

Public Inspection Copy
EXEMPT ORGANIZATION RETURNS
For The Year Ended December 31, 2008
YMCA OF GREATER SAINT PAUL

**CLIENT COPY
RETAIN FOR YOUR RECORDS**

Return of Organization Exempt From Income Tax

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

Department of the Treasury
Internal Revenue Service

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

A For the 2008 calendar year, or tax year beginning _____ and ending _____

B **C** Name of organization
YMCA OF GREATER SAINT PAUL
Type of organization Young Business Ass.
Number and street (or P.O. box for mail not delivered to street address); Room/suite
2125 EAST HENNEPIN AVENUE 150
City or town, state or country and ZIP+4
MINNEAPOLIS, MN 55413

D Employer identification number
41-0693932

E Telephone number
612-465-0450

G Gross assets **58,589,710.**

H(a) Is this a group return for affiliates? Yes No **X**

H(b) Are all affiliates included? Yes No

H(c) Group exemption number **1856 M**

I Tax-exempt status: 501(c)(3) 527 4947(a)(1) or 527

J Website: **WWW.YMCATWINCITIES.ORG**

K Type of organization: Corporation Trust Association Other

L Year of formation: **1856** **M** State of legal domicile: **MN**

Part I Summary

Activities & Governance			
1	Briefly describe the organization's mission or most significant activities: TO PUT CHRISTIAN PRINCIPLES INTO PRACTICE THROUGH PROGRAMS THAT BUILD HEALTHY SPIRITS, MINDS & BODIES		
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
3	Number of voting members of the governing body (Part VII, line 1a)	3	26
4	Number of independent voting members of the governing body (Part VII, line 1b)	4	26
5	Total number of employees (Part VII, line 2a)	5	3473
6	Total number of volunteers (estimate if necessary)	6	787
7a	Total gross unrelated business revenue from Part VII, line 12, column (C)	7a	21,385.
7b	Net unrelated business taxable income from Form 990-E, line 34	7b	17,655.
Revenue		Prior Year	Current Year
8	Contributions and grants (Part VII, line 1b)	7,990,174.	6,403,577.
9	Program service revenue (Part VIII, line 8g)	36,462,720.	39,949,182.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,308,776.	633,181.
11	Other revenue (Part VII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11c)	1,970,546.	-3,699,061.
12	Total revenue (add lines 8 through 11; must equal Part VII, column (A), line 12)	48,732,216.	43,286,879.
13	Grants and similar amounts paid (Part IX, column (A), line 1c)	19,500.	3,800.
14	Benefits paid to or for members (Part X, column (A), line 4)		
Expenses		Beginning of Year	End of Year
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	23,842,699.	27,939,108.
16a	Professional fundraising fees (Part IX, column (D), line 11c)		88,000.
16b	Total fundraising expenses (Part IX, column (D), line 25) 1,520,982.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	18,521,305.	18,720,473.
18	Total expenses (Add lines 13-17; must equal Part IX, column (A), line 25)	42,363,504.	46,751,381.
19	Revenue less expenses (Subtract line 18 from line 12)	6,348,712.	-3,464,502.
20	Total assets (Part X, line 15)	83,136,939.	72,419,624.
21	Total liabilities (Part X, line 26)	22,248,603.	20,059,048.
22	Net assets or fund balances (Subtract line 21 from line 20)	60,888,336.	52,360,576.

Part II Signature Block

Under penalties perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, this return and the accompanying schedules and statements are true and correct. I declare under penalty of perjury that I am the Chief Financial Officer or the preparer of this return.

Sign Here: **GREGORY WAIBSL, CHIEF FINANCIAL OFFICER**

Preparer's Use Only: **LARSON ALLEN LLP**
320 SOUTH SIXTH STREET, SUITE 300
MINNEAPOLIS, MN 55402
Phone no: **612-376-4500**

Part III Statement of Program Service Accomplishments (see instructions)

1. Briefly describe the organization's mission:

TO PUT CHRISTIAN PRINCIPLES INTO PRACTICE THROUGH PROGRAMS THAT BUILD HEALTHY SPIRIT, MIND AND BODY FOR ALL.

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 exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

SEE SCHEDULE O FOR CONTINUATION(S)

4a. Code: Expenses \$ 23685755, including grants of \$ 3,800,000 Revenue \$ 24195472.

HEALTH AND WELL BEING FOR ALL:

THE YMCA VIEWS HEATH HOLISTICALLY; A HEALTHY PERSON HAS UNITY OF BODY, MIND AND SPIRIT. THE YMCA HAS IDENTIFIED THE GROWING NATIONAL OBESITY RATES IN THIS COUNTRY AS A CRITICAL SOCIAL ISSUE THAT MUST BE ADDRESSED AND OUR HEALTH AND WELL BEING PROGRAMS ARE DESIGNED TO HELP PEOPLE DEVELOP NEW SKILLS AND GROW IN SPIRIT MIND AND BODY BY SETTING REALISTIC GOALS FOR SELF IMPROVEMENT AND DISEASE PREVENTION THROUGH AN ACTIVE LIFESTYLE, PROPER NUTRITION, STRESS MANAGEMENT, AND HEALTH EDUCATION. YMCA PROGRAMS PROMOTE INTERACTION, TEAMWORK, AND DEVELOPMENT OF MORAL AND ETHICAL BEHAVIOR, SOCIAL SKILLS AND SELF ESTEEM. WE SERVE ALL AGES, ABILITIES, RACES, NATIONALITIES AND RELIGIONS AND PROVIDE FINANCIAL ASSISTANCE TO THOSE WHO NEED IT. IN 2008, WE SERVED 101,062

4b. Code: Expenses \$ 7,504,878, including grants of \$ Revenue \$ 11146677.

CHILD CARE PROGRAMS:

OUR CHILD CARE PROGRAMS OFFER HIGH QUALITY CHILD CARE ACTIVITIES FOR INFANT/TODDLER, PRESCHOOL AND SCHOOL AGE CHILDREN FROM ALL SEGMENTS OF OUR COMMUNITY. WE OFFER A VARIETY OF STATE LICENSED CHILD CARE PROGRAMS, BOTH FULL AND PART-TIME, WHICH PROVIDE A SAFE AND NURTURING ENVIRONMENT WHERE YOUTH CAN DEVELOP SELF-ESTEEM, GOOD VALUES AND AN APPRECIATION OF CHARITABLE SERVICE. WOVEN INTO THE FABRIC OF THE YMCA MISSION IS A COMMITMENT TO STRENGTHENING FAMILIES. WE PARTNER WITH OTHER COMMUNITY AND GOVERNMENTAL AGENCIES SO THAT FINANCIAL ASSISTANCE IS AVAILABLE FOR THOSE WHO CANNOT AFFORD TO PAY. IN 2008, 94 CHILD CARE PROGRAMS SERVED 7,312 CHILDREN AND PROVIDED FINANCIAL ASSISTANCE IN THE AMOUNT OF \$504,722.

4c. Code: Expenses \$ 4,733,435, including grants of \$ Revenue \$ 4,607,033.

