <u>144,485.</u></p> <p>(2) Donated services and use of facilities \$ _____</p> <p>(3) Recoveries of prior year grants \$ _____</p> <p>(4) Other (specify): \$ _____</p> <p>Add amounts on lines (1) through (4) ▶ b <u>144,485.</u></p> <p>c Line a minus line b ▶ c <u>30,009,002.</u></p> <p>d Amounts included on line 12, Form 990 but not on line a:</p> <p>(1) Investment expenses not included on line 6b, Form 990 \$ _____</p> <p>(2) Other (specify): STMT 12 \$ <u><1,514.></u></p> <p>Add amounts on lines (1) and (2) ▶ d <u><1,514.></u></p> <p>e Total revenue per line 12, Form 990 (line c plus line d) ▶ e <u>30,007,488.</u></p>	<p>a Total expenses and losses per audited financial statements ▶ a <u>30,590,330.</u></p> <p>b Amounts included on line a but not on line 17, Form 990:</p> <p>(1) Donated services and use of facilities \$ _____</p> <p>(2) Prior year adjustments reported on line 20, Form 990 \$ _____</p> <p>(3) Losses reported on line 20, Form 990 \$ _____</p> <p>(4) Other (specify): \$ _____</p> <p>Add amounts on lines (1) through (4) ▶ b <u>0.</u></p> <p>c Line a minus line b ▶ c <u>30,590,330.</u></p> <p>d Amounts included on line 17, Form 990 but not on line a:</p> <p>(1) Investment expenses not included on line 6b, Form 990 \$ _____</p> <p>(2) Other (specify): STMT 13 \$ <u><1,514.></u></p> <p>Add amounts on lines (1) and (2) ▶ d <u><1,514.></u></p> <p>e Total expenses per line 17, Form 990 (line c plus line d) ▶ e <u>30,588,816.</u></p>

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				
DAVID THORNTON 1922 THE ALAMEDA, 3RD FLOOR SAN JOSE, CA 95126	PRESIDENT/CEO 40	200,000.	27,488.	4,620.
PAMELA VON WIEGAND 1922 THE ALAMEDA, 3RD FLOOR SAN JOSE, CA 95126	SR. VP, OPERATIONS 32	117,476.	17,143.	0.
KATHY CHENG 1922 THE ALAMEDA, 3RD FLOOR SAN JOSE, CA 95126	VP FINANCE 40	132,300.	18,971.	0.
ROBERT HERMANSON 1922 THE ALAMEDA, 3RD FLOOR SAN JOSE, CA 95126	VP FUND DEVELOPMENT 40	113,917.	15,283.	0.
DEANE SHOKES 1922 THE ALAMEDA, 3RD FLOOR SAN JOSE, CA 95126	VP OPERATIONS 40	118,130.	17,401.	0.
JANET DALE 1922 THE ALAMEDA, 3RD FLOOR SAN JOSE, CA 95126	VP HUMAN RESOURCES 40	96,500.	14,883.	0.
MARY HOSHIKO 1922 THE ALAMEDA, 3RD FLOOR SAN JOSE, CA 95126	VP PROGRAM & COMM DEV 40	92,309.	14,222.	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 (2002)

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Part VI Other Information		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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	<input checked="" type="checkbox"/>
b	If "Yes," has it filed a tax return on Form 990-T for this year? N/A	78b	<input type="checkbox"/>
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
b	If "Yes," enter the name of the organization ▶ _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81 a	Enter direct or indirect political expenditures. See line 81 instructions 81a 0.	81a	<input type="checkbox"/>
b	Did the organization file Form 1120-POL for this year?	81b	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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 in Part III) 82b		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	<input checked="" type="checkbox"/>
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	<input checked="" type="checkbox"/>
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? N/A	85a	<input type="checkbox"/>
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A	85b	<input type="checkbox"/>
	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 on line 85f? N/A	85g	<input type="checkbox"/>
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? N/A	85h	<input type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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 ▶ <u>CALIFORNIA</u>		
b	Number of employees employed in the pay period that includes March 12, 2002 90b 910		
91	The books are in care of ▶ <u>KATHY CHENG</u> Telephone no ▶ <u>(408) 298-3888</u>		
	Located at ▶ <u>1922 THE ALAMEDA, 3RD FLOOR, SAN JOSE, CA</u> ZIP + 4 ▶ <u>95126</u>		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92 N/A		

