

**IRS e-file Signature Authorization
for an Exempt Organization**

For calendar year 2008, or fiscal year beginning 4/01, 2008, and ending 3/31, 2009.

▶ **Do not send to the IRS. Keep for your records.**
▶ **See instructions.**

2008

Department of the Treasury
Internal Revenue Service

Name of exempt organization **SAN DIEGO COUNCIL AMERICAN YOUTH
HOSTELS INCORPORATED**

Employer identification number
95-2900594

Name and title of officer

SUE SCHAFFNER EXECUTIVE DIREC

Part I Tax Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount from the return if any. If you check the box on line **1a, 2a, 3a, 4a,** or **5a,** below, and the amount on that line for the return for which you are filing this form was blank, then leave line **1b, 2b, 3b, 4b,** or **5b,** whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a Form 990 check here.	<input type="checkbox"/>	b Total revenue, if any (Form 990, line 12)	1b _____
2a Form 990-EZ check here.	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b <u>603,961.</u>
3a Form 1120-POL check here.	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here.	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here.	<input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2008 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize LEAF & COLE, LLP to enter my PIN 04714 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2008 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2008 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN 33832892122
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2008 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ _____

**ERO Must Retain This Form – See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So**

Short Form
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)

2008

Department of the Treasury
Internal Revenue Service

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.

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

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 4/01, 2008, and ending 3/31, 2009

<p>B Check if applicable:</p> <p><input type="checkbox"/> Address change</p> <p><input type="checkbox"/> Name change</p> <p><input type="checkbox"/> Initial return</p> <p><input type="checkbox"/> Termination</p> <p><input type="checkbox"/> Amended return</p> <p><input type="checkbox"/> Application pending</p>	<p>C</p> <p>Please use IRS label or print or type. See Specific Instructions.</p> <p>SAN DIEGO COUNCIL AMERICAN YOUTH HOSTELS INCORPORATED 739 4TH AVENUE #203 SAN DIEGO, CA 92101</p>	<p>D Employer identification number 95-2900594</p> <p>E Telephone number 619-338-9981</p> <p>F Group Exemption Number..... ▶</p>
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• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: Cash Accrual
Other (specify) ▶

I Website: ▶ WWW.SANDIEGOHOSTELS.ORG

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

J Organization type (check only one) — 501(c) (3) (insert no.) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ **656,465.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

	1 Contributions, gifts, grants, and similar amounts received	1	138,084.
	2 Program service revenue including government fees and contracts	2	345,111.
	3 Membership dues and assessments	3	39,179.
	4 Investment income	4	31,933.
REVENUE	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract ln 5b from ln 5a) (att sch)	5c	
	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here		<input type="checkbox"/>
	a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	71,733.
	b Less: direct expenses other than fundraising expenses	6b	52,504.
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	19,229.
	7a Gross sales of inventory, less returns and allowances	7a	
	b Less: cost of goods sold	7b	
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8 Other revenue (describe ▶ <u>SEE STATEMENT 1</u>)	8	30,425.
	9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	603,961.
EXPENSES	10 Grants and similar amounts paid (attach schedule)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	301,748.
	13 Professional fees and other payments to independent contractors	13	9,339.
	14 Occupancy, rent, utilities, and maintenance	14	13,764.
	15 Printing, publications, postage, and shipping	15	8,783.
	16 Other expenses (describe ▶ <u>SEE STATEMENT 2</u>)	16	203,599.
	17 Total expenses (add lines 10 through 16)	17	537,233.
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	66,728.
ASSETS	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	1,676,070.
	20 Other changes in net assets or fund balances (attach explanation)	20	143,523.
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	1,886,321.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	1,174,788.	1,349,467.
23 Land and buildings	428,425.	418,226.
24 Other assets (describe ▶ <u>SEE STATEMENT 4</u>)	138,161.	201,929.
25 Total assets	1,741,374.	1,969,622.
26 Total liabilities (describe ▶ <u>SEE STATEMENT 5</u>)	65,304.	83,301.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	1,676,070.	1,886,321.

