Form 990

Department of the Treasury

Internal Revenue Service

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)

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

OMB No. 1545-0047 2009

> Open to Public Inspection

				dingJUNE			, 20 T O
B Ch	eck if plicable:	Please C Name of organization YMCA of San Diego County	<u> </u>		•		on number
∐ Ad	dress ch	ange label or Doing Business As	I Dans	95-20			
∐ Na	me chan		Roon suite				
Ini	tial retum			(858)	292	-9622	
∏ те	minated			G Gros	s		
Αn	nended ri	etum tions, San Diego CA 92123		recei	pts \$	138,8	364,800
[] Vt	pEcation	pending F Name and address of principal officer:	H(a) is this	a group return t	or affiliate	ıs?	Yes X No
_		See attachment #1	H(b) Area	il affiliates includ	ed?		Yes No
1 Ta	эх-өхе	mpt status: X 501(c)(3) ◀ (insert no.) 4947(a)(1) or 527	If"N	o," attach a list. (see instru	ctions)	
J W	ebsite	:> www.ymca.org	H(c) Grou	exemption nun	aber)	<u> </u>	
K Fo	em of org	anization: X Corporation Trust Association Other > L Year	of formation:	1884	M Sta	te of legal d	omicie: CA
Pa	rt I	Summary					
	1	Briefly describe the organization's mission or most significant activities:					
۸	See	attachment #2					
Ĉ G			47.47				
Τŏ							
ACT-V-T-ES	2	Check this box ▶ if the organization discontinued its operations or disposed of	more than	25% of its n	et asse	ts.	
† R	3	Number of voting members of the governing body (Part VI, line 1a)			3		60
ESC	4	Number of independent voting members of the governing body (Part VI, line 1b)			4		59
SC	5	Total number of employees (Part V, line 2a)	.,		5		6,054
	6	Total number of volunteers (estimate if necessary)			6		2,018
&		Total gross unrelated business revenue from Part VIII, column (C), line 12			7a		
		Net unrelated business taxable income from Form 990-T, line 34			7b		0
•		and the state of t		Prior Year		Cur	rent Year
Ŗ	8	Contributions and grants (Part VIII, line 1h)	5	1,118,0	00	58,6	574,000
V	9	Program service revenue (Part VIII, line 2g)		3,323,0	00	73,6	590,000
E		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		383,0	00	(600,000
*************************************	10	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,409,0		1,4	132,000
E	12	Total revenue add lines 8 through 11 (must equal Part VIII, column (A), line 12)	00	134,396,000			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		30,0			30,000
	14	Benefits paid to or for members (Part IX, column (A), line 4)					
É	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		7,171,0	00	68,	902,000
EXPEZSES		Professional fundraising fees (Part IX, column (A), line 11e)					
E		Total fundraising expenses (Part IX, column (D), line 25) ► 1,493,000	···				
S	1	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	_	3,377,0	00	61.	163,000
S	17	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		0,578,0			095,000
	18	Revenue less expenses. Subtract line 18 from line 12		5,655,0		 -	301,000
- NI	19	Revenue less expenses. Subtract line to from line 12		inning of Current			d of Year
NOR	B A	The Lands (Ded V. Ben 40)	<u> </u>	3,488,0			092,000
A F	20	Total assets (Part X, line 16)	_	0,659,0			168,000
ACCOUNT OF	21 E	Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20		2,829,0		 	924,000
Š D	Š 22			2,025,0		1 2307	221,000
Ра	rt II	Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and	d statements.	and to the best	of my kno	wedge and	
		belief, it is true, chrrect, and complete Declaration of preparer (other than officer) is based on all information	of which prep	oarer has any kn	owledge.		,
٥.		III V AC bill				121	1/1(
Sig		Signature of officer				Date	
Her	e		CEO				
		Taar barre	CIO	-,,,,,			
		Type or print name and title Preparer's Date	Check	if Or	enarer's la	dentifylaa nu	mber (see instr.)
		1 Teparot 3	self-		opolioi e II	Jacy Inc	
Paic	ı	signature /	employ	EIN	_		
	' parer's	Firm's name (or yours		LIIY			
Use	Only	if self-employed),	-n	Phone no			
		address, and ZIP+4 S discuss this return with the preparer shown above? (see instructions)					Yes X No
May	the IR	S discuss this return with the preparer snown above? (see instructions)					1 . 00 kd 110

