

Return of Organization Exempt From Income Tax

2005

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

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

A For the 2005 calendar year, or tax year beginning **JUL 1, 2005** and ending **JUN 30, 2006**

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	E Telephone number 408-298-3888	
		1922 THE ALAMEDA, 3RD FLOOR			F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify)	
		City or town, state or country, and ZIP + 4 SAN JOSE, CA 95126				

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 **N/A**

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

G Website: **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 chooses to file a return, be sure to file a complete return. Some states require a complete return.

I Group Exemption Number **N/A**

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

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **35,167,617.**

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

1 Contributions, gifts, grants, and similar amounts received:						
a Direct public support		1a	2,871,118.			
b Indirect public support		1b	77,036.			
c Government contributions (grants)		1c	2,170,821.			
d Total (add lines 1a through 1c) (cash \$ 5,118,975. noncash \$ _____)		1d	5,118,975.			
2 Program service revenue including government fees and contracts (from Part VII, line 93)		2	15,873,465.			
3 Membership dues and assessments		3	11,395,324.			
4 Interest on savings and temporary cash investments		4	174,557.			
5 Dividends and interest from securities		5	109,072.			
6 a Gross rents SEE STATEMENT 1		6a	64,061.			
b Less: rental expenses		6b				
c Net rental income or (loss) (subtract line 6b from line 6a)		6c	64,061.			
7 Other investment income (describe _____)		7				
Revenue	8 a Gross amount from sales of assets other than inventory		(A) Securities	(B) Other		
			2,228,167.	9,964.		
	b Less: cost or other basis and sales expenses		2,240,558.	8b		
	c Gain or (loss) (attach schedule)		<12,391.>	8c	9,964.	
d Net gain or (loss) (combine line 8c, columns (A) and (B)) STMT 2		STMT 3	8d	<2,427.>		
9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>						
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				
Revenue	10 a Gross sales of inventory, less returns and allowances		10a	49,003.		
	b Less: cost of goods sold		10b	40,660.		
	c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a) STMT 4		10c	8,343.		
11 Other revenue (from Part VII, line 103)		11	145,029.			
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8c, 9c, 10c, and 11)		12	32,886,399.			
Expenses	13 Program services (from line 44, column (B))		13	27,217,784.		
	14 Management and general (from line 44, column (C))		14	4,246,814.		
	15 Fundraising (from line 44, column (D))		15	424,496.		
	16 Payments to affiliates (attach schedule) SEE STATEMENT 5		16	278,440.		
	17 Total expenses (add lines 16 and 44, column (A))		17	32,167,534.		
18 Excess or (deficit) for the year (subtract line 17 from line 12)		18	718,865.			
Net Assets	19 Net assets or fund balances at beginning of year (from line 73, column (A))		19	22,321,425.		
	20 Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 6		20	41,785.		
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)		21	23,082,075.		

SCANNED JUL 11 2007

**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.

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I</i>	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash \$ <u>0</u> , noncash \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>				
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25 Compensation of officers, directors, etc **	1,315,189.	0.	1,176,364.	138,825.
26 Other salaries and wages	14,367,025.	13,373,170.	934,280.	59,575.
27 Pension plan contributions	1,155,661.	981,608.	161,106.	12,947.
28 Other employee benefits	1,056,804.	897,639.	147,325.	11,840.
29 Payroll taxes	1,663,985.	1,499,943.	145,764.	18,278.
30 Professional fundraising fees				
31 Accounting fees	49,830.	35,345.	12,728.	1,757.
32 Legal fees	13,941.	9,888.	3,561.	492.
33 Supplies	2,063,303.	1,848,597.	141,302.	73,404.
34 Telephone	323,993.	245,411.	77,947.	635.
35 Postage and shipping	322,021.	244,357.	67,669.	9,995.
36 Occupancy	1,192,456.	1,081,943.	110,292.	221.
37 Equipment rental and maintenance	1,026,907.	865,931.	156,479.	4,497.
38 Printing and publications	435,655.	295,197.	107,915.	32,543.
39 Travel	179,992.	164,658.	13,334.	2,000.
40 Conferences, conventions, and meetings	176,760.	153,372.	16,310.	7,078.
41 Interest	229,811.	149,829.	79,893.	89.
42 Depreciation, depletion, etc (attach schedule)	1,506,381.	1,411,959.	94,422.	
43 Other expenses not covered above (itemize)				
a _____	43a			
b _____	43b			
c _____	43c			
d _____	43d			
e _____	43e			
f _____	43f			
g SEE STATEMENT 8	43g	4,809,380.	3,958,937.	800,123.
44 Total functional expenses. Add lines 22 through 43 (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	31,889,094.	27,217,784.	4,246,814.
				424,496.

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 \$ _____

**** SEE STATEMENT 9**

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

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.

What is the organization's primary exempt purpose? ► SEE STATEMENT 13	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
a SEE STATEMENT 10	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	11,059,473.
b SEE STATEMENT 11	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	7,391,418.
c SEE STATEMENT 12	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	8,766,893.
d	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
e Other program services (attach schedule)	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	27,217,784.