CAMPING:

OUR RESIDENTIAL AND DAY CAMPING PROGRAMS OFFER ADVENTURE AND LEARNING ACTIVITIES THAT PROVIDE CHALLENGE, EDUCATION, AND PROMOTE SPIRITUAL AWARENESS, MENTAL DEVELOPMENT, PHYSICAL WELL BEING, SOCIAL GROWTH, AND SELF RESPECT. OUR CAMPS PROVIDE A REVERENCE FOR NATURE AND RESPECT FOR THE INTER-RELATEDNESS OF ALL LIVING THINGS ON EARTH. OUR CAMPS ARE OPEN TO ALL, REGARDLESS OF INCOME OR SPECIAL NEEDS, SO THAT PARTICIPANTS APPRECIATE DIVERSITY, BECOME COMMUNITY LEADERS AND DEVELOP LIFELONG VALUES. IN 2008 WE SERVED 22,700 YOUTH AND ADULT CAMPERS AND PROVIDED FINANCIAL ASSISTANCE IN THE AMOUNT OF \$288,674.

4d. Other program services (Describe in Schedule O)

Expenses \$ including grants of \$ Revenue \$

4e. Total program service expenses \$ 35,924,068. (Most equal Part IX, Line 25 column (d).)

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in sect. 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	X	
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 8033(c) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts reported in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10 Did the organization hold assets in trust, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	X	
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	X	
13 Is the organization a school as described in section 170(b)(1)(A)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the U.S.?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grant-making, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III		X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	X	
18 Did the organization report more than \$15,000 total on Part VII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19 Did the organization report more than \$15,000 on Part VII, line 9a? If "Yes," complete Schedule G, Part III		X
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule I		X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule J, Parts I and II		X
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule J, Parts I and III		X
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	X	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period except on?		X
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?		X
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b If the organization became aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively, with other persons) listed in Part VII, Section A? If "Yes," complete Schedule L, Part IV.		X
b Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV.		X
c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	X	
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II.		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1.		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2.		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part V.		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

Yes No

1a	Enter the number reported in Box 3 of Form 1099, Annual Summary and Transmittal of U.S. Information Returns, Entry D, if not applicable	1a	39		
b	Enter the number of Forms W-9G included in line 1a. Enter 0 if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		X	
2a	Enter the number of employees reported on Form W-2, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return:	2a	3473		
b	At least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)</i>	2b		X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by the return?	3a		X	
b	If "Yes," has it filed a Form 990-E for this year? If "No," provide an explanation in Schedule O	3b		X	
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			X
b	If "Yes," enter the name of the foreign country: _____ See the instructions for exceptions and filing requirements for Form TD 90-22.1, Report of Foreign Bank and Financial Accounts.				
5a	Was the organization or a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X	
c	If "Yes," to question 5a or 5b, did the organization file Form 8868-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c			
6a	Did the organization solicit any contributions that were not tax deductible?	6a			X
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 provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a			X
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			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	For all contributions of qualified intellectual property, did the organization file Form 8870 as required?	7g			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	X		
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.				
a	Did the organization make any taxable distributions under section 4956?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter: N/A				
a	Inclusion fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part V, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter: N/A				
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: N/A	12b			

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Yes	No
1a Enter the number of voting members of the governing body	26	
b Enter the number of voting members that are independent	26	
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	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a material decrease of the organization's assets?	5	X
6 Does the organization have members or stockholders?	6	X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a	X
b Each committee with authority to act on behalf of the governing body?	8b	X
9a Does the organization have local chapters, branches, or affiliates?	9a	X
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b	X
10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990.	10	X
11 Is there any officer, director or 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 in Schedule O.	11	X

Section B. Policies

	Yes	No
12a Does the organization have a written conflict of interest policy? If "No," go to line 13.	12a	X
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done.	12c	X
13 Does the organization have a written whistleblower policy?	13	X
14 Does the organization have a written document retention and destruction policy?	14	X
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 calculation and decision:		
a The organization's CEO, Executive Director, or top management official?	15a	X
b Other officers or key employees of the organization? Describe the process in Schedule O (see instructions).	15b	X
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	X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken 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: **MN, WI**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(2)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 On website Another's website Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **GREG WAIBEL - 612-465-0450**
2125 EAST HENNEPIN AVENUE, SUITE 150, MINNEAPOLIS, MN 55413

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

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

To complete this table for all persons required to be listed, use Schedule J. If additional space is needed:

• List all of the organization's current officers, directors, trustees (whether individuals or organizational), regardless of amount of compensation, and current key employees (enter 0 in columns (D), (E), and (F) if no compensation was paid)

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 6 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if the organization did not compensate any officer, director, trustee, or key employee

(A) Name and title	(B) Average hours per week	(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	Officer	Institutional trustee	Highest compensated employee			
MICHAEL REEVES CHAIR	5.00	X	X		0.	0.	0.	
STEVE W. MEADS VICE CHAIR & TREASURER	5.00	X	X		0.	0.	0.	
TIMOTHY Y. WONG SECRETARY	5.00	X	X		0.	0.	0.	
RICHARD ZEHRING PAST CHAIR	5.00	X	X		0.	0.	0.	
LISA HUMPHREYS MEMBER AT LARGE	5.00	X			0.	0.	0.	
DICK NIEMIEC MEMBER AT LARGE	5.00	X			0.	0.	0.	
ROBERT OLAFSON MEMBER AT LARGE	5.00	X			0.	0.	0.	
JOHN BENDT MEMBER	5.00	X			0.	0.	0.	
NANCY R. DANA MEMBER	5.00	X			0.	0.	0.	
TIM DUNNWALD MEMBER	5.00	X			0.	0.	0.	
DAVID J. GRAFF MEMBER	5.00	X			0.	0.	0.	
MIKE GUSTAFSON MEMBER	5.00	X			0.	0.	0.	
HERSCHEL HERNDON MEMBER	5.00	X			0.	0.	0.	
REID LINDQUIST MEMBER	5.00	X			0.	0.	0.	
DAMIAN J. LUNA MEMBER	5.00	X			0.	0.	0.	
MICHAEL J. MCELLISTREM MEMBER	5.00	X			0.	0.	0.	
BROCK D. NELSON MEMBER	5.00	X			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	(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
		Officer	Director	Trustee	Key employee	Highest compensated employee			
JEFFREY NELSON MEMBER	5.00	X				0.	0.	0.	
KEITH OLSON MEMBER	5.00	X				0.	0.	0.	
VICTORIA A. REINHARDT MEMBER	5.00	X				0.	0.	0.	
PAUL H. SEIFERTH MEMBER	5.00	X				0.	0.	0.	
BRIEN SLAWIK MEMBER	5.00	X				0.	0.	0.	
SCOTT SNYDER MEMBER	5.00	X				0.	0.	0.	
GREG SOMERVILLE MEMBER	5.00	X				0.	0.	0.	
EILEEN YOUNDS MEMBER	5.00	X				0.	0.	0.	
CATHERINE A. ZAPPA MEMBER	5.00	X				0.	0.	0.	
THOMAS FASEL PAST CHAIR	5.00	X				0.	0.	0.	
1b Total						992,739.	0.	126,311.	