	990 (2009) YMCA of San Diego County 95-2039198	Page 2
Par		
1	Briefly describe the organization's mission:	
	See attachment #3	
		 -
2	Did the organization undertake any significant program services during the year which were not listed on	
		Yes 🗓 No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	_
		Yes 🔀 No
	If "Yes," describe these changes on Schedule O.	
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.	
	(Code:) (Expenses \$ 74,075,000 including grants of \$) (Revenue \$ 24,58)	1,000)
•	See attachment #4	· ·
	(Code:) (Expenses \$ 33,404,000 Including grants of \$) (Revenue \$ 35,36)	2 000)
41)	(Code:) (Expenses \$ 33,404,000 Including grants of \$) (Revenue \$ 35,365	,
		11
		7 000
4c	(Code:) (Expenses \$ 14,078,000 including grants of \$) (Revenue \$ 13,74	7,000
4d	Other program services. (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
46	Total program service expenses ▶ \$ 121,557,000	

Form	990 (2009) YMCA of San Diego County 95-2039198		Pa	age 3
Pari	IV Checklist of Required Schedules	-	>	•1-
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	1	х	
	complete Schedule A	2		X
	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
3	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
	Section 501(c)(3) organizations.Did the organization engage in lobbying activities? If "Yes," complete Schedule C,			
4	Part II.	4		Х
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations is the organization subject to the section 6033(e) notice	:		
Ů	and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		i
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the			
•	right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete			1
	Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part		ļ	
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes " complete Schedule D. Part V.	10	Х	<u> </u>
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, VIII, IX, or			1
	X as applicable	11	X	├
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI.]	1
•	Did the organization report an amount for investments other securities in Part X, line 12 that is 5% or more of its total			1
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
•	Did the organization report an amount for investments program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in		1	1
	Part X, line 16? If "Yes," complete Schedule D, Part IX.]	
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	12	X	\vdash
	Schedule D, Parts XI, XII, and XIII. A Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			1
12/	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	1	X
13	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
148	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			\Box
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	_	X
4.5				
15	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	X	
4.0	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
16	to individuals located outside the United States? If "Yes," complete Schedule F, Part III.	16	<u> </u>	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	1		
11	Part IX column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,			1
10	lines 1c and 8a? If "Yes." complete Schedule G, Part II,	18	X	
19	the state of the s	-		
	If "Yes " complete Schedule G, Part III	19	-	X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H.	20	000	(2000
	00 00034 TWF 33395 Coovright Forms (Software Only) - 2009 TW	rom	เออบ	(2009

Parl	IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22_		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's			
	current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes,"			
	complete Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of			
	the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K, If "No," go to line 25	24a		Х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? \mathbb{N}/\mathbb{A}	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a	1		
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year,			
	and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes,"			
	complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):	1		
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,			
	Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member)			ļ
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV.	28c	X	<u> </u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			1
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? if "Yes," complete Schedule N,			1
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32	<u> </u>	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	III, IV, and V, line 1	34	<u> </u>	X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete	1		
	Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	 	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?		1_	
	Note: All Form 990 filers are required to complete Schedule O	38	X	1