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

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Part IV Balance Sheets (See the instructions)

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	15,427.	45	15,951.	
	46 Savings and temporary cash investments	4,957,660.	46	6,955,557.	
	47 a Accounts receivable	1,086,329.			
	b Less allowance for doubtful accounts	52,464.	799,763.	47c	1,033,865.
	48 a Pledges receivable	658,303.			
	b Less allowance for doubtful accounts	457,541.	384,671.	48c	200,762.
	49 Grants receivable			49	
	50 Receivables from officers, directors, trustees, and key employees			50	
	51 a Other notes and loans receivable				
	b Less allowance for doubtful accounts			51c	
	52 Inventories for sale or use			52	
	53 Prepaid expenses and deferred charges		145,804.	53	107,605.
	54 Investments - securities STMT 17 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		2,942,708.	54	2,909,096.
	55 a Investments - land, buildings, and equipment basis				
	b Less accumulated depreciation			55c	
56 Investments - other			56		
57 a Land, buildings, and equipment - basis	37,810,179.				
b Less accumulated depreciation STMT 14	17,390,912.	21,408,169.	57c	20,419,267.	
58 Other assets (describe ▶ SEE STATEMENT 15)		1,190,351.	58	1,171,997.	
59 Total assets (must equal line 74) Add lines 45 through 58		31,844,553.	59	32,814,100.	
Liabilities	60 Accounts payable and accrued expenses	2,109,907.	60	2,450,704.	
	61 Grants payable		61		
	62 Deferred revenue	1,803,471.	62	2,153,873.	
	63 Loans from officers, directors, trustees, and key employees		63		
	64 a Tax-exempt bond liabilities		64a		
	b Mortgages and other notes payable		64b		
	65 Other liabilities (describe ▶ SEE STATEMENT 16)		5,609,750.	65	5,127,448.
66 Total liabilities. Add lines 60 through 65)		9,523,128.	66	9,732,025.	
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	20,790,442.	67	20,932,645.	
	68 Temporarily restricted	997,885.	68	1,612,914.	
	69 Permanently restricted	533,098.	69	536,516.	
	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)		22,321,425.	73	23,082,075.	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73		31,844,553.	74	32,814,100.	

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

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Part VI Other Information (continued)		Yes	No
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		
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b		
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a		
b Did the organization make only in-house lobbying expenditures of \$2,000 or less? 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	85b		
c Dues, assessments, and similar amounts from members	85c		
d Section 162(e) lobbying and political expenditures	85d		
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e		
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f		
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		
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?	85h		
86 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on line 12	86a		
b Gross receipts, included on line 12, for public use of club facilities	86b		
87 501(c)(12) organizations. Enter a Gross income from members or shareholders	87a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b		
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 <u>0.</u> ; section 4912 <u>0.</u> ; section 4955 <u>0.</u>			
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 ▶ <u>0.</u>			
d Enter Amount of tax on line 89c, above, reimbursed by the organization ▶ <u>0.</u>			
90 a List the states with which a copy of this return is filed <u>CA</u>			
b Number of employees employed in the pay period that includes March 12, 2005	90b		926
91 a The books are in care of <u>YMCA OF SCV ACCOUNTING OFFICE</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>			
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country <u>N/A</u> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts	91b		<input checked="" type="checkbox"/>
c At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country <u>N/A</u>	91c		<input checked="" type="checkbox"/>
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 ▶ <u>92</u>	92		<input type="checkbox"/>

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

	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	
Note: Enter gross amounts unless otherwise indicated					
93 Program service revenue					
a CAMP FEES					4,577,036.
b CHILD CARE FEES					8,161,325.
c PROGRAM FEES					1,570,463.
d SWIM FEES					1,564,641.
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					11,395,324.
95 Interest on savings and temporary cash investments			14	174,557.	
96 Dividends and interest from securities			14	109,072.	
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property			16	64,061.	
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	<2,427.>	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					8,343.
103 Other revenue:					
a MISCELLANEOUS					145,029.
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))			0.	345,263.	27,422,161.
105 Total (add line 104, columns (B), (D), and (E))					27,767,424.

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 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 22

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See 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	%			
	%			
	%			
	%			

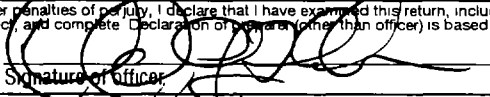
Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)


(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 (a), file Form 8870 and Form 4720 (see instructions).

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

Signature of officer:  Date: 5/15/07 Type or print name and title: DAVID G. TRUETT, PRESIDENT/CEO

Paid Preparer's Use Only: Preparer's signature:  Date: MAY 14 2007 Preparer's SSN or PTIN: []
 Firm's name (or yours if self-employed), address, and ZIP + 4: HOOD & STRONG LLP, 2744 SAND HILL ROAD, MENLO PARK, CA 94025-7019
 EIN: [] Phone no.: (650) 854-8700

