

Return of Organization Exempt From Income Tax

2019

Open to Public Inspection

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

▶ **Do not enter social security numbers on this form as it may be made public.**

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

A For the 2019 calendar year, or tax year beginning <u>07/01</u> , 2019, and ending <u>06/30</u> , 20 <u>20</u>																																		
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">C Name of organization <u>YMCA OF SAN DIEGO COUNTY</u></td> <td>D Employer identification number <u>95-2039198</u></td> </tr> <tr> <td colspan="2">Doing business as</td> <td>E Telephone number <u>(858) 292-9622</u></td> </tr> <tr> <td>Number and street (or P.O. box if mail is not delivered to street address)</td> <td>Room/suite</td> <td></td> </tr> <tr> <td><u>3708 RUFFIN RD</u></td> <td></td> <td></td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code <u>SAN DIEGO, CA 92123</u></td> <td>G Gross receipts \$ <u>228,831,000</u></td> </tr> <tr> <td colspan="2">F Name and address of principal officer: <u>BARON HERDELIN-DOHERTY</u> <u>SAME AS C ABOVE</u></td> <td>H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> </tr> <tr> <td colspan="2"></td> <td>H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td colspan="2"></td> <td>If "No," attach a list. (see instructions)</td> </tr> <tr> <td colspan="2">I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</td> <td>H(c) Group exemption number ▶</td> </tr> <tr> <td colspan="2">J Website: ▶ <u>WWW.YMCA.ORG</u></td> <td></td> </tr> <tr> <td colspan="2">K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶</td> <td>L Year of formation: <u>1882</u> M State of legal domicile: <u>CA</u></td> </tr> </table>	C Name of organization <u>YMCA OF SAN DIEGO COUNTY</u>		D Employer identification number <u>95-2039198</u>	Doing business as		E Telephone number <u>(858) 292-9622</u>	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite		<u>3708 RUFFIN RD</u>			City or town, state or province, country, and ZIP or foreign postal code <u>SAN DIEGO, CA 92123</u>		G Gross receipts \$ <u>228,831,000</u>	F Name and address of principal officer: <u>BARON HERDELIN-DOHERTY</u> <u>SAME AS C ABOVE</u>		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No			If "No," attach a list. (see instructions)	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ▶	J Website: ▶ <u>WWW.YMCA.ORG</u>			K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: <u>1882</u> M State of legal domicile: <u>CA</u>
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Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>THE YMCA OF SAN DIEGO COUNTY IS DEDICATED TO IMPROVING THE QUALITY OF HUMAN LIFE AND TO HELPING ALL PEOPLE REALIZE THEIR FULLEST POTENTIAL AS CHILDREN OF GOD THROUGH THE DEVELOPMENT OF THE SPIRIT, MIND AND BODY.</u>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	54
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	53
	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	6,988
	6	Total number of volunteers (estimate if necessary)	6	4,000
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 39	7b	0	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 104,086,000	Current Year 124,639,000
	9	Program service revenue (Part VIII, line 2g)	101,864,000	73,758,000
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,306,000	5,502,000
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,312,000	1,371,000
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	209,568,000	205,270,000
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	105,393,000	101,069,000
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>2,340,000</u>		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	107,867,000	112,313,000
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	213,260,000	213,382,000	
19	Revenue less expenses. Subtract line 18 from line 12	(3,692,000)	(8,112,000)	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 255,469,000	End of Year 277,317,000
	21	Total liabilities (Part X, line 26)	69,796,000	104,433,000
	22	Net assets or fund balances. Subtract line 21 from line 20	185,673,000	172,884,000

Part II Signature Block

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.

Sign Here	Signature of officer <u>TYRONE JONATHAN HALL, CFO</u>	Date			
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶	Firm's EIN ▶			
	Firm's address ▶	Phone no.			

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

- 1 Briefly describe the organization's mission:
THE YMCA OF SAN DIEGO COUNTY IS DEDICATED TO IMPROVING THE QUALITY OF HUMAN LIFE AND TO HELPING ALL PEOPLE REALIZE THEIR FULLEST POTENTIAL AS CHILDREN OF GOD THROUGH THE DEVELOPMENT OF THE SPIRIT, MIND AND BODY. ALL YMCA PROGRAMS AND ACTIVITIES STRIVE TO DEMONSTRATE THE YMCA'S FOUR CORE CHARACTER VALUES - CARING, HONESTY, RESPECT AND RESPONSIBILITY.
- 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? 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 services? Yes No
If "Yes," describe these changes on Schedule O.
- 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 102,425,000 including grants of \$ 0) (Revenue \$ 4,610,000)
 SOCIAL RESPONSIBILITY: THANKS TO THE GENEROSITY OF VOLUNTEERS AND PUBLIC AND PRIVATE DONORS WHO GIVE TO THE Y, OUR COMMUNITY IS STRONGER. EVERY DAY, WE WORK SIDE-BY-SIDE WITH OUR NEIGHBORS TO MAKE SURE THAT EVERYONE, REGARDLESS OF AGE, INCOME OR BACKGROUND, HAS THE OPPORTUNITY TO LEARN, GROW AND THRIVE. THIS PROGRAM AREA INCLUDES GROUP SERVICES, ENRICHMENT, ACTIVE OLDER ADULTS, YOUTH & GOVERNMENT, OUTREACH PROGRAMS, SKATE PARKS, YOUTH SHELTERS, HOUSING AND TRANSITIONAL LIVING PROGRAMS, COUNSELING, INCLUSION, RESPITE CARE, OZ - TEEN CRISIS PROGRAM, DRUG/GANG PREVENTION, AND MORE.
 YMCA CHILDCARE RESOURCE SERVICE SERVES THE COMMUNITY THROUGH A VARIETY OF PROGRAMS DESIGNED TO FOSTER EDUCATION AND DEVELOPMENT OF CHILD CARE PROFESSIONALS, PROVIDE RESOURCES AND EDUCATION FOR PARENTS, AND HELP FAMILIES PAY FOR CHILD CARE. FAMILIES WITH CHILDREN WITH SPECIAL NEEDS RECEIVED RESPITE CARE SERVICES, ALLOWING PARENTS TO REJUVENATE WHILE THEIR CHILDREN EXPERIENCED NEW
 (CONTINUED ON SCHEDULE O)

4b (Code:) (Expenses \$ 49,109,000 including grants of \$) (Revenue \$ 40,568,000)
 HEALTHY LIVING: BECAUSE THE Y IS FOR EVERYONE, WE BRING TOGETHER CHILDREN, ADULTS AND FAMILIES OF ALL ABILITIES LIKE NO OTHER ORGANIZATION CAN. AS A RESULT, HUNDREDS OF THOUSANDS IN SAN DIEGO COUNTY ARE RECEIVING THE SUPPORT, GUIDANCE AND RESOURCES NEEDED TO ACHIEVE GREATER HEALTH AND WELL-BEING FOR THEIR SPIRIT, MIND AND BODY.
 PREVENTION IS THE KEY WORD FOR PHYSICAL EDUCATION AND HEALTH AT THE Y. EXERCISE IS A WAY OF LIFE THAT REQUIRES EDUCATION IN GOOD NUTRITION, PROPER EXERCISE, AVOIDANCE OF DRUG AND ALCOHOL ABUSE, DEALING WITH STRESS AND REDUCING THE PROBLEMS ASSOCIATED WITH CHRONIC DISEASES. Y EXERCISE PROGRAMS INCLUDE STRENGTH TRAINING, GROUP CLASSES, WALKING CLUBS, MARTIAL ARTS, ROLLER HOCKEY, RUNNING CLUBS, YOGA, STRETCH, SOCCER, GYMNASTICS, SWIMMING, WATER FITNESS, TENNIS, VOLLEYBALL, BASKETBALL, DANCE, MIND/BODY FITNESS, AND PRENATAL CLASSES FOR EXPECTING MOTHERS.