JVA

Part V

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			1
	U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			i
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 6,054]		l
þ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	<u> </u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			İ
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			İ
	this return?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			İ
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		Х
b	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			İ
	Financial Accounts.			
5a	Was the organization a party to a prohibited tax sheller transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax sheller transaction?	5b		Х
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding			ĺ
	Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization			٠,
	solicit any contributions that were not tax deductible?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	CI.		
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a	Х	
	and services provided to the payor?	7b	X	\vdash
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	10	Λ.	\vdash
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	70		x
	required to file Form 8282?	7c		Λ
d	If "Yes," indicate the number of Forms 8282 filed during the year	-		
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	7e		Х
_	benefit contract?	7f		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	19		┢
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	7h		
_	required?	-		
8	Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			
	business holdings at any time during the year?	8		
_		<u> </u>		\vdash
9	Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966?	9a	1	1
a	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
b		 "		
10	Section 501(c)(7) organizations.Enter: Initiation fees and capital contributions included on Part VIII, line 12			
a	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1		
b 44	Section 501(c)(12) organizations.Enter:	1	1	
11	Gross income from members or shareholders	1		
a	Gross income from other sources (Do not net amounts due or paid to other sources	1		
b	against amounts due or received from them.)		ĺ	1
40-	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? N/.A	12a	1	
12a h	if "Yes " enter the amount of tax-exempt interest received or accrued during the Year			1

Part VI

Governance, Management, and DisclosureFor each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section	on A. Governing Body and Management			1	Ves	N-				
1a	Enter the number of voting members of the governing body	1a	60		Yes	No				
b	Enter the number of voting members that are independent	1b	59							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relati									
4	any other officer, director, trustee, or key employee?			2	Х					
3	Did the organization delegate control over management duties customarily performed by or unc			-						
	supervision of officers, directors or trustees, or key employees to a management company or of			3		Х				
4	Did the organization make any significant changes to its organizational documents since the pri			4		X				
5	Did the organization become aware during the year of a material diversion of the organization's	assets	?	5		X				
6	Does the organization have members or stockholders?			6		X				
7a	Does the organization have members, stockholders, or other persons who may elect one or more members									
ra	of the governing body?			7a		х				
b	and the state of t									
8	Did the organization contemporaneously document the meetings held or written actions underta			7b		X				
0			9							
_	the year by the following: The governing body?			8a	Х					
a	Each committee with authority to act on behalf of the governing body?			8b	X					
b	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be									
9	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	,0,1000	nou at ano	9a		X				
Cooff	on B. Policies (This Section B requests information about policies not required by the Interr	al Rev	enue Code)	, 04						
Secu	Off B. Policies (This Section B requests information about policies not required by the information	iai i to i	01100 000017		Yes	No				
10a	Does the organization have local chapters, branches, or affiliates?			10a	Х	-				
b	If "Yes," does the organization have written policies and procedures governing the activities of									
IJ	affiliates, and branches to ensure their operations are consistent with those of the organization	?		10b	Х					
11	Has the organization provided a copy of this Form 990 to all members of its governing body be	fore fili	ng the			· · · · ·				
11	•			11	Х					
110	Describe in Schedule O the process, if any, used by the organization to review this Form 990.									
11a	Does the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х					
12a	Are officers, directors or trustees, and key employees required to disclose annually interests the	at coul	d aive			-				
b	rise to conflicts?			12b	х					
_	Does the organization regularly and consistently monitor and enforce compliance with the police					\vdash				
С	describe in Schedule O how this is done			12c	х					
40	Does the organization have a written whistleblower policy?			13	X	 				
13	Does the organization have a written document retention and destruction policy?			14	Х	\vdash				
14	Did the process for determining compensation of the following persons include a review and ap	nroval	bv			\vdash				
15	independent persons, comparability data, and contemporaneous substantiation of the deliberat	ion an	decision:							
_	The organization's CEO, Executive Director, or top management official?			15a	Х	1				
a	Other officers or key employees of the organization?			15b	Х					
þ	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)					T				
40-	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arr	angen	ent							
16a	with a taxable entity during the year?			16a		X				
	If "Yes," has the organization adopted a written policy or procedure requiring the organization	to eval	uate			1				
b	its participation in joint venture arrangements under applicable federal tax law, and taken steps	to saf	eguard		1					
	the organization's exempt status with respect to such arrangements?		N/A	16b						
Socti	on C. Disclosure		1	<u> </u>	1					
	List the states with which a copy of this Form 990 is required to be filed CA									
17	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and	1990-1	(501(c)(3)s only)							
18	available for public inspection. Indicate how you make these available. Check all that apply.									
	Own website Another's website X Upon request									
40	Describe in Schedule O whether (and if so, how), the organization makes its governing docum	ents. c	onflict of Interest							
19	policy, and financial statements available to the public.									
00	State the name, physical address, and telephone number of the person who possesses the bo	oks an	d records of the							
20	organization: See attachment #5					•				
	organization. P DCC accacitment #5									