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization 7

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

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: **NONE**

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization 0

SEE SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 513 or 514	
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a 526,529.				
	b	Membership dues	1b				
	c	Fundraising events	1c 50,725.				
	d	Related organizations	1d 1,353,575.				
	e	Government grants (contributions)	1e 850,218.				
	f	All other contributions, gifts, grants, and other amounts not included above	1f 3,425,173.				
	g	Nonexcess of contributions over tax limits	63,328.				
	h	Total, Lines 1a-1f	640,3577.				
	Program Service Revenue	2 a	MEMBERSHIP DUES	Business Code 713940 20,164,601.	20,164,601.		
b		CHILD CARE	Business Code 713940 11,146,677.	11,146,677.			
c		CAMPING	Business Code 713940 4607033.	4607033.			
d		OTHER PROGRAM ACTIVITI	Business Code 713940 4030851.	4030851.			
e							
f		All other program service revenue					
g	Total, App. lines 2a-2f	35,946,152.					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		712,499.		-712,713,211.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	i) Real		ii) Personal		
			b	Less: rental expenses	273,946.		
			c	Rental income or (loss)	273,946.		
			d	Net rental income or (loss)		273,946.	22,097.
	7 a	Gross amount from sales of assets other than inventory	i) Securities		ii) Other		
			b	Less: cost or other basis and sales expenses	14,981,871.	4,670.	
			c	Gain or (loss)	-79,152.	4,836.	
			d	Net gain or (loss)		79,318.	
	8 a	Gross income from fundraising events (not including \$ 50,725. of contributions reported on line 1c). See Part IV, line 18	a	100,152.			
			b	Less: direct expenses	59,321.		
c			Net income or (loss) from fundraising events		40,831.		40,831.
9 a	Gross income from gaming activities. See Part IV, line 19	a					
		b	Less: direct expenses				
		c	Net income or (loss) from gaming activities				
10 a	Gross sales of inventory, less returns and allowances	a	614,329.				
		b	Less: cost of goods sold	187,705.			
		c	Net income or (loss) from sales of inventory		426,624.		426,624.
Miscellaneous Revenue	11 a	MISCELLANEOUS REVENUE	Business Code 900099 211,430.			211,430.	
	b	LEASE TERMINATION LOSS	Business Code 532000 4,164,100.			4,164,100.	
	c						
	d	All other revenue					
	e	Total, App. lines 11a-11d	3,892,532.				
12	Total Revenue	67,282,872.	35,946,152.	21,385.	3,097,200.		

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) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8a, 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 governments or organizations in the U.S. See Part IV, line 21	3,800.	3,800.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	463,295.	15,381.	244,850.	203,064.
6 Compensation of individuals above the disqualified persons (as defined under section 1953(j)(1)) and persons described in section 1953(j)(3)(B)				
7 Other salaries and wages	22,756,718.	17,960,717.	3,897,869.	898,132.
8 Fees for professional services (include section 401(a) and section 408(a) employee contributions)	1,231,116.	769,817.	359,015.	102,284.
9 Other employee benefits	1,659,538.	1,124,082.	428,802.	106,654.
10 Payroll taxes	1,828,441.	1,398,069.	338,212.	92,160.
11 Fees for services from employees:				
a Management				
b Legal	13,290.	3,279.	9,924.	87.
c Accounting	36,778.	9,074.	27,462.	242.
d Lobbying				
e Professional fundraising services. See Part IV, line 17	88,000.			88,000.
f Investment management fees				
g Other	1,725,479.	458,039.	1,256,386.	11,054.
12 Advertising and promotion				
13 Office expenses	2,521,192.	1,288,844.	1,153,927.	78,421.
14 Information technology				
15 Royalties				
16 Occupancy	5,699,142.	5,385,430.	312,373.	1,339.
17 Travel	1,611,460.	1,407,230.	188,699.	15,531.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	660,431.	645,784.	14,647.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	3,388,738.	3,124,662.	264,076.	
23 Insurance				
24 Other expenses. Itemize expenses not covered above. If expenses are grouped together and labeled "miscellaneous" they may not exceed 5% of total expenses shown on line 26 below:				
a UBIT TAX EXPENSE	6,156.		6,156.	
b PROGRAM SUPPLIES	1,521,504.	1,521,504.		
c BAD DEBT EXPENSE	504,011.	287,569.	208,283.	8,159.
d EQUIPMENT MAINTENANCE	444,065.	422,791.	21,162.	112.
e DUES	307,592.	1,537.	305,995.	60.
f All other expenses	280,635.	96,459.	168,493.	15,683.
25 Total functional expenses. Add lines 1 through 24	46,751,381.	35,924,068.	9,206,331.	1,620,982.
26 Total costs. Check here <input type="checkbox"/> if no fundraising expenses. Complete this line only if the organization reported in column (B) and tests from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year		
Assets	1 Cash (noninterest-bearing)	9,822.	1	10,432.		
	2 Savings and temporary cash investments	1,997,862.	2	1,970,430.		
	3 Prudges and grants receivable, net	3,648,765.	3	3,354,112.		
	4 Accounts receivable, net	1,240,571.	4	1,604,552.		
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part III of Schedule D			5		
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part I of Schedule D			6		
	7 Notes and loans receivable, net		7			
	8 Inventories for sale or use	46,823.	8	59,666.		
	9 Prepaid expenses and deferred charges	843,247.	9	274,777.		
	10a Land, buildings, and equipment: cost basis 10a	92,610,517.				
	b Less: accumulated depreciation. Complete Part V of Schedule D 10b	38,313,222.				
	11 Investments - publicly traded securities	55,317,087.	10c	54,297,295.		
	12 Investments - other securities. See Part IV, line 11	13,914,220.	11			
	13 Investments - program-related. See Part IV, line 11	1,871,194.	12	10,771,474.		
	14 Intangible assets		13			
	15 Other assets. See Part IV, line 11	4,247,350.	14	76,888.		
16 Total assets. Add lines 1 through 15 (must equal line 34)	83,136,939.	15	72,419,624.			
Liabilities	17 Accounts payable and accrued expenses	4,623,554.	16	3,160,970.		
	18 Grants payable		17			
	19 Deferred revenue	1,557,222.	18	1,549,672.		
	20 Tax-exempt bond liabilities	15,985,734.	19	15,304,116.		
	21 Escrow account liability. Complete Part V of Schedule D		20			
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule D		21			
	23 Secured mortgages and notes payable to unrelated third parties	73,239.	22	15,552.		
	24 Unsecured notes and loans payable		23			
	25 Other liabilities. Complete Part X of Schedule D	8,854.	24	28,738.		
	26 Total liabilities. Add lines 17 through 25	22,248,603.	25	20,059,048.		
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27 Unrestricted net assets	45,992,854.	26	40,286,174.		
	28 Temporarily restricted net assets	7,917,967.	27	5,527,570.		
	29 Permanently restricted net assets	6,977,515.	28	6,546,832.		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.					
	30 Capital stock or trust principal, or current funds		29			
	31 Paid-in or capital surplus, or bond, building, or equipment funds		30			
	32 Retained earnings, endowment, accumulated income, or other funds		31			
33 Total net assets or fund balances	60,888,336.	32	52,360,576.			
34 Total liabilities and net assets/fund balances	83,136,939.	33	72,419,624.			