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

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

OMB No 1545-0047

2005

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
MARIO VARGAS 1922 THE ALAMEDA, 3RD FLOOR, SAN JOSE	BRANCH EXECUT 40.00	110,876.	17,857.	137.
ELAINE GLISSMEYER 1922 THE ALAMEDA, 3RD FLOOR, SAN JOSE	BRANCH EXECUT 40.00	89,308.	14,131.	112.
BARBARA CARDENAS 1922 THE ALAMEDA, 3RD FLOOR, SAN JOSE	BRANCH EXECUT 40.00	106,335.	17,303.	245.
MARIA SPARAGNA-DRAKE 1922 THE ALAMEDA, 3RD FLOOR, SAN JOSE	BRANCH EXECUT 40.00	105,617.	17,213.	546.
RICK VALDEZ 1922 THE ALAMEDA, 3RD FLOOR, SAN JOSE	BRANCH EXECUT 40.00	102,311.	16,789.	123.
Total number of other employees paid over \$50,000	▶ 0			

Part II-A 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
HOOD & STRONG, LLP 2744 SAND HILL ROAD, MENLO PARK, CA 94025-7019	AUDIT & TAX	100,830.
ARON FAEGRE ASSOCIATES 520 SW YAMHILL, PORTLAND, OR 97204	ARCHITECT	97,022.
NETZEL ASSOCIATES 9696 CULVER BLVD, STE 105, CULVER CITY, CA 90232	FUNDRAISING CONSULTANT	95,912.
THE SPARK PROGRAMS 438 CAMINO DEL RIO SOUTH, STE 110, SAN DIEGO, CA	FUNDRAISING CONSULTANT	51,040.
PHIL BALDUCCI & ASSOCIATES, INC. 918 RIVER BASIN COURT, STE 202, BRADENTON, FL 342	MARKETING CONSULTANT	50,300.
Total number of others receiving over \$50,000 for professional services	▶ 0	

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
CASEY PRINTING PO BOX 913, KING CITY, CA 93930	PRINTING	229,205.
FAR WESTERN GRAPHICS 1105 KERN AVENUE, SUNNYVALE, CA 94085	PRINTING	198,338.
BARRY SWENSON BUILDER 5300 SOQUEL AVENUE, STE 103, SANTA CRUZ, CA 95062	BUILDING CONSTRUCTION CONT	73,646.
EPLUS TECHNOLOGY, INC. FILE 56861, LOS ANGELES, CA 90074-6861	INFORMATION TECHNOLOGY	72,263.
LOS ALTOS NETWORKS, INC. 330 SECOND STREET, LOS ALTOS, CA 94022	INFORMATION TECHNOLOGY	60,947.
Total number of other contractors receiving over \$50,000 for other services	▶ 3	

YOUNG MEN'S CHRISTIAN ASSOCIATION OF

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 ▶ \$ _____ \$ _____ (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.)		
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-A, FORM 990.	2d	X
e Transfer of any part of its income or assets?	2e	X
3 a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)	3a	X
b Do you have a section 403(b) annuity plan for your employees?	3b	X
c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?	3c	X
4 a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4a	X
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b	X

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) sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization: ▶ Type 1 Type 2 Type 3

Provide the following information about the supported organizations. (See page 6 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

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) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	3,851,544.	3,599,550.	4,081,142.	3,707,884.	15,240,120.
16 Membership fees received	11113853.	11183444.	11439679.	11110194.	44,847,170.
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	15171162.	13649919.	15049948.	16230533.	60,101,562.
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	210,998.	154,721.	168,870.	217,622.	752,211.
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	121,190.	84,780.	SEE STATEMENT 24		291,757.
23 Total of lines 15 through 22	30468747.	28672414.	30825426.	31266233.	121232820.
24 Line 23 minus line 17	15297585.	15022495.	15775478.	15035700.	61,131,258.
25 Enter 1% of line 23	304,687.	286,724.	308,254.	312,662.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					1,222,625.
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 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					0.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					61,131,258.
d Add: Amounts from column (e) for lines 18 _____ 22 _____	752,211.	154,721.	168,870.	217,622.	1,043,968.
e Public support (line 26c minus line 26d total)					60,087,290.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					98.2923%
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	(2004)	(2003)	(2002)	(2001)	
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 11b, 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	(2004)	(2003)	(2002)	(2001)	
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 2001 through 2004, 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?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement.)	32d	

33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)	33h	

34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b	
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	

FORM 990 RENTAL INCOME STATEMENT 1

KIND AND LOCATION OF PROPERTY	ACTIVITY NUMBER	GROSS RENTAL INCOME
FACILITIES RENTAL	1	64,061.
TOTAL TO FORM 990, PART I, LINE 6A		64,061.

FORM 990 GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES STATEMENT 2

DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
PUBLICLY TRADED SECURITIES	2,228,167.	2,240,558.	0.	<12,391.>
TO FORM 990, PART I, LINE 8	2,228,167.	2,240,558.	0.	<12,391.>

FORM 990 GAIN (LOSS) FROM SALE OF OTHER ASSETS STATEMENT 3

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED		
SALE OF FIXED ASSETS	VARIOUS	VARIOUS	PURCHASED		
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	9,964.	53,012.	0.	53,012.	9,964.
TO FM 990, PART I, LN 8	9,964.	53,012.	0.	53,012.	9,964.