TWF 33398

Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization		mpensai	e any			er, direc	tor, or		ı	1
(A)	(B)			(0	•			(D)	(E)	(F)
Name and Title	Average hours per week		sition (Check O F F C E R	all the	H C E I OM G M P H P L E E O	F O R M E R	Reportable compensation from the	Reportable compensation from related organizations	Estimated amount of other compensation
		D-RECTOR TRUSTEE OR OR	TUT-ONAL	E R	TOY WITH	H-GHEST	R	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
Richard L. Anderson										
	2.00	Х						0	0	О
Oscar M. Ancira										
Vice Chair	5.00	X		X				o	0	0
Joseph Benoit										
Vice Chair	5.00	Х		X				0	ю	0
Bob Bolinger										
Director	2.00	X						0	Ю	0
Jackie Bradford										
Director	2.00	Х				•		0	ю	0
Rick Bregman	İ]				
Director	2.00	X						0	Ю	0
Corey S. Buckner										
Bd of Governors Chair	5.00	X						0	ю	0
Robert D. Buell										
Chairman	10.00	Х		Х		.		0	ю	0
Jeffrey A. Busby	1									
Director	2.00	x						0	0	o
Glenn R. Carlson	1				1					
Vice Chair	5.00	Х		Х				o	ю	0
Frederick W. Close,	1	Ì								
M.D.						ļ				
Director	2.00	X						o	Ю	0
Steve Conner										
Director	2.00	X				1		0	ю	0
Denise Cooper		-]					
Vice Chair	5.00	Х	ľ	Х				0	0	Ø
James M. Cowley					1			1		
Director	2.00	Х			1			0	0	Ю
Thomas E. Darcy										
Vice Chair	5.00	Х		Х				0	þ	О
David Dominguez										<u> </u>
Data Dominigati					TM					Form 990 (2009)

Part VII Section A. Officers	s, Director	s, Trust	ees, K	ey En	nploye	es, and	High	est Compensated I	Employees(continue	d)		
(A)	(B)			(0	•			(D)	(E)		(F)	
Name and title	Average hours per week	PO TRUSTEE OR INDIVIDUAL	Sition	(check	All th	at apply) HOMPLOYEE TATED	FORMER	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	cor f organ	stimate mount other opensation the ganizated ad relation	of ation e ion ed
Director	2.00	X			ŀ			0	0	0		
David W. Down												
Director	2.00	X			ŀ			О	О	Ю		
Theresa J. Drew												
Vice Chair	5.00	X		Х				Ю	0	Ю		
Charles Edwards, M.D.		٠,,				-				_		
Director	2.00	X						Ю	Ю	Ю		
Ronald L. Ferrari		l								L		
Director	2.00	X				1		Ю	Ю	Ю		
Steven C. Francis		,,				1						
Director	2.00	X						О	О	Ю		
Scott Free		l		,,,								
Vice Chair	5.00	X		Х				О	О	Ю		
Randy C. Frisch		١.,										
Director	2.00	X]	ŀ		р	О	О		
Dave Grundstrom		1,,										
Director	2.00	X						Ю	Ю	Ю		
Duncan Royce Hadden		١,,										
Director	2.00	X						ρ	P	٢		
Karla Hertzog		1,,										
Director	2.00	X						Ю	10	10		
T.W. Hoehn		1,7		₹7								
Vice Chair	5.00	X		X				O	P	۲		
Murray Hutchison			1									
Director	2.00	X		<u> </u>	L		<u> </u>	0	0	<u> </u>		
								2981415	£400,000 in reporte	No sor		tion
2 Total number of individuals	(incinging		mited	io tho	se iiste	eu aoove	y wno	received more than	φτου,υνο in reporta	DIE COL	npensa	เนอก
from the organization >		28									Yes	No
				1	1			er bioboot oomnaass	tod	ſ	1 68	140
3 Did the organization list any								a manest combansa	ieu	1 2	v	