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X
b	Were the organization's financial statements audited by an independent accountant?	2b	X
c	If "Yes" to lines 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?	2c	X
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?	3a	X
b	If "Yes" did the organization undergo the required audit or audits?	3b	

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1. Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2. Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3. The value of services or facilities furnished by a governmental unit to the organization without charge						
4. Total. Add lines 1-3						
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)						
6. Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7. Amounts from line 4						
8. Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9. Net income from unrelated business activities, whether or not the business is regularly carried on						
10. Other income. (Do not include gain or loss from the sale of capital assets. (Explain in Part IV.)						
11. Total support. Add lines 7 through 10						
12. Gross receipts from related activities, etc. (See instructions)					12	
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 ▶						

Section C. Computation of Public Support Percentage

14. Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)).	<u>14</u>	%
15. Public support percentage from 2007 (Schedule A, Part IVA, line 20)	<u>15</u>	%
16a. 33 1/3% support test - 2008. 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. ▶		
b. 33 1/3% support test - 2007. 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. ▶		
17a. 10% -facts-and-circumstances test - 2008. 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 IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization. ▶		
b. 10% -facts-and-circumstances test - 2007. 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 IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization. ▶		
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. ▶		

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, and 990-PF.

OMB No. 1545-0047

2008

Name of the organization

YMCA OF GREATER SAINT PAUL

Employer identification number

41-0693932

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 for both the General Rule and a Special Rule. See instructions.)

General Rule

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)-(7) and (1)(A)(iv), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on Form 990, Part VII, line 14 or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(1), (6), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to 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. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ▶ \$ _____

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

USA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

Name of organization YMCA OF GREATER SAINT PAUL	Employer identification number 41-0693932
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2		\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3		\$ 194,039.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4		\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5		\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6		\$ 116,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

YMCA OF GREATER SAINT PAUL

41 0693932

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7		\$ 82,300.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
78		\$ 21,467.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9		\$ 90,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10		\$ 73,987.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11		\$ 50,474.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization YMCA OF GREATER SAINT PAUL	Employer identification number 41-0693932
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Part 1 Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
12		\$ 43,913.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
13		\$ 33,779.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14		\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
15		\$ 27,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
16		\$ 505,314.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
17		\$ 26,602.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization YMCA OF GREATER SAINT PAUL	Employer identification number 41 0693932
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
18		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
19		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
20		\$ 18,300.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
21		\$ 18,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
22		\$ 17,156.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
23		\$ 15,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization YMCA OF GREATER SAINT PAUL	Employer identification number 41 0693932
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
29	_____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll _____ Noncash _____ (Complete Part II if there is a noncash contribution.)
30	_____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll _____ Noncash _____ (Complete Part II if there is a noncash contribution.)
31	_____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll _____ Noncash _____ (Complete Part II if there is a noncash contribution.)
32	_____	\$ 9,388.	Person <input checked="" type="checkbox"/> Payroll _____ Noncash _____ (Complete Part II if there is a noncash contribution.)
33	_____	\$ 9,270.	Person <input checked="" type="checkbox"/> Payroll _____ Noncash _____ (Complete Part II if there is a noncash contribution.)
34	_____	\$ 8,665.	Person <input checked="" type="checkbox"/> Payroll _____ Noncash _____ (Complete Part II if there is a noncash contribution.)

Name of organization: **YMCA OF GREATER SAINT PAUL** Employer identification number: **41-0693932**

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
35		\$ 8,582.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
36		\$ 8,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
37		\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
38		\$ 7,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
39		\$ 7,077.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
40		\$ 7,074.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization YMCA OF GREATER SAINT PAUL	Employer identification number 41-0693932
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
41		\$ 7,050.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part III if there is a noncash contribution.)</small>
42		\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part III if there is a noncash contribution.)</small>
43		\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part III if there is a noncash contribution.)</small>
44		\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part III if there is a noncash contribution.)</small>
45		\$ 6,865.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part III if there is a noncash contribution.)</small>
46		\$ 6,845.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part III if there is a noncash contribution.)</small>

Name of organization YMCA OF GREATER SAINT PAUL	Employer identification number 61 0693932
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
47	_____	\$ 6,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part III if there is a noncash contribution.)
48	_____	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part III if there is a noncash contribution.)
49	_____	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part III if there is a noncash contribution.)
50	_____	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part III if there is a noncash contribution.)
51	_____	\$ 5,700.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part III if there is a noncash contribution.)
52	_____	\$ 5,510.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part III if there is a noncash contribution.)

Name of organization

Employer identification number

YMCA OF GREATER SAINT PAUL

41-0693932

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
53		\$ 5,505.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
54		\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
55		\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
56		\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
57		\$ 5,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
58		\$ 5,363.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>

Name of organization

YMCA OF GREATER SAINT PAUL

Employer identification number

41-0693932

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
59		\$ 5,220.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
60		\$ 5,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
61		\$ 5,083.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
62		\$ 5,050.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
63		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
64		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number:

YMCA OF GREATER SAINT PAUL

41-0693932

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
65		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
66		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
67		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
68		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
69		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
70		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

YMCA OF GREATER SAINT PAUL

41-0693932

Part I Contributors (See instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
71		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
72		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
73		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
74		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
75		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
76		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization YMCA OF GREATER SAINT PAUL	Employer identification number 41 0693932
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Part II Noncash Property (see instructions)

(a) No. from Part II	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
78	STOCK GIFT: 775 SHARES OF WELLS FARGO	\$ 21,467.	02/25/08
26	STOCK GIFT: 115 SHARES OF CHEVRON CORP	\$ 10,786.	01/18/08
27	STOCK GIFT: 125 SHARES OF 3M	\$ 10,128.	03/17/08
		\$	
		\$	
		\$	

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

Department of the Treasury
Internal Revenue Service

To be completed by organizations described below.
Attach to Form 990 or Form 990-EZ.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) other than section 501(c)(3) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5708 (election under section 501(c)(3)): Complete Part I-A. Do not complete Part I-B.
- Section 501(c)(3) organizations that have NOT filed Form 5708 (election under section 501(c)(3)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

- Section 501(c)(1), (5), or (6) organizations: Complete Part I-C.

Name of organization: **YMCA OF GREATER SAINT PAUL** Employer identification number: **41-0693932**

Part I-A To be completed by all organizations exempt under section 501(c) and section 527 organizations.

See the instructions for Schedule C for details.

- Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- Political expenditures: **\$**
- Volunteer hours: _____

Part I-B To be completed by all organizations exempt under section 501(c)(3).

See the instructions for Schedule C for details.

- Enter the amount of any excise tax incurred by the organization under section 4955: **\$**
 - Enter the amount of any excise tax incurred by organization managers under section 4955: **\$**
 - If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
 - Was a correction made? Yes No
- If "Yes," describe in Part IV.

Part I-C To be completed by all organizations exempt under section 501(c), except section 501(c)(3).

See the instructions for Schedule C for details.

- Enter the amount directly expended by the filing organization for section 527 exempt function activities: **\$**
- Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities: **\$**
- Total of direct and indirect exempt function expenditures. Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b: **\$**
- Did the filing organization file Form 1120-POL for this year? Yes No
- State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. Enter the amount paid and indicate if the amount was paid from the filing organization's funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter 0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter 0

Part II-A To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.

- A** Check if the filing organization belongs to an affiliated group.
B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures
 (The term "expenditures" means amounts paid or incurred.)