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

INCOME

1. GROSS RECEIPTS	49,003	
2. RETURNS AND ALLOWANCES		
3. LINE 1 LESS LINE 2		49,003
4. COST OF GOODS SOLD (LINE 13)	40,660	
5. GROSS PROFIT (LINE 3 LESS LINE 4)		8,343

COST OF GOODS SOLD

6. INVENTORY AT BEGINNING OF YEAR		
7. MERCHANDISE PURCHASED		
8. COST OF LABOR		
9. MATERIALS AND SUPPLIES	40,660	
10. OTHER COSTS		
11. ADD LINES 6 THROUGH 10		40,660
12. INVENTORY AT END OF YEAR		
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12)		40,660

FORM 990 PAYMENTS TO AFFILIATES STATEMENT 5

AFFILIATE'S NAME	AFFILIATE'S ADDRESS	AMOUNT
YMCA OF THE USA		278,440.
PURPOSE OF PAYMENT		
TOTAL TO FORM 990, PART I, LINE 16		278,440.

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

DESCRIPTION	AMOUNT
UNREALIZED GAINS ON INVESTMENTS	41,785.
TOTAL TO FORM 990, PART I, LINE 20	41,785.

FORM 990 SALES OF INVENTORY STATEMENT 7

DESCRIPTION OF SALES CATEGORY	GROSS SALES	COGS	NET SALES
FOOD SALES	49,003.	40,660.	8,343.
TOTAL AMOUNTS	49,003.	40,660.	8,343.

FORM 990 OTHER EXPENSES STATEMENT 8

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
FACILITIES	2,217,707.	2,012,177.	205,120.	410.
INSURANCE	356,964.	336,277.	20,687.	
BANK CHARGES	480,057.	312,980.	166,891.	186.
BAD DEBTS	34,011.	34,011.		
MISCELLANEOUS	178,988.	102,225.	76,763.	
CONTRACT SERVICES	837,109.	593,763.	213,828.	29,518.
CONSULTING FEES	31,288.	22,193.	7,992.	1,103.

VEHICLE OPERATIONS AND RENTAL	457,014.	418,081.	33,856.	5,077.
INVESTMENT FEES	28,475.		28,475.	
ADVERTISING	187,767.	127,230.	46,511.	14,026.
TOTAL TO FM 990, LN 43	<u>4,809,380.</u>	<u>3,958,937.</u>	<u>800,123.</u>	<u>50,320.</u>

FORM 990 OFFICER COMPENSATION ALLOCATION STATEMENT 9
PART II, LINE 25

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
DAVID THORNTON	234,258.	30,156.	5,203.	269,617.
A. PROGRAM SERVICES				
B. MANAGEMENT AND GENERAL	234,258.	30,156.	5,203.	269,617.
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
PAMELA VON WIEGAND	143,642.	21,675.	779.	166,096.
A. PROGRAM SERVICES				
B. MANAGEMENT AND GENERAL	143,642.	21,675.	779.	166,096.
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
ED BARRANTES	3,173.			3,173.
A. PROGRAM SERVICES				
B. MANAGEMENT AND GENERAL	3,173.			3,173.
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
KATHY CHENG	87,009.	14,432.	259.	101,700.
A. PROGRAM SERVICES				
B. MANAGEMENT AND GENERAL	87,009.	14,432.	259.	101,700.
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
JANET DALE	108,757.	17,592.	581.	126,930.
A. PROGRAM SERVICES				
B. MANAGEMENT AND GENERAL	108,757.	17,592.	581.	126,930.
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
JUDY HAYNER	101,769.	3,437.	267.	105,473.
A. PROGRAM SERVICES				
B. MANAGEMENT AND GENERAL	101,769.	3,437.	267.	105,473.
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
ROBB HERMANSON	122,601.	15,535.	689.	138,825.
A. PROGRAM SERVICES				
B. MANAGEMENT AND GENERAL				
C. FUNDRAISING	122,601.	15,535.	689.	138,825.

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
MARY HOSHIKO	100,326.	16,557.	182.	117,065.
A. PROGRAM SERVICES				
B. MANAGEMENT AND GENERAL	100,326.	16,557.	182.	117,065.
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
JOHN REMY	120,597.	19,052.	520.	140,169.
A. PROGRAM SERVICES				
B. MANAGEMENT AND GENERAL	120,597.	19,052.	520.	140,169.
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
DEANE SHOKES	125,400.	19,641.	1,100.	146,141.
A. PROGRAM SERVICES				
B. MANAGEMENT AND GENERAL	125,400.	19,641.	1,100.	146,141.
C. FUNDRAISING				
TOTAL PROGRAM SERVICES				
TOTAL MANAGEMENT AND GENERAL				1,176,364.
TOTAL FUNDRAISING				138,825.
TOTAL OFFICER, ETC., COMPENSATION INCLUDED ON PARTS V-A AND V-B				<u>1,315,189.</u>

DESCRIPTION OF PROGRAM SERVICE ONE

HEALTH AND WELLNESS

THE ASSOCIATION'S HEALTH ENHANCEMENT PROGRAMS HELP ACHIEVE THE UNITY OF PERSONAL HEALTH IN SPIRIT, MIND, AND BODY THROUGH WELLNESS-BASED PROGRAMS THAT EMPHASIZE EXERCISE, NUTRITION, STRESS MANAGEMENT, AVOIDANCE OF DRUG AND ALCOHOL ABUSE, AND HEALTH EDUCATION.