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

Part III Statement of Program Service Accomplishments (See the instructions.)		Expenses	
What is the organization's primary exempt purpose? SEE STATEMENT 6		(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)	
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.			
28	HOSTEL: PROVIDES LOW COST HOSTELLING TO YOUTHS FROM AROUND THE WORLD. ----- (Grants \$ _____) If this amount includes foreign grants, check here. <input type="checkbox"/>	28a	347,777.
29	EVENTS AND ACTIVITIES: COMMUNITY EVENTS AND TRIPS AVAILABLE TO GUESTS AND PUBLIC. ----- (Grants \$ _____) If this amount includes foreign grants, check here. <input type="checkbox"/>	29a	86,768.
30	SEE STATEMENT 7 ----- (Grants \$ _____) If this amount includes foreign grants, check here. <input type="checkbox"/>	30a	15,069.
31	Other program services (attach schedule) (Grants \$ _____) If this amount includes foreign grants, check here. <input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a).....	32	449,614.

Part IV List of Officers, Directors, Trustees, and Key Employees. (List each one even if not compensated. See the instrs.)				
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-.)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
LOU PECHI 739 FOURTH AVE SUITE 203 SAN DIEGO, CA 92101	MEMBER 0	0.	0.	0.
TERI HOUSE 739 FOURTH AVE SUITE 203 SAN DIEGO, CA 92101	VICE PRESIDENT 0	0.	0.	0.
CHRISTIE RITTER 739 FOURTH AVE SUITE 203 SAN DIEGO, CA 92101	MEMBER 0	0.	0.	0.
REBECCA REID 739 FOURTH AVE SUITE 203 SAN DIEGO, CA 92101	MEMBER 0	0.	0.	0.
BARBARA NESS 739 FOURTH AVE SUITE 203 SAN DIEGO, CA 92101	SECRETARY 0	0.	0.	0.
KEVIN KENNEDY 739 FOURTH AVENUE SUITE 203 SAN DIEGO, CA 92101	MEMBER 0	0.	0.	0.
NANDITA MURTHY 739 FOURTH AVE SUITE 203 SAN DIEGO, CA 92101	PRESIDENT 0	0.	0.	0.
FRANCIS PICKFORD 739 FOURTH AVE SUITE 203 SAN DIEGO, CA 92101	TREASURER 0	0.	0.	0.
SUE SCHAFFNER 739 FOURTH AVE SUITE 203 SAN DIEGO, CA 92101	EXECUTIVE DIREC 32.00	79,432.	9,100.	0.
ROY DE VRIES 739 FOURTH AVE SUITE 203 SAN DIEGO, CA 92101	MEMBER 0	0.	0.	0.
JUAN CARLOS MORENO 739 FOURTH AVE SUITE 203 SAN DIEGO, CA 92101	MEMBER 0	0.	0.	0.
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Part V Other Information (Note the statement requirement in General Instruction V.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity.		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		X
b	If 'Yes,' has it filed a tax return on Form 990-T for this year?		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N.		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0.		
b	Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
b	If 'Yes,' complete Schedule L, Part II and enter the total amount involved. 38b N/A		
39	501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 39a N/A		
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A		
40a	501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0.; section 4912 ▶ 0.; section 4955 ▶ 0.		
b	501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' complete Schedule L, Part I.		X
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. ▶ 0.		
d	Enter amount of tax on line 40c reimbursed by the organization. ▶ 0.		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T.		X
41	List the states with which a copy of this return is filed ▶ CA		

42a The books are in care of ▶ SUE SCHAFFNER Telephone no. ▶ 619-338-9981
 Located at ▶ 739 4TH AVENUE, SUITE 203 SAN DIEGO CA ZIP + 4 ▶ 92101

		Yes	No
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
	If 'Yes,' enter the name of the foreign country: . . . ▶ _____		
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.			
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?		X
	If 'Yes,' enter the name of the foreign country: . . . ▶ _____		

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** — Check here N/A and enter the amount of tax-exempt interest received or accrued during the tax year. ▶ **43** N/A

		Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51. SEE STATEMENT 8

	Yes	No
46 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.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
49a Did the organization make any transfers to an exempt non-charitable related organization?.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
49b If 'Yes,' was the related organization(s) a section 527 organization?.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$100,000..... ▶				

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		
Total number of other independent contractors receiving over \$100,000..... ▶		

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

Sign Here

▶ Signature of officer _____ Date _____
 ▶ SUE SCHAFFNER EXECUTIVE DIREC
 Type or print name and title.

Paid Preparer's Use Only

Preparer's signature ▶ JULIE A. FIRL Date 7/17/09
 Check if self-employed ▶ Preparer's Identifying Number (See instructions) P00085551
 Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ LEAF & COLE, LLP
 1843 HOTEL CIRCLE SOUTH, #300
 SAN DIEGO, CA 92108-3322
 EIN ▶ 95-2076568
 Phone no. ▶ 619.294.7200

May the IRS discuss this return with the preparer shown above? See instructions..... ▶ Yes No

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2008

Department of the Treasury Internal Revenue Service

To be completed by all section 501 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

Open to Public Inspection

Attach to Form 990 or Form 990-EZ. See separate instructions.

