Form 990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black

2007

OMB No. 1545-0047

Depart	tment of	the Treasury		g benefit trust or priva						Open to Public
		ue Service	▶ The organization may have	to use a copy of this ret	urn to	satisfy	state reportir	ng require	ments.	Inspection
		2007 calendar	year, or tax year beginning	JULY 01		, 200	7, and endir	ng JUNE	30	, 2008
B Ch	eck if plicable:	Please						D Empl	over iden	tification number
1995	dress ch	use IR	YMCA OF SAN DI	EGO COUNTY				95-20		
Na	me chan				reetadd	iress)	Room/ suite		hone nu	
Init	tial retur	type.	3708 Ruffin Ro	ad			Suite		292-	
Ter	mination	Specifi	c City or town, state or cou							11 - 1 - 1
H	ended r	Instruc						r-1		
H					emnt		11 0 1		ther (spec	
Пъ	piication	pending C	ection 501(c)(3) organizations haritable trusts must attach a	completed Schedule	A			U.S.1939		. 527 organizations.
~ w	21.00		Form 990 or 990-EZ).				H(a) Isthisa	224 (d))		
		▶ WWW.Y					H(b) If "Yes,"	enter numb	er of affilia	The state of the s
			ck only one) ▶ X 501(c)(3) ◀			527	H(c) Are all a (If "No,"	ffiliates incl	uded? t. See instru	uctions.) Yes No
			e organization is not a 509(a)(3	all one franchischer der die seine zu für est		2500				
			rmally not more than \$25,000.	en en alliand de mandide paren ar cara a manden e	d, but if	the	organiza	separate re ation covere	d by a grou	yan pruling? Yes X No
or	ganizat	ion chooses to	file a return, be sure to file a c	omplete return.		ļ	I Group	Exemptio	n Numbe	r >
E										on is not required to
			s 6b, 8b, 9b, and 10b to line 1				I Hamsbille Committee	2-09-201-		990-EZ, or 990-PF).
Pa	Transie I	Revenue, E	Expenses, and Changes	in Net Assets or	Fun	d Bal	lances (See	the instru	uctions.)	
	1		, gifts, grants, and similar amou		i	E				
	а	Contributions	to donor advised funds		1a					
	b	Direct public	support (not included on line 1	a)	1b	1	4,092,00	00		
	С	Indirect public	c support (not included on line	1a)	1c	20 = 2=				
	d	Government of	contributions (grants) (not inclu	ded on line 1a)	1d	4	0,829,00	00		
	е	Total (add lin	es 1a through 1d) (cash \$	54,921,000nonca	sh \$	(Mary - 129)	() 1e		54,921,000
	2	Program serv	ice revenue including governm	ent fees and contracts ((from P	art VII	line 93)	2		45,221,000
	3	Membership (dues and assessments					3		22,770,000
	4	Membership dues and assessments						73.50		
	5	Dividends and interest from securities						5		1,585,000
	6a	Gross rents								
	b	Less: rental expenses								
	С	Net rental income or (loss). Subtract line 6b from line 6a						6с		
R	7	Other investment income (describe ▶)) 7			
V	8a		t from sales of assets other	(A) Securities			(B) Other			
E N		than inventor	, l	26,252,000	8a			#1		
REVENUE	b	Less: cost or	other basis & sales expenses	25,933,000	8b					
5	С		(attach schedule)	319,000	8c					
	d		oss). Combine line 8c, columns					8d		319,000
	9		s and activities (attach schedul							
	а			of				<u> П</u>		
			reported on line 1b)		9a					
	b		xpenses other than fundraising		9b					
	c		r (loss) from special events. Su		9a			9c	~	
	10a		f inventory, less returns and all		10a	5097507/01/0	339,00			
	b		goods sold		10b					
	c		r (loss) from sales of inventory		11 /A 28 KY-L	e 10b	from line 10a	10c		339,000
	11		e (from Part VII, line 103)							
	12		e. Add lines 1e, 2, 3, 4, 5, 6c, 7							125,155,000
F	13		ices (from line 44, column (B))							109,409,000
EXPENSES	14		and general (from line 44, colu							6,567,000
E			from line 44, column (D))					50.5		1,818,000
N	15		affiliates (attach schedule)					(A14)		
Ē	16		amiliates (attach schedule) ses. Add lines 16 and 44, colur						1	117,794,000
S	17		eficit) for the year. Subtract line						A CONTRACTOR	7,361,000
, A	18							-		123,890,000
ES	19	Net assets or	fund balances at beginning of	year (IIOIII IIIIE 75, COIUI	(A)	,		3 20	-	-1,631,000
ASSETS	20		es in net assets or fund balance						+	129,620,000
S	21	Net assets or	fund balances at end of year.	Compine lines 18, 19, a	iiu 20,			21		