4c (Code:) (Expenses \$ 43,121,000 including grants of \$ 0) (Revenue \$ 29,044,000)
 YOUTH DEVELOPMENT: AT THE Y, WE CREATE A SAFE PLACE WHERE YOUTH ACHIEVEMENT MEANS MORE THAN JUST LEARNING THEIR ABC'S. YOUTH FORM MEANINGFUL RELATIONSHIPS AND A SENSE OF BELONGING THAT DEVELOPS SPORTSMANSHIP, LEADERSHIP, CONFIDENCE, HEALTHY HABITS, AND VALUES THAT WILL ENABLE THEM TO BE OUR ENGAGED AND CONTRIBUTING ADULTS OF TOMORROW. THIS PROGRAM AREA INCLUDES CHILD CARE, PRESCHOOL, CAMPING, ADVENTURE GUIDES AND TEEN PROGRAMS.
 CHILD CARE: THE YMCA OF SAN DIEGO COUNTY OPERATES CHILD AND YOUTH DEVELOPMENT PROGRAMS THROUGHOUT THE COUNTY WHERE THE MISSION IS REALIZED IN THE LIVES OF CHILDREN. IN BEFORE AND AFTER SCHOOL PROGRAMS THE KIDS RECEIVE ACADEMIC ASSISTANCE, PARTICIPATE IN CHARACTER DEVELOPMENT, HEALTH AND WELLNESS, HOMEWORK SUPPORT, LITERACY, STEM (SCIENCE, TECHNOLOGY, ENGINEERING AND MATH), SERVICE LEARNING, AND SOCIAL COMPETENCE AND CONFLICT RESOLUTION. AS A DIRECT RESULT OF THE PARTNERSHIP THAT THE YMCA HAS WITH INDIVIDUAL SCHOOLS AND SCHOOL DISTRICTS, THE YMCA IS ABLE TO BRING OPPORTUNITIES
 (CONTINUED ON SCHEDULE O)

4d Other program services (Describe on Schedule O.)
 (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ► 194,655,000

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c 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? <i>If "Yes," complete Schedule D, Part VIII</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d 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 Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f 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 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<input type="checkbox"/>	<input type="checkbox"/>
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Part IV Checklist of Required Schedules *(continued)*

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		✓
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? <i>If "Yes," complete Schedule J</i>	✓	
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		✓
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		✓
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? <i>If "Yes," complete Schedule L, Part I</i>		✓
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		✓
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		✓
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):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		✓
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		✓
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	✓	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	✓	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		✓
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		✓
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? <i>If "Yes," complete Schedule R, Part I</i>		✓
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	✓	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		✓
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		✓
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? <i>If "Yes," complete Schedule R, Part VI</i>		✓
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	✓	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	✓	

Part V **Statements Regarding Other IRS Filings and Tax Compliance** (continued)

		Yes	No		
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	6,988		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			✓
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b			
4a	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)?	4a			✓
b	If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			✓
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	✓		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	✓		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			✓
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			✓
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15			✓
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			✓

Part VI Governance, Management, and Disclosure For 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 on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a 54		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b Enter the number of voting members included on line 1a, above, who are independent	1b 53		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		<input checked="" type="checkbox"/>
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3		<input checked="" type="checkbox"/>
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		<input checked="" type="checkbox"/>
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		<input checked="" type="checkbox"/>
6 Did the organization have members or stockholders?	6		<input checked="" type="checkbox"/>
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		<input checked="" type="checkbox"/>
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		<input checked="" type="checkbox"/>
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	<input checked="" type="checkbox"/>	
b Each committee with authority to act on behalf of the governing body?	8b	<input checked="" type="checkbox"/>	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		<input checked="" type="checkbox"/>

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a <input checked="" type="checkbox"/>	
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b <input checked="" type="checkbox"/>	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a <input checked="" type="checkbox"/>	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a <input checked="" type="checkbox"/>	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b <input checked="" type="checkbox"/>	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c <input checked="" type="checkbox"/>	
13 Did the organization have a written whistleblower policy?	13 <input checked="" type="checkbox"/>	
14 Did the organization have a written document retention and destruction policy?	14 <input checked="" type="checkbox"/>	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a <input checked="" type="checkbox"/>	
b Other officers or key employees of the organization	15b <input checked="" type="checkbox"/>	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	<input checked="" type="checkbox"/>
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ► CA
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 - Own website
 - Another's website
 - Upon request
 - Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records ► TYRONE JONATHAN HALL, 3708 RUFFIN RD, SAN DIEGO, CA 92123, (858) 292-9622, FAX: (858) 292-0045

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

Check if Schedule O contains a response or note to any line in this Part VII

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.

- 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, if any. 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.

See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KATHLEEN SCOTT BOARD CHAIR	5.0 0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					0	0	0
(2) AMY CHANG CHAIR BOARD OF GOV	5.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					0	0	0
(3) JONATHAN SCHEFF VICE CHAIR	5.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					0	0	0
(4) MARGIE NEWMAN VICE CHAIR	5.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					0	0	0
(5) MIKE HOOD SECRETARY	5.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					0	0	0
(6) PHILLIP SCHNEIDER TREASURER	4.0 1.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					0	0	0
(7) RONALD FERARRI VICE CHAIR	5.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					0	0	0
(8) TOBY SCHRAMM VICE CHAIR	5.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					0	0	0
(9) TRINDL REEVES BOARD CHAIR ELECT	5.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					0	0	0
(10) ALEX KIM DIRECTOR	2.0	<input checked="" type="checkbox"/>						0	0	0
(11) BILL GEPPERT DIRECTOR	2.0	<input checked="" type="checkbox"/>						0	0	0
(12) BLAIR CANNON DIRECTOR	2.0	<input checked="" type="checkbox"/>						0	0	0
(13) BOB BOLINGER DIRECTOR	2.0	<input checked="" type="checkbox"/>						0	0	0
(14) BRIAN ENGE DIRECTOR	2.0	<input checked="" type="checkbox"/>						0	0	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) BRIAN SCOTT DIRECTOR	2.0	<input checked="" type="checkbox"/>						0	0	0
(16) CHIP DYKES DIRECTOR	2.0	<input checked="" type="checkbox"/>						0	0	0
(17) CHRIS COELHO DIRECTOR	2.0	<input checked="" type="checkbox"/>						0	0	0
(18) CHRISTOPHER PANNACCIULLI DIRECTOR	2.0	<input checked="" type="checkbox"/>						0	0	0
(19) DAVID ANDREWS DIRECTOR	2.0	<input checked="" type="checkbox"/>						0	0	0
(20) DAVID LANG DIRECTOR	2.0	<input checked="" type="checkbox"/>						0	0	0
(21) DAVID RYAN DIRECTOR	2.0	<input checked="" type="checkbox"/>						0	0	0
(22) DEREK MCMAHON DIRECTOR	2.0	<input checked="" type="checkbox"/>						0	0	0
(23) DON ENGLISH DIRECTOR	2.0	<input checked="" type="checkbox"/>						0	0	0
(24) EDWARD BRYANT DIRECTOR	2.0	<input checked="" type="checkbox"/>						0	0	0
(25) (SEE STATEMENT)										
1b Subtotal								0	0	0
c Total from continuation sheets to Part VII, Section A								3,569,554	0	490,329
d Total (add lines 1b and 1c)								3,569,554	0	490,329

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 56

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		<input checked="" type="checkbox"/>
4 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? <i>If "Yes," complete Schedule J for such individual</i>	<input checked="" type="checkbox"/>	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		<input checked="" type="checkbox"/>