	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		
If the amount on line 1c, column (a) or (b) is:	The lobbying nontaxable amount is:	
Not over \$100,000	20% of the amount on line 1c	
Over \$100,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$100,000	
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	
Over \$17,000,000	\$1,000,000	
g Grassroots nontaxable amount (enter 25% of line 1c)		
h Subtract line 1g from line 1a. Enter 0 if line g is more than line a		
i Subtract line 1i from line 1c. Enter 0 if line f is more than line c		
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

4-Year Averaging Period Under Section 501(h)
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (a))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (a))					
f Grassroots lobbying expenditures					

Part II-B To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?	X		
b Paid staff or management (include compensation or expenses reported on lines 1c through 1j)?	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or publication or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		29,157.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		X	
i Other activities? If "Yes," describe in Part IV		X	
j Total lines 1c through 1j			29,157.
2a Did incidents in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax imposed under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). See the instructions for Schedule C for details.

	Yes	No
1 Were substantial (at 50% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to cap or lobby and political expenditures from the prior year?	3	

Part III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes." See Schedule C instructions for details.

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid):		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess dues did the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part III-A, line 1; Part III-B, line 4; Part III-C, line b; and Part III-D, line 5. Also, complete this part for any additional information.

PART II-B, LINE 1(J), OTHER LOBBYING ACTIVITIES:

DURING 2008, THE YMCA OF GREATER ST. PAUL TOOK AN ACTIVE ROLE IN THE
EDUCATION OF THE PUBLIC AND LEGISLATORS ABOUT THE BENEFITS OF
NON PROFIT ORGANIZATIONS AND ADVOCATING FOR CHILDREN IN NEED.

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No. 1545-0047
2008
Open to Public Inspection

Name of the organization

YMCA OF GREATER SAINT PAUL

Employer identification number

41 0693932

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

	(a) Donor advised funds	(b) Funds and other accounts
1. Total number at end of year		
2. Aggregate contributions to (during year)		
3. Aggregate grants from (during year)		
4. Aggregate value at end of year		
5. Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private inurement?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1. Purpose(s) of conservation easements held by the organization (check all that apply):

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> Preservation of open space	

2. Complete lines 2a-2d if the organization had a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
a. Total number of conservation easements	2a _____
b. Total acreage restricted by conservation easements	2b _____
c. Number of conservation easements on a certified historic structure included in (a)	2c _____
d. Number of conservation easements included in (a) acquired after 8/17/06	2d _____

3. Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4. Number of states where property subject to conservation easement is located ▶ _____

5. Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Yes No

6. Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ _____

7. Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$ _____

8. Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(e)(4)(B)(i) and section 170(e)(4)(B)(ii)? Yes No

9. In Part X(v), describe how the organization reports conservation easements in its revenue and expense statement and balance sheet and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a. If the organization elected, as permitted under SFAS 115, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part X(v), the text of the footnote to its financial statements that describes these items.

b. If the organization elected, as permitted under SFAS 115, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
(ii) Assets included in Form 990, Part X	▶ \$ _____

2. If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 115 relating to these items:

a. Revenues included in Form 990, Part V, line 1	▶ \$ _____
b. Assets included in Form 990, Part X	▶ \$ _____

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

- 3 Using the organization's accession and other records, check any of the following that are a 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 programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 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 Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to 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 XIV and complete the following table:
- | | Amount |
|---------------------------------|----------|
| c Beginning balance | 1c _____ |
| d Additions during the year | 1d _____ |
| e Distributions during the year | 1e _____ |
| f Ending balance | 1f _____ |
- 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part V, 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	13,897,635				
b Contributions	260,500				
c Investment earnings or losses	-4,833,005				
d Grants or scholarships					
e Other expenditures for facilities and programs	672,000				
f Administrative expenses					
g End of year balance	9,456,170				

- 2 Provide the estimated percentage of the year end balance held as:
- a Board designated or quasi-endowment ▶ 33.40 %
 - b Permanent endowment ▶ 55.30 %
 - c Term endowment ▶ 11.30 %
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- (i) unrelated organizations Yes No
 - (ii) related organizations Yes No
- b If "Yes" to 3a(i), list the related organizations listed as required on Schedule R?
- 4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		4,666,604		4,666,604
b Buildings		70,888,320	28,083,419	42,804,901
c Leasehold improvements		5,635,846	1,485,500	4,150,346
d Equipment		10,929,365	8,744,303	2,185,062
e Other		490,382		490,382
Total. Add lines 1a-e. Total (d) should equal Form 990, Part X, column (d), line 10(c).				54,297,295

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	43,286,879.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	46,751,381.
3	Excess or (deficit) for the year (Subtract line 2 from line 1)	3	-3,464,502.
4	Net unrealized gains (losses) on investments	4	-4,499,403.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Pre-period adjustments	7	
8	Other (Describe in Part XIV)	8	-563,855.
9	Total adjustments (net) (Add lines 4-8)	9	-5,063,258.
10	Excess or (deficit) for the year per financial statements (Combine lines 3 and 9)	10	-8,527,760.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	48,097,864.
2	Amounts included on line 1 but not on Form 990 (Part VIII, line 12)		
a	Net unrealized gains on investments	2a	-4,499,403.
b	Donated services and use of facilities	2b	114,456.
c	Reversions of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	187,705.
e	Add lines 2a through 2d	2e	-4,197,242.
3	Subtract line 2e from line 1	3	52,295,106.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	-9,008,227.
c	Add lines 4a and 4b	4c	9,008,227.
5	Total revenue (Add lines 3 and 4c. This should equal Form 990, Part I, line 12.)	5	43,286,879.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	47,053,342.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	114,456.
b	Pre-year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	187,705.
e	Add lines 2a through 2d	2e	302,161.
3	Subtract line 2e from line 1	3	46,751,381.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses (Add lines 3 and 4c. This should equal Form 990, Part I, line 18.)	5	46,751,381.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part I, lines 3, 5, and 9; Part I, lines 1a and 4; Part II, lines 1b and 2c; Part V, line 4; Part X, Part XI, line 2; Part XI, lines 3d and 4b; and Part XII, lines 2d and 4b.

PART V, LINE 4: TO PROVIDE GENERAL DISCRETIONARY SUPPORT TO THE ANNUAL BUDGET, WITH SPECIAL EMPHASIS ON PROVIDING FINANCIAL ASSISTANCE TO CHILDREN, INDIVIDUALS, FAMILIES AND OTHER PARTICIPANTS WHO WOULD NOT BE ABLE TO PARTICIPATE IN YMCA DUE TO FINANCIAL REASONS, ENDOWMENT ALSO HELPS TO SUPPORT STAFF TRAINING AND DEVELOPMENT, MAINTAINING HIGH QUALITY EQUIPMENT, PRESERVATION OF BUILDINGS AND GROUNDS AND ENSURING THAT YMCA PROGRAMS ARE AFFORDABLE.

Part XIV. Supplemental information (continued)

PART XI, LINE 8 - OTHER ADJUSTMENTS:

CHANGE IN VALUE OF BENEFICIARY TRUST

LOSS ON INTEREST RATE SWAP AGREEMENT

INCREASE IN CASH SURRENDER VALUE OF LIFE INSURANCE

PART XII, LINE 2D - OTHER ADJUSTMENTS:

COST OF SALES: 187705.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

UNRESTRICTED CAPITAL CONTRIBUTIONS: 15000.

INVESTMENT LOSS: -4645115.

RENTAL ACTIVITIES: -273946.

LOSS ON SALE OF PROPERTY & EQUIPMENT: 166.