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

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Part VII Analysis of Income-Producing Activities (See page 31 of the instructions)

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					4,589,704.
b CHILD CARE FEES					8,327,917.
c PROGRAM FEES					834,287.
d SWIM FEES					1,205,497.
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					11,439,679.
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities			14	168,870.	
97 Net rental income or (loss) from real estate.					
a debt-financed property					
b not debt-financed property			16	17,535.	
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	<116,359.>	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					19,240.
103 Other revenue:					
a MISCELLANEOUS					85,787.
b LOCKER RENTAL					33,972.
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0.		70,046.	26,536,083.
105 Total (add line 104, columns (B), (D), and (E))					26,606,129.

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 page 32 of the instructions)

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 page 32 of the instructions)

(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 page 33 of the instructions)

- (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

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

accompanying schedules and statements, and to the best of my knowledge and belief, it is true,
all information of which preparer has any knowledge

Date: 5-14-04 PAUL G. THORNTON, PRESIDENT & CEO

Date: _____ Check if self: _____ Preparer's SSN or PTIN: _____

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

OMB No 1545-0047

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

2002

Department of the Treasury
Internal Revenue Service

Supplementary Information-(See separate instructions.)

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

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 TERESA BLVD, SAN JOSE CA	BRANCH EXECUT 40	103,478.	15,596.	
MARIO VARGAS ----- 1975 S. WHITE RD, SAN JOSE, CA 95148	BRANCH EXECUT 40	101,828.	15,219.	
BARBARA CARDENAS ----- 1717 THE ALAMEDA, SAN JOSE, CA 95126	BRANCH EXECUT 40	95,115.	14,481.	
CHERYL VARGAS ----- 20803 ALVES DR, CUPERTINO, CA 95014	BRANCH EXECUT 40	96,828.	14,596.	
MARIA SPARAGNA-DRAKE ----- 13500 QUITO RD, SARATOGA, CA 95070	BRANCH EXECUT 40	93,178.	14,075.	
Total number of other employees paid over \$50,000 ▶	23			

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 #E, SAN JOSE, CA 95112	CONSULTING	88,610.

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

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

	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? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities \blacktriangleright \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B) 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	1	X
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.) SEE STATEMENT 15		
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)? SEE PART V, FORM 990	2d	X
e Transfer of any part of its income or assets?	2e	X
3 Does the organization make grants for scholarships, fellowships, student loans, etc.? (See Note below)	3	X
4 Do you have a section 403(b) annuity plan for your employees?	4	X

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 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)
- 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 \blacktriangleright _____
- 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)

YOUNG MEN'S CHRISTIAN ASSOCIATION OF

Schedule A (Form 990 or 990-EZ) 2002 **SANTA CLARA VALLEY**

94-1156318 Page 3

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) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	3,707,884.	2,929,794.	3,079,988.	3,228,567.	12,946,233.
16 Membership fees received	11,110,194.	8,696,608.	6,146,065.	5,259,352.	31,212,219.
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	16,230,533.	15,964,856.	14,695,746.	12,685,724.	59,576,859.
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	217,622.	2,926,676.	1,020,589.	529,821.	4,694,708.
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	31,266,233.	30,517,934.	24,942,388.	21,703,464.	108,430,019.
24 Line 23 minus line 17	15,035,700.	14,553,078.	10,246,642.	9,017,740.	48,853,160.
25 Enter 1% of line 23	312,662.	305,179.	249,424.	217,035.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					977,063.
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 1998 through 2001 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the sum of all these excess amounts					1,380,874.
c Total support for section 509(a)(1) test. Enter line 24, column (e)					48,853,160.
d Add: Amounts from column (e) for lines 18 <u>4,694,708.</u> 19 _____ 22 _____ 26b <u>1,380,874.</u>					6,075,582.
e Public support (line 26c minus line 26d total)					42,777,578.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					87.5636%
27 Organizations described on line 12: 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	N/A				
(2001) (2000) (1999) (1998)					
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	N/A				
(2001) (2000) (1999) (1998)					
c Add: Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					N/A
d Add: Line 27a total _____ and line 27b total _____					N/A
e Public support (line 27c total minus line 27d total)					N/A
f Total support for section 509(a)(2) test. Enter amount on line 23, column (e)			N/A		
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					N/A %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1998 through 2001, 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