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **▶** 0

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a 0					
	b	Membership dues	1b 0					
	c	Fundraising events	1c 0					
	d	Related organizations	1d 0					
	e	Government grants (contributions)	1e 103,823,000					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 20,816,000					
	g	Noncash contributions included in lines 1a-1f	1g \$ 0					
	h	Total. Add lines 1a-1f ▶		124,639,000				
	Program Service Revenue				Business Code			
2a		HEALTHY LIVING	813410	40,568,438	40,568,438			
b		YOUTH DEVELOPMENT	813410	29,043,936	29,043,936			
c		SOCIAL RESPONSIBILITY	813410	4,145,626	4,145,626			
d								
e								
f		All other program service revenue		0	0	0	0	
g	Total. Add lines 2a-2f ▶		73,758,000					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶		942,000	942,000	0	0	
	4	Income from investment of tax-exempt bond proceeds ▶		0	0	0	0	
	5	Royalties ▶		0	0	0	0	
	6a	Gross rents	6a	(i) Real (ii) Personal				
				0	0			
				0	0			
				0	0			
	b	Less: rental expenses	6b	0	0			
	c	Rental income or (loss)	6c	0	0			
	d	Net rental income or (loss) ▶		0	0	0	0	
	7a	Gross amount from sales of assets other than inventory	7a	(i) Securities (ii) Other				
				25,982,000				
				21,422,000				
				4,560,000	0			
	b	Less: cost or other basis and sales expenses	7b	21,422,000				
	c	Gain or (loss)	7c	4,560,000	0			
	d	Net gain or (loss) ▶		4,560,000	4,560,000			
8a	Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c). See Part IV, line 18	8a	2,685,000					
b	Less: direct expenses	8b	2,139,000					
c	Net income or (loss) from fundraising events ▶		546,000			546,000		
9a	Gross income from gaming activities. See Part IV, line 19	9a	0					
			b	Less: direct expenses	9b	0		
			c	Net income or (loss) from gaming activities ▶		0	0	0
10a	Gross sales of inventory, less returns and allowances	10a	825,000					
			b	Less: cost of goods sold	10b	0		
			c	Net income or (loss) from sales of inventory ▶		825,000	825,000	0
Miscellaneous Revenue				Business Code				
	11a							
	b							
	c							
	d	All other revenue		0	0	0	0	
e	Total. Add lines 11a-11d ▶		0					
12	Total revenue. See instructions ▶		205,270,000	80,085,000	0	546,000		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0	0		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0	0		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0	0		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	2,497,000	549,000	1,520,000	428,000
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7	Other salaries and wages	75,764,000	66,858,000	7,752,000	1,154,000
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	5,070,000	4,214,000	701,000	155,000
9	Other employee benefits	5,813,000	5,153,000	639,000	21,000
10	Payroll taxes	11,925,000	10,802,000	933,000	190,000
11	Fees for services (nonemployees):				
a	Management				
b	Legal	32,000	0	32,000	0
c	Accounting	95,000	0	95,000	0
d	Lobbying	0	0	0	0
e	Professional fundraising services. See Part IV, line 17	0			0
f	Investment management fees	141,000	0	141,000	0
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	72,093,000	71,190,000	902,000	1,000
12	Advertising and promotion	801,000	416,000	345,000	40,000
13	Office expenses	1,304,000	1,273,000	30,000	1,000
14	Information technology	2,199,000	889,000	1,261,000	49,000
15	Royalties	0	0	0	0
16	Occupancy	8,740,000	8,530,000	202,000	8,000
17	Travel	1,342,000	1,277,000	61,000	4,000
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings	1,830,000	1,382,000	394,000	54,000
20	Interest	194,000	100,000	94,000	0
21	Payments to affiliates	577,000	577,000	0	0
22	Depreciation, depletion, and amortization	8,643,000	8,317,000	326,000	0
23	Insurance	1,289,000	1,154,000	135,000	0
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	<u>SUPPLIES</u>	6,948,000	6,456,000	270,000	222,000
b	<u>MISCELLANEOUS</u>	2,903,000	2,470,000	420,000	13,000
c	<u>RENT, MTCE & PCHSE OF EQUIP</u>	2,650,000	2,516,000	134,000	0
d	<u>PROV FOR DOUBTFUL RECEIVABLE</u>	607,000	607,000	0	0
e	All other expenses	(75,000)	(75,000)	0	0
25	Total functional expenses. Add lines 1 through 24e	213,382,000	194,655,000	16,387,000	2,340,000
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	365,000	1	14,212,000
	2 Savings and temporary cash investments	11,213,000	2	7,651,000
	3 Pledges and grants receivable, net	3,336,000	3	2,227,000
	4 Accounts receivable, net	8,066,000	4	17,358,000
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	0
	7 Notes and loans receivable, net	31,351,000	7	35,817,000
	8 Inventories for sale or use	0	8	
	9 Prepaid expenses and deferred charges	1,617,000	9	942,000
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 244,084,000		
	b Less: accumulated depreciation	10b 90,065,000	154,287,000	10c 154,019,000
	11 Investments—publicly traded securities	45,085,000	11	44,941,000
	12 Investments—other securities. See Part IV, line 11	0	12	0
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	
	15 Other assets. See Part IV, line 11	149,000	15	150,000
16 Total assets. Add lines 1 through 15 (must equal line 33)	255,469,000	16	277,317,000	
Liabilities	17 Accounts payable and accrued expenses	18,052,000	17	24,117,000
	18 Grants payable	0	18	
	19 Deferred revenue	7,185,000	19	9,195,000
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	43,923,000	23	70,449,000
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D	636,000	25	672,000
	26 Total liabilities. Add lines 17 through 25	69,796,000	26	104,433,000
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	159,466,000	27	147,078,000
	28 Net assets with donor restrictions	26,207,000	28	25,806,000
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds	0	29	
	30 Paid-in or capital surplus, or land, building, or equipment fund	0	30	
	31 Retained earnings, endowment, accumulated income, or other funds	0	31	
32 Total net assets or fund balances	185,673,000	32	172,884,000	
33 Total liabilities and net assets/fund balances	255,469,000	33	277,317,000	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	205,270,000
2	Total expenses (must equal Part IX, column (A), line 25)	2	213,382,000
3	Revenue less expenses. Subtract line 2 from line 1	3	(8,112,000)
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	185,673,000
5	Net unrealized gains (losses) on investments	5	(4,677,000)
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	172,884,000

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		✓
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	✓	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	✓	
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?	✓	
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 on Schedule O and describe any steps taken to undergo such audits.	✓	

Part VII

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (Check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(25) FREDERICK CLOSE ----- DIRECTOR	2.0 -----	✓						0	0	0
(26) FREDERICK GORDON ----- DIRECTOR	2.0 -----	✓						0	0	0
(27) GLENN CARLSON ----- DIRECTOR	2.0 -----	✓						0	0	0
(28) GORDON JOHNS ----- DIRECTOR	2.0 -----	✓						0	0	0
(29) GREG FLORES ----- DIRECTOR	2.0 -----	✓						0	0	0
(30) JASON BOWSER ----- DIRECTOR	2.0 -----	✓						0	0	0
(31) JASON LEVIN ----- DIRECTOR	2.0 -----	✓						0	0	0
(32) JAVIER CORREA ----- DIRECTOR	2.0 -----	✓						0	0	0
(33) JAY HILL ----- DIRECTOR	2.0 -----	✓						0	0	0
(34) JENNA YOUNG-CHRISTENSEN ----- DIRECTOR	2.0 -----	✓						0	0	0
(35) JENNIFER WINWARD ----- DIRECTOR	2.0 -----	✓						0	0	0
(36) JIM BENEDICT ----- DIRECTOR	2.0 -----	✓						0	0	0
(37) JIM WARING ----- DIRECTOR	2.0 -----	✓						0	0	0
(38) JOHN MAGUIRE ----- DIRECTOR	2.0 -----	✓						0	0	0
(39) JOHN SARKISIAN ----- DIRECTOR	2.0 ----- 1.0	✓						0	0	0
(40) JOSH SHERMAN ----- DIRECTOR	2.0 -----	✓						0	0	0
(41) KARLS HERTZOG ----- DIRECTOR	2.0 -----	✓						0	0	0
(42) KRIS BROWN ----- DIRECTOR	2.0 -----	✓						0	0	0
(43) LEON CLARK ----- DIRECTOR	2.0 -----	✓						0	0	0
(44) RAYMOND DE CALLAFON ----- DIRECTOR	2.0 -----	✓						0	0	0