TERMINATION OF LEASE: -4104000.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

COST OF SALES: 187705.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

	(a) Event #1 CAMP GARAGE SALE (event type)	(b) Event #2 WILD RIVER GOLF TOURNAM (event type)	(c) Other Events 4 (total number)	(d) Total Events (Add col (a) through col (c))
Revenue				
1 Gross receipts	34,403.	23,726.	92,678.	150,807.
2 Less: Charitable contributions	13,761.	5,000.	31,964.	50,725.
3 Gross revenue (line 1 minus line 2)	20,642.	18,726.	60,714.	100,152.
4 Cash prizes				
5 Non-cash prizes			185.	185.
6 Rent/utility costs	9,362.	4,428.	17,543.	31,333.
7 Other direct expenses	6,227.	2,338.	19,238.	27,803.
8 Direct expense summary: Add lines 4 through 7 in column (d)				59,321.
9 Net income summary: Combine lines 3 and 8 in column (d)				40,831.

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

	(a) Rings	(b) Full table method and/or progressive betting	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue				
1 Gross revenue				
2 Cash prizes				
3 Non-cash prizes				
4 Rent/utility costs				
5 Other direct expenses				
6 Volunteer labor	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
7 Direct expense summary: Add lines 2 through 5 in column (d)				
8 Net gaming income summary: Combine lines 1 and 7 in column (d)				

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

a. Is the organization licensed to operate gaming activities in each of these states? 9a Yes No

b. If "No," Explain: _____

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

b. If "Yes," Explain: _____

11 Does the organization operate gaming activities with nonmembers? 11 Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to sponsor charitable gaming? 12 Yes No

Yes No

13 Indicate the percentage of gaming activity operated at:

a The organization's facility 13a 0%

b At out-of-facility 13b 0%

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? 15a

b If 'Yes,' enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If 'Yes,' enter name and address:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? 17a

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

**SCHEDULE J
(Form 990)**

Compensation Information

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

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

YMCA OF GREATER SAINT PAUL

Employer identification number

41-0693932

Part I Questions Regarding Compensation

1a Check the appropriate boxes if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First class or charter travel | <input 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 (e.g., maid, chauffeur, chef) |

b If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or allowance of all of the expenses described above? If "No," complete Part III to explain.

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input 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 |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a

- | | | |
|--|----|-------------------------------------|
| a Receive a severance payment or change of control payment? | 4a | <input checked="" type="checkbox"/> |
| b Receive payment, or receive payment from, a supplemental nonqualified retirement plan? | 4b | <input checked="" type="checkbox"/> |
| c Receive payment, or receive payment from, an equity-based compensation arrangement? | 4c | <input checked="" type="checkbox"/> |
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

- | | | |
|-----------------------------|----|-------------------------------------|
| a The organization? | 5a | <input checked="" type="checkbox"/> |
| b Any related organization? | 5b | <input checked="" type="checkbox"/> |
- If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

- | | | |
|-----------------------------|----|-------------------------------------|
| a The organization? | 6a | <input checked="" type="checkbox"/> |
| b Any related organization? | 6b | <input checked="" type="checkbox"/> |
- If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the final contract exception described in Regs. section 1.513053-4(a)(5)? If "Yes," describe in Part III.	8	<input checked="" type="checkbox"/>
---	---	-------------------------------------

Under the Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2008

SCHEDULE K
(Form 990)

Supplemental information on Tax-Exempt Bonds

▶ Attach to Form 990. To be completed by organizations that reported "Yes" to Form 990, Part V, line 24a. Provide descriptions, dates issued, and any additional information on Schedule O of Form 990.

OMB No. 1545-0047
2008
Open to Public Inspection

Name of the organization

YMCA OF GREATER SAINT PAUL

Employer identification number
41-0693932

Part I Bond Issues (Required for 2008) SEE SCHEDULE O FOR COLUMN (E) CONTINUATIONS

(a) Issuer name	(b) Issue date	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Extended	(h) On behalf of issuer
						Yes	No
CITY OF HUDSON, A WISCONSIN	39-6005468	108684490	03/24/03	950,000	EXPAND ST. CROIX VALLEY YMCA & RENOVATE PURCHASE & RENOVATE	X	X
CITY OF MINNEAPOLIS, B MINNESOTA	41-6005375	985998A1	05/22/03	700,000	ASSOCIATION OFFICE EXPAND SOUTHEAST	X	X
ECONOMIC DEVELOPMENT C AUTHORITY OF WOODBURY, HOUSING & REDEVELOPMENT	M20-4003857	308684490	12/29/05	5600000	AND NORTHWEST YMCA	X	X
D AUTHORITY OF ST. PAUL, CITY OF LINO LAKES, E MINNESOTA	M41-6005521	NONE	06/21/06	450,000	RENOVATE SKYWAY	X	X
	41-0883665	36060KKJ	06/28/06	4000000	CONSTRUCT NEW CHAIN OF LAKES YMCA	X	X

Part II Proceeds (Only for 2007)

	A	B	C	D	E
1. Total proceeds of issue					
2. Gross proceeds in reserve funds					
3. Proceeds in refunding to defeasance purposes					
4. Other exempt proceeds					
5. Initiative costs from proceeds					
6. Working capital expenditures from proceeds					
7. Capital expenditures from proceeds					
8. Year of successful completion					

	Yes	No	Yes	No	Yes	No
9. Were the bonds issued as part of a current refunding issue?						
10. Were the bonds issued as part of an advance refunding issue?						

	A	B	C	D	E
11. Has the total allocation of proceeds been made?					
12. Does the organization maintain adequate books and records to support the final allocation of proceeds?					

Part III Private Business Use (Optional for 2008)

	A	B	C	D	E
1. Was this organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?					
2. Are there any lease arrangements with respect to the financed property which may result in private business use?					

For more information on the Private Business Use rules, see the Instructions for Form 990.

SCHEDULE K
(Form 990)

Supplemental information on Tax-Exempt Bonds

OMB No. 1545-0047
2008
Open to Public Inspection

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Part IV, line 24a. Provide descriptions, explanations, and any additional information on Schedule O (Form 990).

Name of the organization

YMCA OF GREATER SAINT PAUL

Employer identification number
41-0693932

Part I Bond Issues (Required for 2008) SEE SCHEDULE O FOR COLUMN (F) CONTINUATIONS

(a) Issue year	(b) Issue date	(c) CUSIP #	(d) Description of issue	(e) Issue price	(f) Issued	(g) On behalf of issue	
Yes	No	Yes	No	Yes	No	Yes	No
			HOUSING & REDEVELOPMENT				
			A AUTHORITY OF HASTINGS, M41-6005522, NONE	12/08/06	2700000	CONSTRUCT NEW HASTINGS YMCA	X
			HOUSING & REDEVELOPMENT				
			B AUTHORITY OF HASTINGS, M41-6005522, NONE	01/25/07	2200000	CONSTRUCT NEW HASTINGS YMCA	X
			C				
			D				
			E				

Part II Proceeds (Optional for 2008)

	A	B	C	D	E
1 Total proceeds of issue					
2 Gross proceeds to reserve funds					
3 Proceeds in lending or defeasance escrow					
4 Other use of proceeds					
5 Issued costs from proceeds					
6 Working capital expenses from proceeds					
7 Capital expenditures from proceeds					
8 Total of substantial nonqualifying					
9 Were the bonds issued as part of a qualified refunding issue?	Yes	No	Yes	No	Yes
10 Were the bonds issued as part of an advance refunding issue?	Yes	No	Yes	No	Yes
11 Has the tax status of proceeds been made?					
12 Does the organization maintain adequate books and records to support the final allocation of proceeds?					