For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such 4 X individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization for 5 services rendered to the organization? If "Yes," complete Schedule J for such person

Section I	B. Ind	lependen	t Con	tractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

	(A)	(B)	(C)		
	Name and business address	Description of services	Compensation		
See at	tachment #6				
2 Tota	I number of independent contractors (including but not limite	d to those listed above) who received more than			
\$100	0,000 in compensation from the organization	3			

	VIII	Statement of Rever	ue			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
GO FH FE SR	1a	Federated campaigns		1a					
FH		Membership dues		1b]
s R		Fundraising events		10	11069000				
SIMILAR		Related organizations		1d					
M	e	Government grants (contril	outions)	1e	47605000				
L A	f	All other contributions, gifts			1				
R		similar amounts not include		1f \$					
A M T	•	Noncash contributions included in li							
Ś	h	Total. Add lines 1a-1f				58674000			1
1	_	- a '	_		Business Code		-		
i		Program Servi		<u> </u>	900099	49445000	49445000		
	þ	Membership Du	es		900099	24245000	24245000		-
R	C								-
٧	d								
E	e								
U		All other program service r							
E	g	Total. Add lines 2a-2f			<u> </u>	73690000			
ļ	3	Investment income (includi	_						
		other similar amounts)				843000			843000
		Income from investment of		•					
١	5	Royalties							
			(i) Rea		(ii) Personal				
I	6a	Gross Rents							
	b	Less: rental expenses							
		Rental income or (loss)							
	ď	Net rental income or (loss)			<u></u>				
	70	Gross amount from sales	(i) Securit	ies	(ii) Other	ļ			
	14	of assets other than							
1		inventory	25998000)					
1	b	Less: cost or other basis							
		and sales expenses	2842800]					
	C	Gain or (loss)	-243000	·					
	d	Net gain or (loss)			<u>,</u>	-243000			-243000
	8a	Gross income from fundrai	sing						
		events (not including \$							
		of contributions reported or							
		See Part IV, line 18,							
		Less: direct expenses							
		Net income or (loss) from I			<u></u>	1084000			1084000
	9a	Gross income from gaming							
		Part IV, line 19							
		Less: direct expenses				Į.			
	C	Net income or (loss) from (gaming activit	ies , .	<u>,</u>				
	10a	Gross sales of inventory, le	ess						
ı		returns and allowances			348000	Į			
		Less: cost of goods sold b				{		į	
ı	C	Net income or (loss) from :		lory		348000			348000
		Miscellaneous Re	venue		Business Code			1	
	11a	<u></u>	···						
-	b								+
1	¢								ļ
		All other revenue							-
- 1		Total. Add lines 11a-11d Total revenue. See instru					-		
- 1					and the second s	134396000	73690000		2032000