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (Check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(45) ROBERT BRUNING ----- DIRECTOR	2.0 -----	✓						0	0	0
(46) RODNEY LANTHORNE ----- DIRECTOR	2.0 -----	✓						0	0	0
(47) SAMANTHA JONES ----- DIRECTOR	2.0 -----	✓						0	0	0
(48) STEVE MELANESE ----- DIRECTOR	2.0 -----	✓						0	0	0
(49) STEVE PRUETT ----- DIRECTOR	2.0 -----	✓						0	0	0
(50) SUSAN MERCURE ----- PAST BOARD CHAIR	2.0 -----	✓						0	0	0
(51) TONY RUSSELL ----- DIRECTOR	2.0 -----	✓						0	0	0
(52) VERNON HAWKINS ----- DIRECTOR	2.0 -----	✓						0	0	0
(53) HERDELIN-DOHERTY BARON ----- PRESIDENT & CEO	50.0 -----	✓		✓				674,860	0	67,370
(54) CHARMAINE CARTER ----- EVP & COO	50.0 -----			✓				337,380	0	47,320
(55) HALL JONATHAN ----- EVP & CFO	44.0 ----- 6.0			✓				132,023	0	2,610
(56) SULLIVAN PAUL ----- EVP & CFO (RETIRED)	44.0 ----- 6.0			✓				294,047	0	48,641
(57) MICHELLE MCTIGHE RIPPENGALE ----- SVP & CHIEF DEVELOPMENT OFFICER	50.0 -----				✓			281,973	0	40,877
(58) LISA D'ANGELO ----- AREA VP	50.0 -----				✓			270,895	0	39,821
(59) CAROLYN WOEMPNER ----- AREA VP	50.0 -----				✓			250,137	0	47,046
(60) SARAH REESE ----- AREA VP	50.0 -----				✓			256,027	0	30,873
(61) THOMAS MADEYSKI ----- EXECUTIVE DIRECTOR	50.0 -----					✓		225,013	0	37,684
(62) JOHN MERRITT ----- SVP OF INFORMATION TECHNOLOGY	50.0 -----					✓		214,440	0	42,755
(63) CYNTHIA BERTRAND ----- VP ACCOUNTING & FINANCE	44.0 ----- 6.0					✓		214,473	0	33,168
(64) ROBERT SAUVAJOT ----- EXECUTIVE DIRECTOR	50.0 -----					✓		210,147	0	30,060
(65) HEIDI HUTCHISON ----- HIGHEST PAID	50.0 -----					✓		208,139	0	22,104

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Name of the organization YMCA OF SAN DIEGO COUNTY	Employer identification number 95-2039198
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33¹/₃% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33¹/₃% 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)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	75,423,000	83,883,000	92,648,000	101,616,000	124,123,000	477,693,000
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0			0
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0			0
4 Total. Add lines 1 through 3	75,423,000	83,883,000	92,648,000	101,616,000	124,123,000	477,693,000
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0
6 Public support. Subtract line 5 from line 4						477,693,000

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	75,423,000	83,883,000	92,648,000	101,616,000	124,123,000	477,693,000
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	857,000	799,000	951,000	1,114,000	942,000	4,663,000
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0			0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	0	0	0	0	0	0
11 Total support. Add lines 7 through 10						482,356,000
12 Gross receipts from related activities, etc. (see instructions)					12	466,424,000
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	99.03 %
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	98.92 %
16a 33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
b 33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
3b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
3c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
4b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
4c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
5b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
9b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
9c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
10b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b A family member of a person described in (a) above?	11b	
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11c	

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2	

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1	

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2	
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3	

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .	3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1** Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C—Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

Schedule A (Form 990 or 990-EZ) 2019

Schedule of Contributors

2019

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**
▶ **Go to www.irs.gov/Form990 for the latest information.**

Name of the organization
YMCA OF SAN DIEGO COUNTY

Employer identification number
95-2039198

Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ 501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization YMCA OF SAN DIEGO COUNTY	Employer identification number 95-2039198
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CALIFORNIA DEPARTMENT OF EDUCATION ----- 1430 NORTH STREET ----- SACRAMENTO, CA 95814 -----	\$ 76,146,148	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	SAN DIEGO COUNTY OFFICE OF EDUCATION ----- 6401 LINDA VISTA ROAD ----- SAN DIEGO, CA 92111-7319 -----	\$ 15,349,636	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	COUNTY OF SAN DIEGO ----- 1600 PACIFIC HWY ----- SAN DIEGO, CA 92101 -----	\$ 4,665,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization YMCA OF SAN DIEGO COUNTY	Employer identification number 95-2039198
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Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----

Name of organization YMCA OF SAN DIEGO COUNTY	Employer identification number 95-2039198
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Part III *Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.* Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ _____
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization: YMCA OF SAN DIEGO COUNTY; Employer identification number: 95-2039198

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Form for Part II Conservation Easements, including questions 1-9 and a table for lines 2a-2d regarding conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets, including questions 1a-2b.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange program
 - e** Other _____
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? **Yes** **No**

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	43,490,000	45,436,000	40,619,000	34,207,000	37,818,000
b Contributions	481,000	594,000	1,382,000	3,578,000	504,000
c Net investment earnings, gains, and losses	637,000	2,415,000	4,206,000	4,371,000	(357,000)
d Grants or scholarships	605,000	606,000	771,000	1,537,000	3,758,000
e Other expenditures for facilities and programs	0	4,349,000	0	0	0
f Administrative expenses		0	0	0	0
g End of year balance	44,003,000	43,490,000	45,436,000	40,619,000	34,207,000

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment 65.00 %
- b** Permanent endowment 35.00 %
- c** Term endowment 0.00 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) Unrelated organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(ii) Related organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	<input type="checkbox"/>	<input type="checkbox"/>

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	32,731,000	0	0	32,731,000
b Buildings	142,958,000		58,878,000	84,080,000
c Leasehold improvements	49,609,000		22,237,000	27,372,000
d Equipment	12,548,000		8,950,000	3,598,000
e Other	6,238,000		0	6,238,000
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				154,019,000

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CHARITABLE GIFT ANNUITIES PAYABLE	672,000
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	672,000

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII .

Part XIII

Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference - Identifier	Explanation
<p>SCHEDULE D, PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUNDS</p>	<p>THE ASSOCIATION'S ENDOWMENT FUND INCLUDES OVER 150 INDIVIDUAL FUNDS ESTABLISHED BY DONORS FOR A VARIETY OF DIFFERENT PURPOSES. THE ENDOWMENT FUND'S EARNINGS ARE USED TO SUPPORT VARIOUS YMCA PROGRAMS, INCLUDING YOUTH SPORTS, RESIDENT CAMPING, DAY CAMPING, CHILD CARE, GANG AND DRUG ABUSE PREVENTION, COUNSELING, AND OTHER SOCIAL SERVICE PROGRAMS. ALL ENDOWMENT FUND EARNINGS ARE USED STRICTLY IN ACCORD WITH THE DONOR'S INTENTIONS.</p>
<p>SCHEDULE D, PART X, LINE 2 - FIN 48 (ASC 740) FOOTNOTE</p>	<p>THE YMCA, A CALIFORNIA NONPROFIT PUBLIC BENEFIT CORPORATION, IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1954, AS AMENDED, AND THE REVENUE AND TAXATION CODE OF THE STATE OF CALIFORNIA. IN ACCORDANCE WITH FASB ASC 740-10-15-2, INCOME TAX BENEFITS AND/OR LIABILITIES ARE RECOGNIZED FOR INCOME TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN, ONLY WHEN IT IS DETERMINED THAT THE INCOME TAX POSITION WILL MORE-LIKELY-THAN-NOT BE SUSTAINED UPON EXAMINATION BY TAXING AUTHORITIES. THE YMCA HAS ANALYZED THE TAX POSITIONS TAKEN IN ITS FILINGS WITH THE IRS AND THE CALIFORNIA FRANCHISE TAX BOARD. THE YMCA BELIEVES THAT ITS INCOME TAX FILING POSITIONS WILL BE SUSTAINED UPON EXAMINATION AND DOES NOT ANTICIPATE ANY ADJUSTMENTS THAT WOULD RESULT IN A MATERIAL ADVERSE EFFECT ON THE YMCA'S FINANCIAL CONDITION, RESULTS OF OPERATIONS OR CASH FLOWS. ACCORDINGLY, THE YMCA HAS NOT RECORDED ANY RESERVES, OR RELATED ACCRUALS FOR INTEREST AND PENALTIES FOR UNCERTAIN INCOME TAX POSITIONS AT JUNE 30, 2020.</p>

**SCHEDULE G
(Form 990 or 990-EZ)**

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

YMCA OF SAN DIEGO COUNTY

Employer identification number

95-2039198

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a** Mail solicitations
 - b** Internet and email solicitations
 - c** Phone solicitations
 - d** In-person solicitations
 - e** Solicitation of non-government grants
 - f** Solicitation of government grants
 - g** Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

- 3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>POINSETTIA BALL</u> (event type)	<u>ROOF RAISER'S</u> (event type)	<u>23</u> (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	269,000	471,000	1,703,000	2,443,000
	2 Less: Contributions	0	0	0	0
	3 Gross income (line 1 minus line 2)	269,000	471,000	1,703,000	2,443,000
Direct Expenses	4 Cash prizes				0
	5 Noncash prizes				0
	6 Rent/facility costs				0
	7 Food and beverages				0
	8 Entertainment				0
	9 Other direct expenses	254,000	293,000	1,541,000	2,088,000
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				2,088,000
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				355,000	

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No		
7 Direct expense summary. Add lines 2 through 5 in column (d) ▶					
8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶					

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

YMCA OF SAN DIEGO COUNTY

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number

95-2039198

Part I Questions Regarding Compensation

	Yes	No
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <p> <input type="checkbox"/> First-class or charter travel <input checked="" type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Travel for companions <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) </p>		
<p>b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	✓	
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?</p>	✓	
<p>3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <p> <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Form 990 of other organizations <input checked="" type="checkbox"/> Approval by the board or compensation committee </p>		
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.</p>		✓
		✓
		✓
<p>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.</p>		
<p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes" on line 5a or 5b, describe in Part III.</p>		✓
		✓
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes" on line 6a or 6b, describe in Part III.</p>		✓
		✓
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III</p>	✓	
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>	✓	
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	✓	

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)–(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 HERDELIN-DOHERTY BARON PRESIDENT & CEO	(i)	456,383	179,856	38,621	51,556	15,814	742,230	0
	(ii)	0	0	0	0	0	0	0
2 CHARMAINE CARTER EVP & COO	(i)	307,380	30,000	0	33,930	13,390	384,700	0
	(ii)	0	0	0	0	0	0	0
3 SULLIVAN PAUL EVP & CFO (RETIRED)	(i)	269,047	25,000	0	36,366	12,275	342,688	0
	(ii)	0	0	0	0	0	0	0
4 MICHELLE MCTIGHE RIPPENGALE SVP & CHIEF DEVELOPMENT OFFICER	(i)	261,973	20,000	0	34,526	6,351	322,850	0
	(ii)	0	0	0	0	0	0	0
5 LISA D'ANGELO AREA VP	(i)	270,895	0	0	32,507	7,314	310,716	0
	(ii)	0	0	0	0	0	0	0
6 CAROLYN WOEMPNER AREA VP	(i)	250,137	0	0	30,944	16,102	297,183	0
	(ii)	0	0	0	0	0	0	0
7 SARAH REESE AREA VP	(i)	251,027	5,000	0	30,873	0	286,900	0
	(ii)	0	0	0	0	0	0	0
8 THOMAS MADEYSKI EXECUTIVE DIRECTOR	(i)	225,013	0	0	27,552	10,132	262,697	0
	(ii)	0	0	0	0	0	0	0
9 JOHN MERRITT SVP OF INFORMATION TECHNOLOGY	(i)	214,440	0	0	26,941	15,814	257,195	0
	(ii)	0	0	0	0	0	0	0
10 CYNTHIA BERTRAND VP ACCOUNTING & FINANCE	(i)	214,473	0	0	25,854	7,314	247,641	0
	(ii)	0	0	0	0	0	0	0
11 ROBERT SAUVAJOT EXECUTIVE DIRECTOR	(i)	210,147	0	0	25,291	4,769	240,207	0
	(ii)	0	0	0	0	0	0	0
12 HEIDI HUTCHISON HIGHEST PAID	(i)	208,139	0	0	22,104	0	230,243	0
	(ii)	0	0	0	0	0	0	0
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III