THE ASSOCIATION OFFERS A LIFELONG PROGRESSION OF HEALTH AND FITNESS ACTIVITIES, EXPERIENCES, AND EDUCATION, INCLUDING PROGRAMS FOR CHILDREN, TEENS, FAMILIES, AND OLDER ADULTS. MEMBERS ENJOY IMPORTANT FITNESS PROGRAMS, SUCH AS PRE AND POST NATAL EXERCISE, PRESCHOOL MOVEMENT, PARENT/CHILD EXERCISE, ROCK CLIMBING, AEROBICS, STRENGTH TRAINING, SENIOR FITNESS, PILATES, YOGA, TAI CHI, KICK BOXING AND GROUP CYCLING. PEOPLE WITH DISABILITIES AND THOSE WITH CHRONIC AILMENTS, SUCH AS ARTHRITIS, FIND ASSOCIATION PROGRAMS THAT ARE TAILORED TO THEM, INCLUDING ARTHRITIS AQUA FITNESS, SEATED AEROBICS AND YOGA, THERAPEUTIC PILATES AND THERAPEUTIC YOGA.

THE ASSOCIATION'S PROGRAMS ARE DESIGNED TO ATTRACT PEOPLE OF ALL AGES, ALL ABILITIES, AND ALL INCOMES. THE ASSOCIATION OFFERS A WELCOMING ATMOSPHERE, WHERE NEW MEMBERS FEEL COMFORTABLE AND RECEIVE THE SUPPORT THEY NEED TO LEAD A HEALTHIER LIFESTYLE. ASSOCIATION FINANCIAL ASSISTANCE ENABLES INDIVIDUALS WITH LIMITED FINANCIAL RESOURCES THE OPPORTUNITY TO PURSUE A HEALTHIER LIFESTYLE.

	<u>GRANTS</u>	<u>EXPENSES</u>
TO FORM 990, PART III, LINE A		11,059,473.

FORM 990

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

STATEMENT 11

DESCRIPTION OF PROGRAM SERVICE TWO

CHILD CARE

THE ASSOCIATION IS DEDICATED TO PROVIDING HIGH-QUALITY, AFFORDABLE CHILD CARE FOR PRE-SCHOOL AND SCHOOL AGE CHILDREN LIVING IN OUR COMMUNITY. OUR 32 LICENSED CHILD-CARE CENTERS (WITH CAPACITY FOR OVER 2,100 CHILDREN), PROVIDE FAMILY-CENTERED, VALUE-BASED PROGRAMS TO NURTURE CHILDREN'S HEALTHY DEVELOPMENT. WELL-TRAINED STAFF PROVIDES SAFE, AFFORDABLE, HIGH-QUALITY CARE AND ACTIVITIES SO THAT CHILDREN HAVE ENRICHING EXPERIENCES. OUR STAFF MEMBERS WORK AS PARTNERS WITH PARENTS AND OTHER CAREGIVERS, COLLABORATING TO HELP KIDS GROW UP HEALTHY, HAPPY AND STRONG. LIKE ALL YMCA PROGRAMS, CHILD CARE PROGRAMS ARE OPEN TO ALL, WITH FINANCIAL ASSISTANCE AVAILABLE TO THOSE WHO QUALIFY. NATIONALLY, THE YMCA IS THE LARGEST PROVIDER OF CHILD CARE PROGRAMS.

TO FORM 990, PART III, LINE B

GRANTS

EXPENSES

7,391,418.

FORM 990

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

STATEMENT 12

DESCRIPTION OF PROGRAM SERVICE THREEYOUTH, TEEN , CAMPING AND AFTERSCHOOL PROGRAMS

YOUTH PROGRAMS PROMOTE AN APPRECIATION OF ONE'S OWN WORTH AND BUILD ESSENTIAL DEVELOPMENTAL ASSETS. YOUTH SPORTS FOCUS ON THE FULL AND EQUAL PARTICIPATION OF ALL: EVERY CHILD PLAYS IN EVERY GAME. YMCA YOUTH SPORTS PROGRAMS ALSO HELP TO STRENGTHEN FAMILIES. PARENTS COACH TEAMS AND ATTEND GAMES, OFTEN WITH BROTHERS AND SISTERS, TO WATCH KIDS PLAY. YOUNG PEOPLE PARTICIPATING IN SPORTS BUILD LIFELONG POSITIVE ATTITUDES, HEALTHY HABITS OF EXERCISE, TEAMWORK AND LEARN WAYS TO HAVE FUN AS ADULTS.

YOUTH SPORTS PROGRAMS VALUE COOPERATION OVER COMPETITION, FAIR PLAY OVER WINNING AT ANY COST, GOOD FEELING AND GOOD HEALTH OVER A GOOD SCORE, AND BUILDING SELF ESTEEM OVER BEATING THE OPPONENT. THE ASSOCIATION KNOWS THAT WITH THIS APPROACH EVERYONE WINS-VICTORIOUS IN SPIRIT, MIND, AND BODY.

PARENT/CHILD PROGRAMS SUCH AS Y ADVENTURE-GUIDES, THAT BRING FATHERS AND CHILDREN TOGETHER, NURTURE THE IMPORTANT BOND BETWEEN PARENTS AND CHILDREN. ASSOCIATION PARENT/CHILD PROGRAMS EMPHASIZE THE IMPORTANCE OF QUALITY TIME SPENT TOGETHER, AND DISPELS THE MYTH THAT FAMILY TIME MUST BE EXPENSIVE AND HECTIC.