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complete column			olumns (B), (C), and	
	include amounts reported on lines 6b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and general expenses	(D) Fundraising
10, 00,	Grants and other assistance to governments and		expenses	general expenses	expenses
•	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
~	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
•	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16	30000	30000		
4	Benefits paid to or for members	30000	30000		
5	Compensation of current officers, directors,				
J	trustees, and key employees	2214000	412000	1651000	150000
6	Compensation not included above, to disqualified	2214000	413000	1031000	150000
O	persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B)	F4000000	F1100000	2012000	770000
7	Other salaries and wages	54890000	51199000	2912000	779000
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	2525000	2120000	216000	01000
•	• • • • • • • • • • • • • • • • • • • •	3537000	3130000	316000	91000
9	Other employee benefits	2646000	2442000	159000	45000
10	Payroll taxes	5615000	5091000	433000	91000
11	Fees for services (non-employees):				
a	Management		-	 	
b	Legal	20000		00000	
C	Accounting ,	82000		82000	
d	Lobbying		,		
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	77000	25532000	77000	F4000
g	Other	35926000	35730000	142000	54000
12	Advertising and promotion	1085000	969000	76000	40000
13	Office expenses	1371000	1207000	154000	10000
14	Information technology				
15	Royalties				
16	Occupancy	6282000	5935000	347000	
17	Travel	1438000	1377000	59000	2000
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	863000	634000	168000	61000
20	Interest				
21	Payments to affiliates	274000	274000		
22	Depreciation, depletion, and amortization#7.	4819000	4576000	243000	
23	Insurance	415000	374000	41000	
24	Other expenses. Itemize expenses not				
	covered above. (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below.)				
a	Supplies	5549000	5316000	78000	155000
b	Rent, Mtce & Pchse of Equip	1463000	1383000	80000	
C	Miscellaneous	1356000	1314000	27000	15000
d	Prov for Doubtful Receivable	163000	163000		
е					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	130095000	121557000	7045000	1493000
26	Joint costs. Check here ▶ if following SOP 98-2.			1	
	Complete this line only if the organization reported in			1	
	column (B) joint costs from a combined educational			1	
	campaign and fundraising solicitation				
					Form 990 (20)

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Part X **Balance Sheet** (A) (B) Beginning of year End of year 2,028,000 1,916,000 Cash -- non-interest bearing 5,259,000 2 6,987,000 Savings and temporary cash investments 5,984,000 3 5,699,000 Pledges and grants receivable, net Accounts receivable, net 9,348,000 4 9,197,000 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete ASSETS 6 Notes and loans receivable, net 7 8 479,000 9 390,000 10 a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D. | 10a | 133,866,000 84,914,000 92,601,000 40,769,000 11 41,484,000 11 Investments -- publicly traded securities 12 12 Investments -- other securities. See Part IV, line 11 13 Investments -- program-related. See Part IV, line 11 13 14 14 Intangible assets 4,707,000 15 4,818,000 15 Other assets. See Part IV, line 11 153,488,000 **16** [163,092,000 16 Total assets. Add lines 1 through 15 (must equal line 34) 12,857,000 17 16,473,000 18 19 6,994,000 6,800,000 20 20 Tax-exempt bond liabilities AB 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D...... 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 23 Secured mortgages and notes payable to unrelated third parties Ε 24 808,000 25 895,000 20,659,000 24,168,000 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ 🂢 and complete lines 27 through 29, and lines 33 and 34. ΝF 120,555,000 109,663,000 27 Unrestricted net assets U E 28 14,018,000 18,945,000 N D 29 4,351,000 4,221,000 ASSETS В Organizations that do not follow SFAS 117, check here ▶ │ and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 32 0 R 33 138,924,000 132,829,000 33 Total net assets or fund balances

163,092,000

153,488,000

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Form	990 (2009)		Pag	e 1 2
Par	t XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990:			
	If the organization changed its method of accounting from a prior year or checked "Other," explain			
	in Schedule O.	}		
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?			X
b	b Were the organization's financial statements audited by an independent accountant?		X	
С	c If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the			
	audit, review, or compitation of its financial statements and selection of an independent accountant?		X	
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O.			
ď	d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on			
	a consolidated basis, separate basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
3a	3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?		Х	
b	b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	X	
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