Supplemental Information. Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference - Identifier	Explanation
SCHEDULE J, PART I, LINE 1A - HOUSING ALLOWANCE OR RESIDENCE FOR PERSONAL USE	THE ASSOCIATION PROVIDES HOUSING RENT-FREE TO REGIONAL VP TOM MADEYSKI, WHO SUPERVISES THE OVERNIGHT CAMPING BRANCH. AS A CONDITION OF HIS EMPLOYMENT, MR. MADEYSKI LIVES IN THE CAMP DIRECTOR'S HOUSE, WHICH IS OWNED BY THE YMCA ON THE GROUNDS OF YMCA CAMP MARSTON, AN OVERNIGHT YOUTH CAMP IN SAN DIEGO COUNTY, FOR THE CONVENIENCE OF THE YMCA. THEREFORE, THE VALUE OF THIS EMPLOYER PROVIDED HOUSING IS CONSIDERED NON-TAXABLE.
SCHEDULE J, PART I, LINE 7 - NON-FIXED PAYMENTS	CERTAIN EMPLOYEES LISTED IN SCHEDULE J, PART II RECEIVED DISCRETIONARY INCENTIVE COMPENSATION TO REWARD FOR OUTSTANDING OR EXCEPTIONAL SERVICE TO THE ASSOCIATION. SUCH INCENTIVE COMPENSATION PROVIDED TO OFFICERS COVERED UNDER THE INTERMEDIATE SANCTIONS RULES AS DISQUALIFIED PERSONS WAS DETERMINED BY THE EXECUTIVE COMPENSATION COMMITTEE. INCENTIVE COMPENSATION PROVIDED TO OTHER EMPLOYEES WAS DETERMINED AT THE DISCRETION OF THE CEO.
SCHEDULE J, PART I, LINE 8 - PAYMENTS ON CONTRACT THAT IS SUBJECT TO THE INITIAL CONTRACT EXCEPTION	BARON HERDELIN-DOHERTY WAS HIRED AS CEO ON OCTOBER 4, 2010 UNDER AN INITIAL EMPLOYMENT AGREEMENT. IN 2018 A NEW EMPLOYMENT AGREEMENT WAS SIGNED EXTENDING HIS EMPLOYMENT TERM WITH SUBSTANTIALLY THE SAME PROVISIONS THROUGH JUNE 30, 2021.
SCHEDULE J, PART II - EXPLANATION OF COMPENSATION	<p>BARON HERDELIN-DOHERTY WAS HIRED AS PRESIDENT & CEO UNDER A NEW EMPLOYMENT AGREEMENT ON OCTOBER 4, 2010. THE TERM OF THIS INITIAL EMPLOYMENT CONTRACT WAS OCTOBER 4, 2010 THROUGH JUNE 30, 2015. A NEW EMPLOYMENT AGREEMENT WAS SIGNED IN 2015, WITH ESSENTIALLY THE SAME PROVISIONS FOR THE PERIOD JULY 1, 2015 THROUGH JUNE 30, 2018. THIS AGREEMENT WAS APPROVED IN EXECUTIVE SESSION, WITH THE PRESIDENT NOT PRESENT, BY THE EXECUTIVE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS. THE EXECUTIVE COMPENSATION COMMITTEE IS COMPOSED OF SEVEN INDEPENDENT VOLUNTEER MEMBERS OF THE BOARD OF DIRECTORS. IN ACCORDANCE WITH THE TERMS OF THIS EMPLOYMENT AGREEMENT MR. HERDELIN-DOHERTY'S BASE COMPENSATION WAS \$42,878 PER MONTH FROM JULY 1, 2019 TO APRIL 30, 2020. ON APRIL 22, 2020 MR. HERDELIN-DOHERTY'S BASE COMPENSATION WAS REDUCED TO \$34,302 DUE TO THE ECONOMIC CIRCUMSTANCES RELATED TO THE PANDEMIC CLOSURES.</p> <p>CONTRIBUTIONS ARE MADE BY THE ASSOCIATION TO THE YMCA NATIONAL RETIREMENT FUND (A SEPARATE TAX-EXEMPT CORPORATION) FOR ALL ELIGIBLE EMPLOYEES IN THE AMOUNT OF 12% OF COMPENSATION UP TO THE FEDERAL LIMIT. ON APRIL 22, 2020, THE BOARD OF DIRECTOS APPROVED THE REDUCTION OF THE CONTRIBUTION FROM 12% TO 1%. THE ASSOCIATION ALSO MAINTAINS AN EMPLOYEE HEALTH AND WELFARE BENEFIT PLAN FOR ALL ELIGIBLE EMPLOYEES. UNDER THAT PLAN, EMPLOYEES MAY ELECT TO PARTICIPATE AND CAN CHOOSE BETWEEN THREE SEPARATE HMO HEALTH PLANS. THE AMOUNT OF BENEFIT TO EACH EMPLOYEE DEPENDS UPON THE PLAN SELECTED AND WHETHER OR NOT THE EMPLOYEE ELECTS TO COVER THEIR DEPENDENTS.</p>
SCHEDULE J, PART II, COLUMN (B)(III) - OTHER COMPENSATION	SEE ABOVE EXPLANATION FOR BARON HERDELIN-DOHERTY'S OTHER REPORTABLE COMPENSATION.

**SCHEDULE L
(Form 990 or 990-EZ)**

Transactions With Interested Persons

OMB No. 1545-0047

2019

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Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Name of the organization

YMCA OF SAN DIEGO COUNTY

Employer identification number

95-2039198

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958. ▶ \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
			(1)									
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total ▶						\$						

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Part IV**Business Transactions Involving Interested Persons** (continued)

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) JASON BOWSER, SVP UNION BANK	YMCA DIRECTOR	\$64,000	YMCA PAYS UNION BANK FEES FOR BANKING AND TREASURY MANAGEMENT SERVICES		✓
(2) TRINDL REEVES, PRINCIPAL, MARSH USA, INC.	YMCA BOARD SECRETARY	\$170,500	MARSH USA, INC. IS THE YMCA'S INSURANCE BROKER		✓
(3) SAMANTHA JONES, EVP & DIVISION MGR WELLS FARGO	YMCA DIRECTOR	\$65,200	WELLS FARGO PROVIDES MERCHANT CARD SERVICES TO THE YMCA		✓
(4) ALEX KIM, DIR RES SVCS, SDG&E	YMCA DIRECTOR	\$2,484,000	SAN DIEGO GAS & ELECTRIC PROVIDES UTILITIES & SERVICES TO THE YMCA		✓
(5) TOBY SCHRAMM, VP, US BANK	YMCA TREASURER & DIRECTOR	\$15,204,000	US BANK INVESTED \$7.6 MILLION EACH IN TWO NEW MARKETS TAX CREDIT FINANCING TRANSACTION BENEFITING THE COPLEY PRICE YMCA AND THE JACKIE ROBINSON YMCA		✓
(6) SUSAN MERCURE, PARTNER, HIGGS FLETCHER & MACK	DIRECTOR	\$38,000	HIGGS FLETCHER & MACK PROVIDED LEGAL SERVICES TO THE YMCA.		✓
(7) TRAVIS SCOTT, PRESIDENT, INNOVATIVE IMPRINTS	SPOUSE OF DIRECTOR/BOARD CHAIR OF ASSOCIATION	\$40,500	INNOVATIVE IMPRINTS PROVIDED PROMOTIONAL MATERIALS TO THE YMCA.		✓

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
- ▶ **Attach to Form 990.**
- ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Name of the organization

YMCA OF SAN DIEGO COUNTY

Employer identification number

95-2039198

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	✓	21	353,000	MARKET VALUE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ()				
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 0

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		✓
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	✓	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		✓
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

Part II

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference - Identifier	Explanation
SCHEDULE M, PART I - EXPLANATIONS OF REPORTING METHOD FOR NUMBER OF CONTRIBUTIONS	SECURITIES - PUBLICLY TRADED - NUMBER OF CONTRIBUTIONS

**SCHEDULE O
(Form 990 or 990-EZ)**

Department of Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

- ▶ Attach to Form 990 or 990-EZ.
- ▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the Organization
YMCA OF SAN DIEGO COUNTY