Part III Private Business Use (Optional for 2008)

	A	B	C	D	E
1 Was the organization a partner in a partnership or a member of an LLC, which owned property financed by tax-exempt bonds?	Yes	No	Yes	No	Yes
2 Are there any lease arrangements with respect to the financed property which may result in private business use?					

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

**SCHEDULE M
(Form 990)**

NonCash Contributions

OMB No. 1545-0047

2008
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30.

▶ Attach to Form 990.

Name of the organization

Employer identification number

YMCA OF GREATER SAINT PAUL

41-0693932

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VII, line 1g	(d) Method of determining revenues
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	X	1		0, FULLY DEPRECIATED
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	12	63,328	NYSE PRICE
10 Securities - Close held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution (historic structure)				
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 Acknowledgment

29

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 12-18 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
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?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.		

11A For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2008

Supplemental Information to Form 990

2008
Open to Public
Inspection

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

YMCA OF GREATER SAINT PAUL

41-0693932

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS
PERSONS IN OUR COMMUNITY AND PROVIDED FINANCIAL ASSISTANCE IN THE
AMOUNT OF \$1,141,477.

FORM 990, PART VI, SECTION A, LINE 10: THE AUDIT COMMITTEE REVIEWED THE
IRS 990 BEFORE RECOMMENDING APPROVAL TO THE GENERAL BOARD. THE GENERAL
BOARD REVIEWED AND APPROVED SUBMISSION OF THE IRS 990 BEFORE IT WAS FILED.

FORM 990, PART VI, SECTION B, LINE 12C: UPON ASSUMING OFFICE OR EMPLOYMENT
AND ANNUALLY THEREAFTER, THE YMCA SURVEYS ITS GENERAL BOARD MEMBERS,
OFFICERS AND KEY EMPLOYEES TO DETERMINE IF THERE IS A CONFLICT OF INTEREST.
THE CHAIR OF THE BOARD AND THE PRESIDENT SUMMARIZE THE FINDINGS AND SUBMIT
A FORMAL REPORT TO THE GENERAL BOARD TO APPROVE. THE REPORT INDICATES
WHETHER ANY CONFLICTS WERE REPORTED, OR IF CONFLICTS ARE REPORTED, WHETHER
PARTICIPATION SHOULD BE DISALLOWED OR BE CAREFULLY MONITORED THROUGHOUT THE
YEAR.

FORM 990, PART VI, SECTION B, LINE 15: ANNUALLY ALL OFFICERS AND KEY
EMPLOYEE SALARY IS DETERMINED BASED ON MARKET STUDY ANALYSIS AND
COMPARABILITY DATA DONE BY THE HUMAN RESOURCES DEPARTMENT AND REVIEWED BY
THE HUMAN RESOURCES COMMITTEE OF THE GENERAL BOARD.

FORM 990, PART VI, SECTION C, LINE 19: THE FINANCIAL STATEMENTS ARE POSTED
TO THE ORGANIZATION'S WEBSITE ON AN ANNUAL BASIS. THE GOVERNING DOCUMENTS
AND CONFLICT OF INTEREST POLICY ARE NOT OPEN TO PUBLIC INSPECTION.

SCHEDULE O
(Form 990)

Supplemental Information to Form 990

2008

2008

Open to Public Inspection

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Department of the Treasury
Internal Revenue Service

Name of the organization

YMCA OF GREATER SAINT PAUL

Employer identification number

41-0693932

SCHEDULE K, PART I, BOND ISSUES: _____

(A) ISSUER NAME: CITY OF HUDSON, WISCONSIN _____

(F) DESCRIPTION OF PURPOSE: _____

EXPAND ST. CROIX VALLEY YMCA & REFURBISH HUDSON CHILD CARE CENTER. _____

(A) ISSUER NAME: ECONOMIC DEVELOPMENT AUTHORITY OF WOODBURY, MINNESOTA _____

(E) DESCRIPTION OF PURPOSE: _____

EXPAND SOUTHEAST AND NORTHWEST YMCA FACILITIES _____

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS: _____

(A) NAME OF PERSON: HEALTHPARTNERS _____

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: _____

BROCK NELSON (BOARD MEMBER) IS AN OFFICER _____

(C) AMOUNT OF TRANSACTION \$ 179220. _____

(D) DESCRIPTION OF TRANSACTION: HEALTH INSURANCE _____

(E) SHARING OF ORGANIZATION REVENUES? = NO _____

(A) NAME OF PERSON: XCEL ENERGY _____

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: _____

SCOTT SHYDER (BOARD MEMBER) IS DIRECTOR OF FIELD OPERATIONS _____

(C) AMOUNT OF TRANSACTION \$ 1412130. _____

(D) DESCRIPTION OF TRANSACTION: NATURAL GAS AND ELECTRICITY PROVIDER _____

(E) SHARING OF ORGANIZATION REVENUES? = NO _____

FORM 990, PART VI, SECTION A, LINE 1 _____

AUDIT COMMITTEE DISCLOSURE _____

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

Schedule O (Form 990) 2008

SCHEDULE O
(Form 990)

Supplemental Information to Form 990

OMB No. 1545-0047

2008

Open to Public Inspection

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Department of the Treasury
Internal Revenue Service

Name of the organization

YMCA OF GREATER SAINT PAUL

Employer identification number

43-0693932

THE AUDIT COMMITTEE IS COMPRISED OF A CHAIR WHO IS A MEMBER OF THE
GENERAL BOARD, TWO GENERAL BOARD MEMBERS AND ONE AT-LARGE MEMBER. THE
AUDIT COMMITTEE HAS BEEN GIVEN AUTHORITY TO ACCEPT THE ANNUAL AUDITED
FINANCIAL STATEMENTS ON BEHALF OF THE GENERAL BOARD.

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

OMB No. 1545-0045
2008

Department of the Treasury
Internal Revenue Service

Use separate page for each entity for year beginning

and ending

Form 990-T (2008) Instructions
501(c)(3) Organizations

A Check box if the organization's address changed during the year: (Name of organization) Check box if name changed and see instructions.)

B Report under selected type: 501(c)(3) 408(a) 220(e) 408A 530(a) 527(e)

Print or Type: **YMCA OF GREATER SAINT PAUL**
Number, street, or care or suite no., to P.O. box, see page 8 of instructions.
2125 EAST HENNEPIN AVENUE, NO. 150
City or town, state, and ZIP code:
MINNEAPOLIS, MN 55413

D Employer identification number: **41-0693932**
E-mail and business activity codes: (See instructions for details.)
531190

C Prior value of all assets at end of year: **72419624**

E Group exemption number (See instructions for Block E):

F Check organization type: 501(c) corporation 501(c) trust 401(a) trust Other trust

H Describe the organization's primary unrelated business activity: **RENTAL ACTIVITY**

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent subsidiary controlled group? Yes No
If Yes, enter the name and identifying number of the parent corporation:

J The books are in care of: **GREG WAIBEL** Telephone number: **612-465-0450**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts of sales			
b	Less returns and allowances			
c	Balance			
2	Cost of goods sold (Schedule M, line 7)			
3	Gross profit, Schedule M, line 2			
4a	Capital gain net income (attach Schedule D)			
b	Net gain/loss from 4797, Part II, line 17 (attach Form 4797)			
c	Capital loss deduction (if limits)			
5	Income/loss from partnerships and S corporations (attach statement)			
6	Rental income (Schedule E)			
7	Unrelated debt-financed income (Schedule F)			
8	Interest, royalties, annuities from controlled organizations (Sch. F)			
9	Investment income of a system of (a) (i), (ii), or (iii) organization (Schedule G)			
10	Exempt activity income (Schedule I)			
11	Advertising income (Schedule J)			
12	Other income (See instructions for attach schedule.)			
13	Total. Carried to lines 8 through 12	29,466.	8,081.	21,385.