	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
22a	Grants paid from donor advised funds (attach sch.)	1				
	(cash \$ noncash \$)					
	If this amount includes foreign grants, ck. here ▶	22a				
22b	Other grants and allocations (attach schedule)					
	(cash \$ noncash \$)					
	If this amount includes foreign grants, ck. here ▶	22b				
23	Specific assistance to individuals (attach					
	schedule)	23				
24	Benefits paid to or for members (attach schedule)	24				
25a	Compensation of current officers, directors, key					
	employees, etc. listed in Part V-A#.4	25a	1,570,000		1,570,000	
b	Compensation of former officers, directors, key					
	employees, etc. listed in Part V-B	25b				
C	Compensation and other distributions, not included					11.05
	above, to disqualified persons (as defined under					
	section 4958(f)(1)) and persons described in section					
	4958(c)(3)(B)	25c				
26	Salaries and wages of employees not included on					
	lines 25a, b, and c	26	50,236,000	46,592,000	2,618,000	1,026,000
27	Pension plan contributions not included on lines 25a,					
	b, and c	27	2,422,000	2,164,000	148,000	110,000
28	Employee benefits not included on lines 25a - 27	28	3,160,000	2,909,000	232,000	19,000
29	Payroll taxes	29	4,439,000	3,930,000	375,000	134,000
30	Professional fundraising fees	30			3737000	252/000
31	Accounting fees	31				
32	Legal fees.	32				10 10 10
33	Supplies	33	8,250,000	7,953,000	73,000	224,000
34	Telephone	34	1,027,000	902,000	125,000	221,000
35	Postage and shipping.	35	477,000	419,000	39,000	19,000
36	Occupancy	36	6,087,000	5,815,000	272,000	25,000
37	Equipment rental and maintenance	37	2,137,000	2,062,000	75,000	
38	Printing and publications	38	1,549,000	1,345,000	145,000	59,000
39		39	1,335,000	1,274,000	60,000	1,000
40	Travel	40	1,237,000	935,000	220,000	82,000
41	Interest	41	1,237,000	233,000	220,000	02,000
42	Depreciation, depletion, etc. (attach schedule) . #.5	42	4,229,000	4,072,000	157,000	
	Other expenses not covered above (itemize):	74	4,223,000	4,072,000	137,000	
43	See attachment #6	43a	29,639,000	29,037,000	458,000	144,000
a	See accacimient #6	43b	29,039,000	29,037,000	438,000	144,000
b		43c				
c		43d				
d		LINE CONTROL				
е		43e				
1		-				
g	7.17. N. I. A.I.I	43g				
44	Total functional expenses. Add lines 22a					
	through 43g. (Organizations completing					
	columns (B)-(D), carry these totals to lines			100 100 000	C ECE 000	1 010 000
	13-15)	44	117,794,000	109,409,000	6,567,000	1,818,000
Joint	t Costs. Check ▶ X if you are following SOP 98-2.				Parama wasan satura sa masan sa	п., .
	ny joint costs from a combined educational campaign a	and fu	ndraising solicitation	reported in (B) Prog	ram services? ▶	Yes X No
	es," enter (I) aggregate amount of these joint costs \$			unt allocated to Prog		i
(III) t	he amount allocated to Management and general \$; and (iv)	the amount allocate	d to Fundraising \$	

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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?		Program Service
served, publications issued, etc. Discuss achieveme	se achievements in a clear and concise manner. State the number of clients ents that are not measurable. (Section 501(c)(3) and (4) organizations and other the amount of grants and allocations to others.)	Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
a See attachment #8		opusmarior others./
(Grants and allocations \$) If this amount includes foreign grants, check here ▶	15,615,000
b		
(Grants and allocations \$) If this amount includes foreign grants, check here ▶	62,808,000
e		
(Grants and allocations \$) If this amount includes foreign grants, check here	30,986,000
d		
(Grants and allocations \$) If this amount includes foreign grants, check here ▶	
e Other program services (attach schedule)		
(Grants and allocations \$) If this amount includes foreign grants, check here ▶	
f Total of Program Service Expenses (should e		09,409,000 Form 990 (2007