ASSOCIATION TEEN PROGRAMS PROVIDE YOUNG ADULTS WITH HEALTHY, POSITIVE ROLE MODELS TO HELP THEM DEVELOP AND ENHANCE SELF-ESTEEM, BUILD ASSETS AND GOOD VALUES, INCLUDING, COOPERATION, RESPECT FOR ONE'S BODY, GOOD CITIZENSHIP, AND A STRONG WORK ETHIC. TEEN ACTIVITIES ARE AMONG THE MOST RAPIDLY GROWING YMCA PROGRAMS NATIONWIDE, REFLECTING THE GROWING AWARENESS THAT ADOLESCENTS NEED STRUCTURE AND ACTIVITIES, ESPECIALLY IN THE AFTER-SCHOOL HOURS. THE ASSOCIATION ENGAGES TEENS IN ACTIVITIES THROUGH YOUTH AND GOVERNMENT, YOUTH SERVICE CLUBS, Y-ACHIEVERS, CITIZEN SCHOOL AND TEEN CENTERS, AND SPECIAL EVENTS.

THE ASSOCIATION'S DAY, RESIDENT AND SPECIALTY CAMPS PROVIDE FUN FOR KIDS WHILE THEY MAKE NEW FRIENDS, BUILD NEW SKILLS AND GROW IN SELF-RELIANCE. MANY OF OUR ASSOCIATION'S DAY, RESIDENT AND FAMILY CAMPS USE NATURAL SETTINGS TO TEACH YOUTH ABOUT THE WONDERS OF THE WORLD AROUND THEM AND HOW

FORM 990 OTHER SECURITIES STATEMENT 17

SECURITY DESCRIPTION	COST/FMV	OTHER SECURITIES
EQUITY SECURITIES	FMV	1,633,948.
GOVERNMENT AND CORPORATE NOTES AND BONDS	FMV	946,826.
MONEY MARKET FUNDS	FMV	84,487.
MUTUAL FUNDS	FMV	243,835.
TO FORM 990, LINE 54, COL B		2,909,096.

FORM 990 OTHER REVENUE INCLUDED ON FORM 990 STATEMENT 18

DESCRIPTION	AMOUNT
COST OF GOODS SOLD	<40,660.>
INVESTMENT FEES	28,475.
TOTAL TO FORM 990, PART IV-A	<12,185.>

FORM 990 OTHER EXPENSES INCLUDED ON FORM 990 STATEMENT 19

DESCRIPTION	AMOUNT
COST OF GOODS SOLD	<40,660.>
INVESTMENT FEES	28,475.
TOTAL TO FORM 990, PART IV-B	<12,185.>

FORM 990

PART V-A - LIST OF OFFICERS, DIRECTORS,
TRUSTEES AND KEY EMPLOYEES

STATEMENT 20

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
DAVID THORNTON 1922 THE ALAMEDA, 3RD FLOOR SAN JOSE, CA 95126	PRESIDENT/CEO 40.00	234,258.	30,156.	5,204.
PAMELA VON WIEGAND 1922 THE ALAMEDA, 3RD FLOOR SAN JOSE, CA 95126	EXECUTIVE VP 32.00	143,642.	21,675.	779.
ROBERT HERMANSON 1922 THE ALAMEDA, 3RD FLOOR SAN JOSE, CA 95126	VP, FUND DEVELOPMENT 40.00	122,601.	15,535.	689.
KATHY CHENG 1922 THE ALAMEDA, 3RD FLOOR SAN JOSE, CA 95126	VP, FINANCE 40.00	174,017.	24,873.	518.
KATHY CHENG-REIMBURSED BY YMCA OF 1922 THE ALAMEDA, 3RD FLOOR SAN JOSE, CA 95126	MID-PENINSULA, VP, FINANCE 40.00	<87,008.>	<10441.>	<259.>
JANET DALE 1922 THE ALAMEDA, 3RD FLOOR SAN JOSE, CA 95126	VP, HUMAN RESOURCES 40.00	108,757.	17,592.	581.
DEANE SHOKES 1922 THE ALAMEDA, 3RD FLOOR SAN JOSE, CA 95126	VP, OPERATIONS 40.00	125,400.	19,641.	1,100.
JOHN REMY 1922 THE ALAMEDA, 3RD FLOOR SAN JOSE, CA 95126	VP, OPERATIONS 40.00	120,597.	19,052.	520.
MARY HOSHIKO 1922 THE ALAMEDA, 3RD FLOOR SAN JOSE, CA 95126	VP, PROGRAM/COMM DEVELOPMT 40.00	100,326.	16,557.	182.
JUDY HAYNER 1922 THE ALAMEDA, 3RD FLOOR SAN JOSE, CA 95126	VP MARKETING/COMMUNICATION 40.00	101,769.	3,437.	267.
ED BARRANTES 1922 THE ALAMEDA, 3RD FLOOR SAN JOSE, CA 95126	VP FINANCE/CFO 40.00	3,172.	0.	0.