Name of the organization SAN DIEGO COUNCIL AMERICAN YOUTH HOSTELS INCORPORATED Employer identification number 95-2900594

Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is: (Please check only one organization.)

- 1 A church, convention of churches or association of churches described in section 170(b)(1)(A)(i).
2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
3 A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.)
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
9 [X] An organization that normally receives: (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions)
11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
a Type I b Type II c Type III - Functionally integrated d Type III - Other
e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box.
g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

Table with columns Yes and No for rows 11 g (i), 11 g (ii), and 11 g (iii).

Table with columns (i) Name of Supported Organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization in col. (i) listed in your governing document?, (v) Did you notify the organization in col. (i) of your support?, (vi) Is the organization in col. (i) organized in the U.S., (vii) Amount of Support. Includes a Total row.

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule A (Form 990 or 990-EZ) 2008

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 'unusual grants.') . . .						
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.						
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.						
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. ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)).	14	%
15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f.	15	%
16a 33-1/3 support test – 2008. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
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. ▶ <input type="checkbox"/>		
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. ▶ <input type="checkbox"/>		
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. ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. . . . ▶ <input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal yr 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 'unusual grants'.)	113,158.	105,499.	106,338.	113,634.	177,263.	615,892.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose	238,022.	274,203.	295,874.	319,331.	416,844.	1,544,274.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5 The value of services or facilities furnished by a governmental unit to the organization without charge.						0.
6 Total. Add lines 1-5	351,180.	379,702.	402,212.	432,965.	594,107.	2,160,166.
7a Amounts included on lines 1, 2, 3 received from disqualified persons.	48,026.	49,387.	0.	0.	0.	97,413.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000	0.	0.	0.	0.	0.	0.
c Add lines 7a and 7b.	48,026.	49,387.	0.	0.	0.	97,413.
8 Public support (Subtract line 7c from line 6.)						2,062,753.

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	351,180.	379,702.	402,212.	432,965.	594,107.	2,160,166.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	8,277.	29,167.	40,032.	46,153.	31,933.	155,562.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						0.
c Add lines 10a and 10b.	8,277.	29,167.	40,032.	46,153.	31,933.	155,562.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						0.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . SEE PART IV.	24,379.	26,721.		27,832.	30,425.	109,357.
13 Total support. (add lns 9, 10c, 11, and 12.)						2,425,085.

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)).	15	85.1 %
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	80.9 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	6.4 %
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	4.7 %

19a 33-1/3 support tests – 2008. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

b 33-1/3 support tests – 2007. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization. ▶

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

PART III, LINE 12 - OTHER INCOME

<u>NATURE AND SOURCE</u>	<u>2008</u>	<u>2007</u>	<u>2006</u>	<u>2005</u>	<u>2004</u>
MANAGEMENT FEES	20,000.	20,000.		20,000.	20,000.
MERCHANDISE SALES	10,425.	7,832.		6,721.	4,379.
TOTAL	<u>\$ 30,425.</u>	<u>\$ 27,832.</u>	<u>\$ 0.</u>	<u>\$ 26,721.</u>	<u>\$ 24,379.</u>

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**
▶ **See separate instructions.**

OMB No. 1545-0047

2008

Name of the organization SAN DIEGO COUNCIL AMERICAN YOUTH HOSTELS INCORPORATED	Employer identification number 95-2900594
--	---

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

- 501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

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

General Rule –

For 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)/170(b)(1)(A)(vi) 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 VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II.
- 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, 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).

BAA 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

Employer identification number

SAN DIEGO COUNCIL AMERICAN YOUTH

95-2900594

Part I Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	CITY OF SAN DIEGO - TOT 600 "B" STREET, SUITE 400, MS SAN DIEGO, CA 92101	\$ 41,492.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	HI-USA NATIONAL OFFICE 8401 COLESVILLE ROAD SILVER SPRING, MD 20910	\$ 9,880.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	GIFTS IN KIND 333 NORTH FAIRFAX STREET ALEXANDRIA, VA 22314	\$ 70,315.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	TECH SOUP 435 BRANNAN STREET, STE 100 SAN FRANCISCO, CA 94107	\$ 7,549.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization SAN DIEGO COUNCIL AMERICAN YOUTH	Employer identification number 95-2900594
---	---

Part II Noncash Property (see instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
3	MATTRESSES	\$ 70,315.	VARIOUS
4	SOFTWARE	\$ 7,549.	VARIOUS
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

Name of organization

Employer identification number

SAN DIEGO COUNCIL AMERICAN YOUTH

95-2900594

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. (Complete cols (a) through (e) and the following line entry.)