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		

Y-Mutual Insurance Company, Ltd.
Statement Regarding Form 5471
For the year ended 31 December 2002

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:

YMCA of Greater Houston Area
1600 Louisiana Street
Houston, Texas 77002-7309

Taxpayer Identification No.:

74-1109737

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 2002 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
April 2003

OFFICERS

Expense Reimbursement

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1922 The Alameda, San Jose, CA 95126

2,057.

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

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

Richard Lowenthal, Secretary
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Robert Lee, Immediate Past Chair
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Armon Mills, At-Large Member
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John Pencer, At-Large Member
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Phillip Sims, At-Large Member
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1922 The Alameda, San Jose, CA 95126

Britton Saterlee
1922 The Alameda, San Jose, CA 95126

FOOTNOTES

STATEMENT 1

PART III, A:

HEALTH MAINTENANCE - 68,205 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 - 22,599 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 - 3,871 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	17,535.
TOTAL TO FORM 990, PART I, LINE 6A			17,535.

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 INVESTMENTS	108,044.	153,611.	0.	<45,567.>	
TO FORM 990, PART I, LINE 8	108,044.	153,611.	0.	<45,567.>	

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

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED		
DISPOSAL OF PROPERTY	VARIOUS	VARIOUS	PURCHASED		
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	70,792.	0.	0.	<70,792.>
TO FM 990, PART I, LN 8		70,792.	0.	0.	<70,792.>

FORM 990

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

STATEMENT 5

INCOME

1. GROSS RECEIPTS	41,036	
2. RETURNS AND ALLOWANCES		
3. LINE 1 LESS LINE 2		41,036
4. COST OF GOODS SOLD (LINE 13)	21,796	
5. GROSS PROFIT (LINE 3 LESS LINE 4)		19,240

COST OF GOODS SOLD

6. INVENTORY AT BEGINNING OF YEAR		
7. MERCHANDISE PURCHASED		
8. COST OF LABOR		
9. MATERIALS AND SUPPLIES	21,796	
10. OTHER COSTS		
11. ADD LINES 6 THROUGH 10		21,796
12. INVENTORY AT END OF YEAR		
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12)		21,796

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.		224,272.
TOTAL TO FORM 990, PART I, LINE 16		224,272.

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

DESCRIPTION	AMOUNT
UNREALIZED GAINS/LOSSES	144,485.
TOTAL TO FORM 990, PART I, LINE 20	144,485.

FORM 990 OTHER EXPENSES STATEMENT 8

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
CONTRACTUAL EXPENSES	790,567.	600,005.	185,687.	4,875.
VEHICLE OPERATIONS AND RENTALS	743,452.	710,833.	29,908.	2,711.
OFFICE AND PROGRAM EXPENSES	1,746,438.	1,528,340.	156,903.	61,195.
LIABILITY INSURANCE	442,200.	420,768.	21,432.	
BAD DEBT EXPENSE	98,055.	70,331.	27,724.	
OTHER EXPENSES	158,707.	158,648.	59.	
INVESTMENT FEES	20,282.		20,282.	
MEMBERSHIP DUES	28,078.	10,547.	16,836.	695.
FACILITIES	1,837,588.	1,535,233.	302,355.	
TOTAL TO FM 990, LN 43	5,865,367.	5,034,705.	761,186.	69,476.