YOUNG MEN'S CHRISTIAN ASSOCIATION OF SAN

94-1156318

NON-COMPENSATED DIRECTORS - STMT A BOARD MEMBERS
1922 THE ALAMEDA, 3RD FLOOR 0.00
SAN JOSE, CA 95126

0. 0. 0.

TOTALS INCLUDED ON FORM 990, PART V-A

1,147,531. 158077. 9,581.

FORM 990

PART V-A OFFICER COMPENSATION FROM
RELATED ORGANIZATIONS

STATEMENT 21

OFFICER'S NAME	COMPENSATION	EMPLOYEE BENEFIT PLAN CONTRIBUTION	EXPENSE ACCOUNT
KATHY CHENG	97,709.	14,432.	259.
NAME OF RELATED ORGANIZATION		EMPLOYER ID NUMBER	
YMCA OF THE MID-PENINSULA		94-1212140	
RELATIONSHIP BETWEEN ORGANIZATIONS			
RELATED ORGANIZATION			

FORM 990

PART VIII - RELATIONSHIP OF ACTIVITIES TO
ACCOMPLISHMENT OF EXEMPT PURPOSES

STATEMENT 22

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 MAIN 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 ALLOW 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	PROGRAM FEES - 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 BODY, MIND, SPIRIT OF INDIVIDUALS AND FAMILIES. IT PUTS CHRISTIAN VALUE 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.
- 102 SALES TO THE PUBLIC - INCOME FROM THE SALE OF EDUCATIONAL MATERIALS, EQUIPMENT AND OTHER ITEMS NEEDED BY PARTICIPANTS FOR EFFECTIVE PARTICIPATION IN YMCA PROGRAMS.
- 103 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.
 - TO BUILD A HEALTHY, ASSET-RICH COMMUNITY FOR ALL CHILDREN AND YOUTH.

SCHEDULE A EXPLANATION OF QUALIFICATIONS TO RECEIVE PAYMENTS STATEMENT 23
 PART III, LINE 3A

CORNERSTONE PROJECT - A PANEL OF YOUTH REVIEW PROPOSALS/MAKE DECISIONS WITH GUIDANCE OF STAFF. CRITERIA INCLUDE HOW THE APPLICANT AND HIS/HER TEAM CAME TOGETHER; WHAT GAVE INSPIRATION FOR THE PROJECT; HOW THE PROJECT WILL ENGAGE YOUTH, ADULTS AND MIDDLE SCHOOL YOUTH AND HOW MANY YOUTH/ADULTS WILL BE ENGAGED; THE EXPECTED RESULTS OF THE PROJECT; HOW ALMADEN VALLEY WILL BENEFIT LONG-TERM AND WHETHER THE PROJECT WILL BE SUSTAINABLE AFTER THE GRANT RUNS OUT.

SCHEDULE A	OTHER INCOME			STATEMENT 24
DESCRIPTION	2004 AMOUNT	2003 AMOUNT	2002 AMOUNT	2001 AMOUNT
MISCELLANEOUS	121,190.	84,780.	85,787.	0.
TOTAL TO SCHEDULE A, LINE 22	121,190.	84,780.	85,787.	0.

YMCA of Santa Clara Valley
Metropolitan Board of Directors - All Non-Compensated
(Various hours per week devoted to positions)
94-1156318

However, because the Form 990 instructions require a number,
please use 1 hour for all non-compensated officers.

OFFICERS

Roy Bigge, Chair
1922 The Alameda, 3rd Floor
San Jose, CA 95126

John Pencer, Chair-Elect
1922 The Alameda, 3rd Floor
San Jose, CA 95126

Robert Archer, Vice Chair
1922 The Alameda, 3rd Floor
San Jose, CA 95126

Richards Lowenthal, Vice Chair
1922 The Alameda, 3rd Floor
San Jose, CA 95126

Mike Moul, Vice Chair
1922 The Alameda, 3rd Floor
San Jose, CA 95126

Jane Light, Secretary
1922 The Alameda, 3rd Floor
San Jose, CA 95126

Sharon Kreider, Treasurer
1922 The Alameda, 3rd Floor
San Jose, CA 95126

Lydia Tai, Asst. Treasurer
1922 The Alameda, 3rd Floor
San Jose, CA 95126

Colleen Wilcox, Immediate Past Chair
1922 The Alameda, 3rd Floor
San Jose, CA 95126

Robert Lee, At-Large Member
1922 The Alameda, 3rd Floor
San Jose, CA 95126

Richard Alejandro, At Large Member
1922 The Alameda, 3rd Floor
San Jose, CA 95126