Part	IV E	Balance Sheets (See the instructions.)					
Not		here required, attached schedules and amounts volumn should be for end-of-year amounts only.	within t	he description	(A) Beginning of year		(B) End of year
	45	Cash non-interest-bearing			1,060,000	45	1,428,000
	46	Savings and temporary cash investments			14,607,000	46	8,009,000
			e s				
	47a	Accounts receivable	47a	9,153,000			
	b	Less: allowance for doubtful accounts	47b	115,000	7,606,000	47c	9,038,000
	48a	Pledges receivable	48a	3,098,000			
	b	Less: allowance for doubtful accounts	48b	105,000	4,035,000	48c	2,993,000
	49	Grants receivable				49	
-	50a	Receivables from current and former officers, dir					
		key employees (attach schedule)				50a	
	b	Receivables from other disqualified persons (as	defined	d under section			
		4958(f)(1)) and persons described in section 495	58(c)(3)	(B) (attach schedule)		50b	
	51a	Other notes and loans receivable (attach					
S		CONTRACTOR OF THE STATE OF THE	51a				
S	b	Less: allowance for doubtful accounts	51b	STEED FOR THE PARTY STEED STEED STEED		51c	
A S E T	52	Inventories for sale or use				52	
s	53	Prepaid expenses and deferred charges			920,000	53	444,000
	54a	Investments publicly-traded securities	1	► Cost X FMV	27,238,000	54a	40,047,000
	b	Investments other securities (attach schedule) 1	► Cost FMV		54b	
	55a	Investments land, buildings, and					
	b	equipment: basis	55a				
		Less: accumulated depreciation (attach					
		schedule)	55b	0.000		55c	
	56	Investments other (attach schedule)		#9	1,189,000	56	13,000
	57a	Land, buildings, and equipment: basis . #1.0	57a	116,858,000			
	b	Less: accumulated depreciation (attach		Amor somother excess.			
		schedule)	57b	33,146,000	79,321,000	57c	83,712,000
	58	Other assets, including program-related investment					
		(describe ▶ See attachment #11)	7,569,000	58	5,258,000
	59	Total assets (must equal line 74). Add lines 45			143,545,000	59	150,942,000
	60	Accounts payable and accrued expenses		1	11,234,000	60	12,847,000
Ļ	61	Grants payable				61	
Å	62	Deferred revenue			7,968,000	62	7,686,000
B	63	Loans from officers, directors, trustees, and key					
L		schedule)		3		63	
1	64a	Tax-exempt bond liabilities (attach schedule) .		- 1		64a	
T	p	Mortgages and other notes payable (attach sche				64b	700 000
E	65	Other liabilities (describe ▶ See attachment	#1	2)	453,000	65	789,000
S					10 (55 000		21 222 000
	66	Total liabilities. Add lines 60 through 65			19,655,000	66	21,322,000
	Orga	nizations that follow SFAS 117, check here ▶	A and	complete lines 67			
	2220	through 69 and lines 73 and 74.			105,115,000	67	112,809,000
NF	67	Unrestricted			15,668,000	68	13,252,000
EUTN	68	Temporarily restricted			3,107,000	69	3,559,000
D	69	Permanently restricted	oro b	and complete	3,107,000	- 00	3,333,000
A S B	Orga	anizations that do not follow SFAS 117, check h	icie P	T and complete			
SAEL	-	lines 70 through 74.		- 50000 Eu		70	
	70	Capital stock, trust principal, or current funds .	ocule	ment fund	1-24	71	
TA	71	Paid-in or capital surplus, or land, building, and	equip	or other funds		72	
C	72	Retained earnings, endowment, accumulated in				1	
OERS	73	Total net assets or fund balances. Add lines 6	/ inrol	lumn (D) must			
11 3		70 through 72. (Column (A) must equal line 19			123,890,000	73	129,620,000
		equal line 21)	Δdd Ii-	nee 66 and 72	143,545,000	74	150,942,000
	74	I Oldi liddilities and het assets/fully baidifices.	AUU III	100 00 WIN 10 111111	T42/242/000		20010121000

Par	t IV-A Reconciliation of Re instructions.)	venue per Audited Final	ncial Stat	ements \	With Revenue	per	Return (See the
a	Total revenue, gains, and other support	ort per audited financial stateme	nts			a	125,845,000
b	Amounts included on line a but not o						
1	Net unrealized gains on investments			b1	-1,631,000		
2	Donated services and use of facilities			b2	2,321,000	1	
3	Recoveries of prior year grants			b3	2/322/000		
4	Other (specify):			b4			
	Add lines het through het		 ,				600 000
-	Add lines b1 through b4					b	690,000
C	Subtract line b from line a					С	125,155,000
d .	Amounts included on Part I, line 12, b			f 1			
1	Investment expenses not included or	Part I, line 6b		d1			
2	Other (specify):			Arao A			
				d2			
	Add lines d1 and d2	********				d	
е	Total revenue (Part I, line 12). Add li						125,155,000
Pai	t IV-B Reconciliation of Ex	penses per Audited Fina	ancial Sta	atements	With Expense	es pe	r Return
а	Total expenses and losses per audite	d financial statements				а	120,115,000
b	Amounts included on line a but not of	n Part I, line 17:		26 02			
1	Donated services and use of facilities			b1	2,321,000		
2	Prior year adjustments reported on P	art I, line 20		b2			
3	Losses reported on Part I, line 20			b3		1	
4	Other (specify):						
	Androne and the sense of the			b4			9 9 9 0
	Add lines b1 through b4					ь	2,321,000
C	Subtract line b from line a					c	117,794,000
d	Amounts included on Part I, line 17, b		••••••	•••••••			22.7.527000
~ 1	Investment expenses not included or			d1			
2	Other (execitive						
-	Other (openity).			d2			
	Add lines d1 and d2			10,7757531	-	d	
-20						-	117,794,000
	Total expenses (Part I, line 17). Add						
	rt V-A Current Officers, Di	[HT 마리스(ITH HEATH) HEATH (FORTHERING THEATH) IN 10 HE - 2 HE					
	trustee, or key employee at	any time during the year even it					
	(A) Name and address				(D) Contribution	ns to	(E) Expense account
	C V C C C C C C C C C C	Title and average hours per			& deferred	piulio	and other allowances
		week devoted to position	-0) - .)	compensation p	olans	
See	e attachment #13						
See	e attachment #14						
		1					
							+
							İ
		1					
							1
							1
		1					