Employer Identification Number
95-2039198

Return Reference - Identifier	Explanation										
FORM 990, PART III, LINE 4A - PROGRAM SERVICE DESCRIPTION	INTERACTIONS WITH CARING ADULTS. FAMILIES ALSO RECEIVED SUBSIDIZED CHILD CARE, ALLOWING THEM TO ENGAGE IN ACTIVITIES TO TRANSITION TO ECONOMIC SELF-SUFFICIENCY. YMCA YOUTH AND FAMILY SERVICES BELIEVES ALL YOUTH AND FAMILIES SHOULD HAVE A SAFE PLACE TO LIVE, A RELIABLE SUPPORT SYSTEM AND A SENSE OF PURPOSE, AND SHOULD BE CONNECTED TO THE RESOURCES NEEDED TO FLOURISH. TO ACCOMPLISH THIS, YOUTH AND FAMILY SERVICES OPERATES IN THREE MAIN AREAS: 1) MENTAL HEALTH & SUPPORT, 2) FAMILY SUPPORT & PRESERVATION, AND 3) TRANSITIONAL HOUSING AND YOUTH DEVELOPMENT FOR YOUNG ADULTS. WE UNDERSTAND THE CHALLENGES THAT KEEP INDIVIDUALS FROM REACHING THEIR FULLEST POTENTIAL AND CONTINUOUSLY EXPAND OUR SERVICES TO HELP PEOPLE BECOME MORE SELF-SUFFICIENT, PRODUCTIVE AND CONNECTED TO THE COMMUNITY. YOUTH AND GOVERNMENT.										
FORM 990, PART III, LINE 4C - PROGRAM SERVICE DESCRIPTION	FOR YOUTH DEVELOPMENT, HEALTHY LIVING AND SOCIAL RESPONSIBILITY TO OVER 16,000 SCHOOL AGE CHILDREN THROUGHOUT THE COUNTY EVERY YEAR. CAMPING: THE PROGRAM THRUSTS WITHIN CAMPING ARE: DAY CAMPING, RESIDENT CAMPING, ENVIRONMENTAL EDUCATION, FAMILY CAMPS, ADVENTURE TRAVEL PROGRAMS, LEADERSHIP DEVELOPMENT, COLLABORATIVE PROGRAMS, & INTERSESSION PROGRAMS. IN ESSENCE, YMCA CAMPING PROGRAMS UTILIZE OUTDOOR SETTINGS, WORK WITH PEOPLE IN SMALL GROUPS, INCLUDE LOTS OF ACTIVITIES, ALL TO BUILD CHARACTER. EDUCATION, SPIRITUAL DEVELOPMENT, SOCIAL GROWTH, FITNESS AND INTELLECTUAL CHALLENGES ARE OFFERED AT FEES AFFORDABLE TO THE COMMUNITY. FUND RAISING EFFORTS SUCH AS THE "KIDS TO CAMP" CAMPAIGN AND SUPPORT THROUGH ENDOWMENT EARNINGS PROVIDES THE FINANCIAL ASSISTANCE TO THOSE WHO OTHERWISE COULD NOT AFFORD CAMP.										
FORM 990, PART VI, LINE 1A - DELEGATE BROAD AUTHORITY TO A COMMITTEE	THE EXECUTIVE COMMITTEE IS COMPOSED OF 13 BOARD MEMBERS, INCLUDING THE BOARD CHAIR, PAST CHAIR, AND VICE CHAIRS. THE EXECUTIVE COMMITTEE MEETS ONLY AS NEEDED IN ABSENCE OF A BOARD MEETING AND TO DEAL WITH SPECIAL ISSUES/CRISES.										
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	THE IRS 990 IS PREPARED AND REVIEWED BY MANAGEMENT BEFORE MAKING AN ELECTRONIC COPY AVAILABLE TO ALL BOARD MEMBERS PRIOR TO FILING WITH THE IRS. THE DRAFT FORM 990 IS DISCUSSED AT A REGULAR BOARD OF DIRECTORS MEETING TO ENSURE CONSENSUS BEFORE FILING WITH THE IRS.										
FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY	IN ADDITION TO REQUIRING COMPLETION OF AN ANNUAL DISCLOSURE QUESTIONNAIRE, THE ASSOCIATION REGULARLY REMINDS BOARD MEMBERS AND KEY STAFF OF THEIR RESPONSIBILITY TO DISCLOSE POTENTIAL CONFLICTS OF INTEREST AND TO RECUSE THEMSELVES FROM DECISIONS OR ACTIONS THAT MIGHT BE IN CONFLICT WITH THE ASSOCIATION'S INTERESTS.										
FORM 990, PART VI, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	<p>PROCESS FOR ESTABLISHING MANAGEMENT COMPENSATION: THE EXECUTIVE COMPENSATION COMMITTEE, UNDER AUTHORITY DELEGATED BY THE BOARD OF DIRECTORS, CONDUCTS AN INDEPENDENT REVIEW OF THE TOTAL COMPENSATION OF SENIOR EXECUTIVES WHO ARE DETERMINED TO COME UNDER THE INTERMEDIATE SANCTIONS REGULATIONS, OTHER "DISQUALIFIED PERSONS" IF ANY, AND SENIOR EXECUTIVES NAMED IN THE CALIFORNIA NONPROFIT INTEGRITY ACT OF 2004. THE REVIEW INCLUDES A DETERMINATION OF THE REASONABLENESS OF COMPENSATION IN LIGHT OF WHAT IS PAID TO SIMILARLY SITUATED EXECUTIVES AT OTHER ORGANIZATIONS, BOTH FOR-PROFIT AND NOT-FOR-PROFIT. IN ORDER TO ASSESS REASONABLENESS, THE REVIEW HAPPENS AT LEAST ANNUALLY AND IS BASED UPON COMPARATIVE COMPENSATION ANALYSES UTILIZING PROFESSIONALLY PREPARED EXTERNAL COMPENSATION REPORTS THAT ARE SPECIFIC TO FOR-PROFIT AND NOT-FOR-PROFIT ORGANIZATIONS, AND REPORTS THAT ARE SPECIFIC TO YMCAS THROUGHOUT THE USA.</p> <p>RECORDS OF THIS PROCESS ARE PRESERVED AS REQUIRED BY IRS REGS. THE EXECUTIVE COMPENSATION COMMITTEE REPORTS TO THE BOARD OF DIRECTORS AT LEAST ANNUALLY REGARDING THE RESULTS OF THEIR REVIEW.</p>										
FORM 990, PART VI, LINE 15B - PROCESS TO ESTABLISH COMPENSATION OF OTHER OFFICERS OR KEY EMPLOYEES	THE PRESIDENT, WITHIN THE STRUCTURE OF GUIDELINES APPROVED BY THE BOARD OF DIRECTORS, EVALUATES AND DETERMINES THE COMPENSATION LEVELS OF OFFICERS AND KEY EMPLOYEES WHO ARE NOT CONSIDERED DISQUALIFIED PERSONS UNDER IRS INTERMEDIATE SANCTIONS REGULATIONS. SALARY RANGES ARE REVIEWED AND APPROVED BY THE PERSONNEL COMMITTEE OF THE BOARD OF DIRECTORS ANNUALLY. THIS REVIEW INCLUDES PEER GROUP COMPARISONS FOR SIMILAR POSITIONS IN OTHER ORGANIZATIONS. MERIT INCREASES ARE CONSIDERED ANNUALLY BASED UPON PERFORMANCE.										
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	THE ASSOCIATION MAKES ALL REQUIRED DOCUMENTS AVAILABLE UPON REQUEST										
FORM 990, PART IX, LINE 11G - OTHER FEES FOR SERVICES	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">(a) Description</th> <th style="text-align: center;">(b) Total Expenses</th> <th style="text-align: center;">(c) Program Service Expenses</th> <th style="text-align: center;">(d) Management and General Expenses</th> <th style="text-align: center;">(e) Fundraising Expenses</th> </tr> </thead> <tbody> <tr> <td>OTHER CONTRACT SERVICES</td> <td style="text-align: right;">72,093,000</td> <td style="text-align: right;">71,190,000</td> <td style="text-align: right;">902,000</td> <td style="text-align: right;">1,000</td> </tr> </tbody> </table>	(a) Description	(b) Total Expenses	(c) Program Service Expenses	(d) Management and General Expenses	(e) Fundraising Expenses	OTHER CONTRACT SERVICES	72,093,000	71,190,000	902,000	1,000
(a) Description	(b) Total Expenses	(c) Program Service Expenses	(d) Management and General Expenses	(e) Fundraising Expenses							
OTHER CONTRACT SERVICES	72,093,000	71,190,000	902,000	1,000							

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

YMCA OF SAN DIEGO COUNTY

Employer identification number

95-2039198

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) -----					
(2) -----					
(3) -----					
(4) -----					
(5) -----					
(6) -----					