Part II Deductions Not Taken Elsewhere (see instructions for limitations on deductions.)
(Except for contributions, deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)			
15	Salaries and wages			
16	Repairs and maintenance			
17	Repairs			
18	Interest (attach schedule)			
19	Taxes and licenses			
20	Charitable contributions (see instructions for limitation rules.)			
21	Depreciation (attach Form 4562)	21		
22	Loss on disposition carried on Schedule A and election on relief	22		
23	Depletion			
24	Computations to colored compensation plans			
25	Employee benefit programs			
26	Excess exempt expenses (Schedule H)			
27	Excess partnership costs (Schedule G)			
28	Other deductions (attach schedule)			
29	Total deductions. Add lines 14 through 28			
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13			18,655.
31	Net operating loss deduction limited to the amount on line 30			
32	Unrelated business taxable income before special deduction. Subtract line 31 from line 30			18,655.
33	Special deduction (See rule 1.1361-6(b), \$1,000, but see instructions for exceptions)			1,000.
34	Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller amount on line 33			17,655.

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (See instructions on page 10)

1 Description of property		
(1)		
(2)		
(3)		
(4)		
2 Rent received or accrued		3(a) Deductions directly connected with the income in column (2) and (3) (attach schedule A)
(a) From personal property if the percentage of total gross rental for 2014 is more than 10% (See instructions on page 10)	(b) From real and personal property if the percentage of total gross rental for 2014 is 10% or less	
(1)		
(2)		
(3)		
(4)		
Totals		
0.		0.
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 5, column (A)		(d) Total deductions. Enter here and on page 1, Part II, column (C)
0.		0.

Schedule E - Unrelated Debt-Financed Income (See instructions on page 10)

1 Description of debt-financed property		2 Gross income or loss attributable to debt-financed property	3 Deductions directly connected with the income from debt-financed property	4	5
			(a) Straight-line depreciation (attach schedule A)	STATEMENT 4	STATEMENT 5
(1) RENTAL INCOME		72,736.	2,061.		17,417.
(2)					
(3)					
(4)					
4 Amount of the mortgage debt or other debt on the property which is debt-financed property which is not a		5 Average adjusted basis of the building or debt-financed property	6 Current yield by column 2	7 Interest on debt-financed property (attach schedule A)	8 Excess of total interest on debt-financed property over the amount in column 7
STATEMENT 6		STATEMENT 7			
(1)	623,129.	1,501,831.	41.49%	30,178.	8,081.
(2)					
(3)					
(4)					
Totals				30,178.	8,081.
Total proceeds received (deductions included in col. no. 8)					0.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (See instructions on page 20)

1 Name of controlled organization		2 EIN or other tax ID number	Exempt Controlled Organizations			6 Corporate interest on debt-financed property (attach schedule A)
			3 Federal EIN (see instructions)	4 Total of specified organizational assets	5 Total of specified organizational gross income	
(1)						
(2)						
(3)						
(4)						
Nonexempt Controlled Organizations		7 Tax-exempt status	8 Federal EIN (see instructions)	9 Total of specified organizational assets	10 Total of specified organizational gross income	11 Deductions directly connected with income in column (6)
(1)						
(2)						
(3)						
(4)						
Totals					0.	0.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization

(see instructions on page 21)

Table with 5 columns: 1. Dividend income, 2. Interest income, 3. Income from trusts, partnerships, and other entities, 4. Net income from real estate, 5. Tax-exempt interest and tax-exempt capital gain. Totals: 0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income

(see instructions on page 21)

Table with 7 columns: 1. Income from real estate, 2. Income from other exempt activities, 3. Income from direct or indirect ownership of real estate, 4. Income from other exempt activities, 5. Income from other exempt activities, 6. Income from other exempt activities, 7. Income from other exempt activities. Totals: 0.

Schedule J - Advertising Income (see instructions on page 21)

Part I Income From Periodicals Reported on a Consolidated Basis

Table with 7 columns: 1. Total advertising income, 2. Total advertising income, 3. Total advertising income, 4. Total advertising income, 5. Total advertising income, 6. Total advertising income, 7. Total advertising income. Totals: 0.

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, list in columns 2 through 7 on a line-by-line basis.)

Table with 7 columns: 1. Name of periodical, 2. Total advertising income, 3. Total advertising income, 4. Total advertising income, 5. Total advertising income, 6. Total advertising income, 7. Total advertising income. Totals: 0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions on page 25)

Table with 4 columns: 1. Name, 2. Title, 3. Percent of total reported to stock, 4. Compensation attributable to related business. Totals: 0.

Totals (Enter on and on page 5, Part II, line 5d) 0.

FOOTNOTES

STATEMENT 1

FORM 990-T, SCHEDULE E, COLUMN 4

CALCULATION OF AVERAGE ACQUISITION INDEBTEDNESS

12/31/2007 ACQUISITION INDEBTEDNESS	678,246.
12/31/2008 ACQUISITION INDEBTEDNESS	568,013.
AVERAGE ACQUISITION INDEBTEDNESS	<u>623,129.</u>

FORM 990 T, SCHEDULE E, COLUMN 5

CALCULATION OF AVERAGE ADJUSTED BASIS

12/31/2007 ADJUSTED BASIS	1,462,420.
12/31/2008 ADJUSTED BASIS	1,541,242.
AVERAGE ADJUSTED BASIS	<u>1,501,831.</u>

FORM 990 T	INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT	2
DESCRIPTION		AMOUNT	
INVESTMENT IN THE COMMUNITY INVESTMENT GROUP			-712.
TOTAL TO FORM 990 T, PAGE 1, LINE 5			-712.

FORM 990 T	OTHER DEDUCTIONS	STATEMENT	3
DESCRIPTION		AMOUNT	
PROFESSIONAL FEES			1,000.
TOTAL TO FORM 990 T, PAGE 1, LINE 28			1,000.

FORM 990-T	SCHEDULE E	DEPRECIATION DEDUCTION	STATEMENT	4
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL	
DEPRECIATION		2,061.		
- SUBTOTAL -	1		2,061.	
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 3(A)			2,061.	

FORM 990-T	SCHEDULE E - OTHER DEDUCTIONS	STATEMENT	5
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
AMORTIZATION		10.	
UTILITIES		2,076.	
REPAIRS AND MAINTENANCE		2,113.	
SECURITY		466.	
GENERAL BUILDING EXPENSES		125.	
GROUNDS EXPENSES		595.	
REAL ESTATE TAXES		9,293.	
INSURANCE		156.	
MANAGEMENT FEES		491.	
ADMINISTRATIVE EXPENSES		48.	
INTEREST		2,015.	