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	n vi Utner Information (See the instructions.)		 110
76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed		
	statement of each change	76	X
77	Were any changes made in the organizing or governing documents but not reported to the IRS?	77	 X
	If "Yes," attach a conformed copy of the changes.		
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	X
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80a	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	Х
b	If "Yes," enter the name of the organization ▶		
D	and check whether it is exempt or nonexempt		
81a	Enter direct and indirect political expenditures. (See line 81 instructions.)		
b	Did the organization file Form 1120-POL for this year?	81b	X

Pa	rt VI Other Information (continued)		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at			
	substantially less than fair rental value?	82a	X	
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an			
	expense in Part II.			
	(See instructions in Part III.)			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were			
	not tax deductible?	84b		X
85a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	-	N/A	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	N/A	4
	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			
d	Section 162(e) lobbying and political expenditures	_		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	P 64555000000000		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A	4
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its		L.,.	
	reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A	
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12 86a N/A	4		
b	Gross receipts, included on line 12, for public use of club facilities	4		
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders	4		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
88a	against amounts due or received from them.)	\dashv		
000	or an entity disregarded as separate from the organization under Regulations sections 301.7701–2 and 301.7701–3?			
	If "Yes," complete Part IX.	88a		X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of	00a		Z.
-	section 512(b)(13)? If "Yes," complete Part XI	88b		X
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:	-		
	section 4911 ▶ N/A ; section 4912 ▶ N/A ; section 4955 ▶ N/A			
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year			
	or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each			
	transaction	89b	**********	X
С	Enter: Amount of tax imposed on the organization managers or disqualified persons during			
	the year under sections 4912, 4955, and 4958			
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e		X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f		X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting			
	organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the			
	year?	89g		X
90a	List the states with which a copy of this return is filed ▶	311	N/A	1
b	Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)		2,	897
91a	The books are in care of ▶ See attachment #16 Telephone no. ▶			
	Located at ▶ ZIP + 4 ▶			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a	_	Yes	
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	91b		X
	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and			
	Financial Accounts.		000	1000
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(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership int.	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (Se	e the instructions.)	
(a) Did organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit	contract? Yes	X No
(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	Yes	X No
Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).		

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00	N/A A		1.6. 41		Yes	No
06	Did the reporting organization make a If "Yes," complete the schedule below		defined in section 512(b)(13) of	f the Code? N/A		
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of		fer
а						
ь			o ago - igua n			
С						
	Totals					
07	Did the reporting organization receive If "Yes," complete the schedule below		y as defined in section 512(b)(13) of the Code? N/A	Yes	No
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D Amount of	f	fer
a						
a b						
b	Totals					
b c	Did the organization have a binding w		2006, covering the interest, res	nts, royalties,	Yes	No
b c	Did the organization have a binding wand annuities described in question 1 Under penalties of perjury, I december of my knowledge and believed attom of which preparer has any	07 above? clare that I have examined this return, of, it is true, correct, and complete. De	including accompanying sche	N/A dules and statements an officer) is based on	and t	to the
b c	Did the organization have a binding wand annuities described in question 1 Under penalties of perjury, I december of my knowledge and belief ation of which preparer has any Signature of officer Paul C. Sullix	or above? clare that I have examined this return, if, it is true, correct, and complete. De knowledge.	including accompanying sche	N/A dules and statements an officer) is based on //// Date	and t	to the
b	Did the organization have a binding wand annuities described in question 1 Under penalties of perjury, I decibest of my knowledge and belief ation of which preparer has any Signature of officer	or above? clare that I have examined this return, if, it is true, correct, and complete. De knowledge.	including accompanying scheclaration of preparer (other that	N/A dules and statements an officer) is based on //// Date	and t all info	to the