Henry Manayan, At-Large Member
1922 The Alameda, 3rd Floor
San Jose, CA 95126

Phillip Sims, At-Large Member
1922 The Alameda, 3rd Floor
San Jose, CA 95126

Jim Walker, At-Large Member
1922 The Alameda, 3rd Floor
San Jose, CA 95126

MEMBERS

John Baird
1922 The Alameda, 3rd Floor
San Jose, CA 95126

Ervie Smith-Brewick
1922 The Alameda, 3rd Floor
San Jose, CA 95126

Don Callahan
1922 The Alameda, 3rd Floor
San Jose, CA 95126

Maria Chen
1922 The Alameda, 3rd Floor
San Jose, CA 95126

Simon Chin
1922 The Alameda, 3rd Floor
San Jose, CA 95126

Kansen Chu
1922 The Alameda, 3rd Floor
San Jose, CA 95126

Shomit Ghose
1922 The Alameda, 3rd Floor
San Jose, CA 95126

Stephen J. Kottmeier
1922 The Alameda, 3rd Floor
San Jose, CA 95126

- - Margaret Kung
- - 1922 The Alameda, 3rd Floor
San Jose, CA 95126

Jennie Meehan
1922 The Alameda, 3rd Floor
San Jose, CA 95126

Craig Martin
1922 The Alameda, 3rd Floor
San Jose, CA 95126

Ravi Narula
1922 The Alameda, 3rd Floor
San Jose, CA 95126

Toni Nelson
1922 The Alameda, 3rd Floor
San Jose, CA 95126

Larry Olmstea
1922 The Alameda, 3rd Floor
San Jose, CA 95126

Christine Pfendt
1922 The Alameda, 3rd Floor
San Jose, CA 95126

Adolph Quilici
1922 The Alameda, 3rd Floor
San Jose, CA 95126

Tom Sa
1922 The Alameda, 3rd Floor
San Jose, CA 95126

Scott Seaman
1922 The Alameda, 3rd Floor
San Jose, CA 95126

Kent Smith
1922 The Alameda, 3rd Floor
San Jose, CA 95126

Earl Thompson
1922 The Alameda, 3rd Floor
San Jose, CA 95126

Bill Tobin
1922 The Alameda, 3rd Floor
San Jose, CA 95126

Alex C. Torres
1922 The Alameda, 3rd Floor
San Jose, CA 95126

Bernard J. Vogel III
1922 The Alameda, 3rd Floor
San Jose, CA 95126

Larry Wallerstein
1922 The Alameda, 3rd Floor
San Jose, CA 95126

Pat Wolfe
1922 The Alameda, 3rd Floor
San Jose, CA 95126

ACTIVE LIFE MEMBERS

Edward Bowen III
1922 The Alameda, 3rd Floor
San Jose, CA 95126

Steve Caplan
1922 The Alameda, 3rd Floor
San Jose, CA 95126

Stan Chinchon
1922 The Alameda, 3rd Floor
San Jose, CA 95126

Stan Gadway
1922 The Alameda, 3rd Floor
San Jose, CA 95126

Warren Gilbert
1922 The Alameda, 3rd Floor
San Jose, CA 95126

Robert Rhodes
1922 The Alameda, 3rd Floor
San Jose, CA 95126

George Royer
1922 The Alameda, 3rd Floor
San Jose, CA 95126

Related Party Transactions during the twelve months ended June 30, 2006

Y-Mutual Insurance, Ltd.

The Association, along with other YMCAs, is a participant in a mutual insurance company, Y-Mutual Insurance, Ltd. (Y-Mutual). Y-Mutual provides primary coverage for property, general liability, automobile, and workers' compensation. The Association's Chief Executive Officer is a member of Y-Mutual's Board of Directors, which is a non-compensated position. The Association paid general liability and workers' compensation premiums of \$926,460 to Y-Mutual in the year ended June 30, 2006. Dividends and other distributions by Y-Mutual to the participants are paid at the discretion of Y-Mutual's Board of Directors. Distributions are allocated to participants based on their loss experience and original investment. Y-Mutual did not declare a distribution for 2006.

The Association and the YMCA of the Mid-Peninsula (Mid-Pen) in conjunction with their desire to develop an alliance between the two organizations have entered into an agreement whereby the two entities will share certain finance and information technology personnel. The costs related to this agreement will be reimbursed to the Association by Mid-Pen on a monthly basis. The Association recognized income or expense reductions of approximately \$371,000 related to this agreement during the year ended June 30, 2006.

Members of the Association Board of Directors

Certain Board members are employed by companies that provide banking (accounts on deposit, processing credit cards), legal (general services), investment (holds some investments) and other services (supplies) to the Association.

Members of branch boards of managers

Two members of the branch board of managers provided \$248,607 of janitorial services and \$289,050 of printing and mailing services to the branches for the year ending June 30, 2006. Other immaterial amounts of services or goods were provided to the YMCA by other branch board members.

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

▶ 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).
- 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)

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.

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension. Instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile.

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 |

- The books are in the care of ▶ **YMCA of SCV Accounting Office**
 Telephone No. ▶ **408-298-3888** FAX No. ▶ _____
- 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-months for a Form 990-T corporation) extension of time until **February 15, 2007** 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, 2005**, and ending **JUN 30, 2006**.

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**

Caution If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 12-2004)

- 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.

- The books are in the care of **YMCA of SCV Accounting Office**
Telephone No. **408-298-3888** FAX No. _____
- 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, 2007

5 For calendar year _____, or other tax year beginning JUL 1, 2005 and ending JUN 30, 2006

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
Additional time is needed to prepare a complete and accurate return.

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

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

c **Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFIPS (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 [Signature] Title Accountant for taxpayer Date 2/4/07

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 a 10-day grace period.
- We cannot consider this application because it was filed after the extended 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 Hood & Strong LLP
	Number and street (include suite, room, or apt. no.) or a P.O. box number 2744 Sand Hill Road
	City or town, province or state, and country (including postal or ZIP code) Menlo Park, CA 94025-7019