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				3,128,707.	3,128,707.
TO 990, LN 54 COL B				3,128,707.	3,128,707.

FORM 990 OTHER ASSETS STATEMENT 10

DESCRIPTION	AMOUNT
CERTIFICATE ISSUE COSTS	206,898.
CERTIFICATE PROCEEDS	240,133.
DEPOSITS	26,564.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	473,595.

FORM 990 OTHER LIABILITIES STATEMENT 11

DESCRIPTION	AMOUNT
CERTIFICATES OF PARTICIPATION	6,320,000.
DEFERRED RENT	181,300.
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B	6,501,300.

FORM 990 OTHER REVENUE INCLUDED ON FORM 990 STATEMENT 12

DESCRIPTION	AMOUNT
COST OF GOODS SOLD	<21,796.>
INVESTMENT FEES	20,282.
TOTAL TO FORM 990, PART IV-A	<1,514.>

FORM 990	OTHER EXPENSES INCLUDED ON FORM 990	STATEMENT 13
DESCRIPTION		AMOUNT
COST OF GOODS SOLD		<21,796.>
INVESTMENT FEES		20,282.
TOTAL TO FORM 990, PART IV-B		<1,514.>

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, A RESPECT FOR THE ENVIRONMENT, AND THEY BUILD DEVELOPMENTAL ASSETS. 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. THESE PROGRAMS HELP BUILD THE DEVELOPMENTAL ASSETS CHILDREN AND YOUTH NEED TO THRIVE IN TODAY'S WORLD. 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 ENVIRONMENT. 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, ACTIVE OLDER ADULTS, AND THOSE WITH PHYSICAL AND MENTAL DISABILITIES. THESE PROGRAMS HELP PEOPLE GROW AS RESPONSIBLE MEMBERS OF FAMILIES, GIVE KIDS GOOD ROLE MODELS TO HELP THEM DEVELOP GOOD VALUES, AND PROVIDE ADULTS 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

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 **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	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):

- | | | |
|--|---|------------------------------------|
| <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 17, 2004** 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, 2002**, and ending **JUN 30, 2003**.

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 ▶ *Ma E Kell* Title ▶ *CPA* Date ▶ *11/11/03*

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

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

- If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box
- 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).

ENVELOPE
POSTMARK DATE FEB 1 0 7AM

Part II Additional (not automatic) 3-Month Extension of Time - Must file Original and One Copy.		
Type or print.	Name of Exempt Organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF SANTA CLARA VALLEY	Employer identification number 94-1156318
File by the extended due date for filing the return See instructions.	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 17, 2004.

5 For calendar year _____, or other tax year beginning JUL 1, 2002 and ending JUN 30, 2003.

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 SEE STATEMENT 6

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

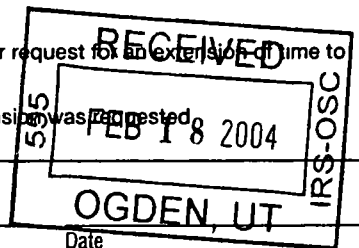
Signature and Verification

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 Kelly* Title CPA Date 2/10/04

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 _____



Director _____ By: _____ 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	EXTENSION APPROVED
	Number and street (include suite, room, or apt. no.) Or a P.O. box number 60 SOUTH MARKET STREET, SUITE 500	FEB 23 2004
	City or town, province or state, and country (including postal or ZIP code) SAN JOSE, CA 95113	LINDA WEISKOPF, FIELD DIRECTOR, SUBMISSION PROCESSING, OGDEN

FORM 8688

EXPLANATION FOR EXTENSION

STATEMENT 6

EXPLANATION

AN ADDITIONAL EXTENSION OF TIME IS RESPECTFULLY REQUESTED IN ORDER TO GATHER THE INFORMATION NECESSARY TO PREPARE A COMPLETE AND ACCURATE TAX RETURN.