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) YMCA OF SAN DIEGO COUNTY/CITY HEIGHTS (46-3504414) 3708 RUFFIN RD, SAN DIEGO, CA 92123	HOLD AND IMPROVE LAND FOR THE PURPOSE OF DEVELOPING A FULL SERVICE YMCA	CA	501(C)(3)	12 TYPE I	YMCA OF SAN DIEGO COUNTY	✓	
(2) YMCA OF SAN DIEGO COUNTY/JRFY, INC. (81-1048646) 3708 RUFFIN RD, SAN DIEGO, CA 92123	HOLD AND IMPROVE LAND FOR THE PURPOSE OF DEVELOPING A FULL SERVICE YMCA	CA	501(C)(3)	12 TYPE I	YMCA OF SAN DIEGO COUNTY	✓	
(3) THE YMCA RETIREMENT FUND (13-5562401) 120 BROADWAY, NEW YORK CITY, NY 10271	TYPE 1 SUPPORTING ORGANIZATION PROVIDING RETIREMENT BENEFITS	NY	501(C)(3)	12 TYPE I	N/A		✓
(4) YMCA OF SAN DIEGO COUNTY/HOUSING SERVICES, INC (84-2466567) 3708 RUFFIN RD, SAN DIEGO, CA 92123	HOLD TITLE, RENOVATE, MAINTAIN AND OPERATE TRANSITIONAL HOUSING FACILITIES	CA	501(C)(3)	12 TYPE I	YMCA OF SAN DIEGO COUNTY	✓	
(5) -----							
(6) -----							
(7) -----							

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat. No. 50135Y

Schedule R (Form 990) 2019

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512–514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) -----												
(2) -----												
(3) -----												
(4) -----												
(5) -----												
(6) -----												
(7) -----												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) -----									
(2) -----									
(3) -----									
(4) -----									
(5) -----									
(6) -----									
(7) -----									

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		✓
b Gift, grant, or capital contribution to related organization(s)		✓
c Gift, grant, or capital contribution from related organization(s)		✓
d Loans or loan guarantees to or for related organization(s)	✓	
e Loans or loan guarantees by related organization(s)		✓
f Dividends from related organization(s)		✓
g Sale of assets to related organization(s)		✓
h Purchase of assets from related organization(s)		✓
i Exchange of assets with related organization(s)		✓
j Lease of facilities, equipment, or other assets to related organization(s)		✓
k Lease of facilities, equipment, or other assets from related organization(s)	✓	
l Performance of services or membership or fundraising solicitations for related organization(s)	✓	
m Performance of services or membership or fundraising solicitations by related organization(s)		✓
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		✓
o Sharing of paid employees with related organization(s)		✓
p Reimbursement paid to related organization(s) for expenses		✓
q Reimbursement paid by related organization(s) for expenses		✓
r Other transfer of cash or property to related organization(s)		✓
s Other transfer of cash or property from related organization(s)		✓

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Part VI **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512–514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part VII

Supplemental Information. Provide additional information for responses to questions on Schedule R (see instructions).

Return Reference - Identifier	Explanation
<p>SCHEDULE R, PART V, LINE 1B - GRANT TO RELATED ORGANIZATION</p>	<p>YMCA OF SAN DIEGO COUNTY/CITY HEIGHTS (YCH), YMCA OF SAN DIEGO COUNTY/JRFY, INC. (YJR) , AND YMCA OF SAN DIEGO COUNTY/HOUSING SERVICES INC. (YHS) ARE ALL RECOGNIZED BY THE IRS AS 501C3 PUBLIC CHARITIES CLASSIFIED UNDER 509A3 AS TYPE I SUPPORTING ORGANIZATIONS. THEY WERE CREATED TO HOLD AND DEVELOP PROPERTY ON BEHALF OF YMCA OF SAN DIEGO COUNTY (YSDC). IN FY14 YSDC GAVE YCH 100% OWNERSHIP INTEREST IN A PARCEL OF LAND WORTH \$9 MILLION THAT WAS DEVELOPED BY YCH AS A NEW FULL-SERVICE YMCA FACILITY KNOWN AS THE COPLEY PRICE FAMILY YMCA. IN FY16 YSDC SOLD YJR 100% OWNERSHIP IN LAND AND FACILITIES WORTH APPROXIMATELY \$7 MILLION THAT WAS KNOWN AS THE JACKIE ROBINSON FAMILY YMCA. YJR HAS DEMOLISHED THE OLD FACILITY AND RECONSTRUCTED A NEW YMCA FACILITY IN ITS PLACE. IN FY19 YHS WAS CREATED TO HOLD TITLE, RENOVATE AND OPERATE TRANSITIONAL HOUSING AND HOMELESS SHELTER FACILITIES ON BEHALF OF YSDC. THE FIRST YHS HOUSING PROJECT FACILITY WAS PURCHASED IN FY20.</p>
<p>SCHEDULE R, PART V, LINE 1D - LOAN GUARANTEES</p>	<p>YSDC IS SOLE GUARANTOR FOR YCH AND YJR OF CERTAIN NOTES AND AGREEMENTS CREATED IN NEW MARKETS TAX CREDIT FINANCING TRANSACTIONS THAT CLOSED IN SEPTEMBER 2013 AND JANUARY 2016, RESPECTIVELY.</p>
<p>SCHEDULE R, PART V, LINE 1K - LEASE OF FACILITIES</p>	<p>IN FY14, AS PART OF A NEW MARKETS TAX CREDIT FINANCING TRANSACTION, YSDC ENTERED INTO A LEASE WITH YCH TO USE THE NEW FACILITIES BEING DEVELOPED BY YCH. UNDER TERMS OF THE LEASE, YSDC WILL PAY RENT TO YCH OVER A 35-YEAR TERM. IN ADDITION, IN FY16, AS PART OF A NEW MARKETS TAX CREDIT FINANCING TRANSACTION, YSDC ENTERED INTO A LEASE WITH YJR TO USE THE NEW FACILITIES DEVELOPED BY YJR. UNDER TERMS OF THE LEASE, YSDC WILL PAY RENT TO YJR OVER A 35-YEAR TERM.</p>
<p>SCHEDULE R, PART V, LINE 1L - PERFORMANCE OF SERVICES</p>	<p>BECAUSE YCH, YJR, AND YHS HAVE NO EMPLOYEES, YSDC PROVIDES MANAGEMENT AND ADMINISTRATIVE SERVICES ON THEIR BEHALF UNDER OPERATING AGREEMENTS.</p>

Exempt Organization Declaration and Signature for Electronic Filing

For calendar year 2019, or tax year beginning 07/01, 2019, and ending 06/30, 20 20

2019

Department of the Treasury
Internal Revenue Service

For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868

Name of exempt organization

YMCA OF SAN DIEGO COUNTY

Employer identification number

95-2039198

Part I Type of Return and Return Information (Whole Dollars Only)

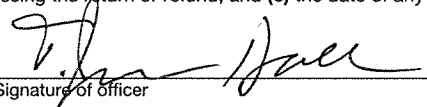
Check the box for the type of return being filed with Form 8453-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line of the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a	Form 990 check here ▶	<input checked="" type="checkbox"/>	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	205,270,000
2a	Form 990-EZ check here ▶	<input type="checkbox"/>	b	Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here ▶	<input type="checkbox"/>	b	Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here ▶	<input type="checkbox"/>	b	Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here ▶	<input type="checkbox"/>	b	Balance due (Form 8868, line 3c)	5b	

Part II Declaration of Officer

- 6 I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.
- If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).


Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund.

Sign Here ▶  | 4/28/21 ▶ CFO Title

Signature of officer Date Title

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's Use Only	ERO's signature ▶ <u></u>	Date	Check if also paid preparer <input type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's SSN or PTIN
	Firm's name (or yours if self-employed), address, and ZIP code ▶ _____	EIN	Phone no.		

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name ▶ _____	Firm's EIN ▶ _____			
	Firm's address ▶ _____	Phone no.			