For organizations completing Part III, enter total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once – see instructions.) \$ N/A

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

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

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

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

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

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

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

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

Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

REVENUE	(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
	MIDNIGHT MADNE (event type)	CHRISTMAS BIKE (event type)	(total number)	(Add col. (a) through col. (c))
1	Gross receipts	52,002.	19,731.	71,733.
2	Less: Charitable contributions			
3	Gross revenue (line 1 minus line 2)	52,002.	19,731.	71,733.
DIRECT EXPENSES	4	Cash prizes		
	5	Non-cash prizes		
	6	Rent/facility costs		
	7	Other direct expenses	40,975.	11,529.
8	Direct expense summary. Add lines 4- through 7 in column (d)			52,504.
9	Net income summary. Combine lines 3 and 8 in column (d)			19,229.

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.

REVENUE	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
				(Add col. (a) through col. (c))
1	Gross revenue			
DIRECT EXPENSES	2	Cash prizes		
	3	Non-cash prizes		
	4	Rent/facility costs		
	5	Other direct expenses		
6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d)			
8	Net gaming income summary. Combine lines 1 and 7 in column (d)			

	YES	NO
9 Enter the state(s) in which the organization operates gaming activities: _____		
a Is the organization licensed to operate gaming activities in each of these states?	9a	
b If 'No,' Explain: ----- -----		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b If 'Yes,' Explain: ----- -----		
11 Does the organization operate gaming activities with nonmembers?	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

13 Indicate the percentage of gaming activity operated in:

a The organization's facility.	13a	%
b An outside facility.	13b	%

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 contact 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: ▶ \$ _____

**Depreciation and Amortization
(Including Information on Listed Property)**

2008

Department of the Treasury
Internal Revenue Service (99)

▶ See separate instructions. ▶ Attach to your tax return.

Attachment
Sequence No. **67**

Name(s) shown on return **SAN DIEGO COUNCIL AMERICAN YOUTH
HOSTELS INCORPORATED**

Identifying number
95-2900594

Business or activity to which this form relates

DEPRECIATION SCHEDULES ONLY

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	\$250,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	\$800,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29.	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7.	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8.	9	
10	Carryover of disallowed deduction from line 13 of your 2007 Form 4562.	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11.	12	
13	Carryover of disallowed deduction to 2009. Add lines 9 and 10, less line 12.	▶ 13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	53,337.

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2008	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	<input type="checkbox"/>	

Section B – Assets Placed in Service During 2008 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only — see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property.						
b 5-year property.						
c 7-year property.						
d 10-year property.						
e 15-year property.						
f 20-year property.						
g 25-year property.			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
i Nonresidential real property			27.5 yrs	MM	S/L	
			39 yrs	MM	S/L	

Section C – Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year.			12 yrs		S/L	
c 40-year.			40 yrs	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations — see instructions	22	53,337.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

STATEMENT 1
FORM 990-EZ, PART I, LINE 8
OTHER REVENUE

MANAGEMENT FEE REVENUE.....	\$	20,000.
MERCHANDISE SALES/MICS.....		10,425.
	TOTAL	<u>\$ 30,425.</u>

STATEMENT 2
FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES

ADVERTISING AND PROMOTION.....	\$	3,856.
BANK FEES AND MERCHANT CARDS.....		6,581.
CABLE TV.....		596.
CHARTER FEES.....		265.
CLEANING SUPPLIES/SERVICE.....		3,542.
COMPUTER/INTERNET EXPENSE.....		3,510.
COST OF FOREIGN STAMPS.....		5,288.
COST OF NEWSLETTER.....		3,034.
COST OF SALES - MEMBERSHIP.....		4,380.
COST OF SALES - MERCHANDISE.....		5,604.
COST OF SALES - SERVICE.....		2,016.
DEPRECIATION.....		53,337.
EQUIPMENT AND FURNISHINGS.....		3,446.
HOSTELLER RETENTION.....		12,231.
INSURANCE.....		11,871.
LINENS & LAUNDRY.....		6,356.
MEETINGS.....		9,396.
OFFICE EXPENSES.....		4,083.
ORG MEMBERSHIP.....		2,132.
PARKING AND MILEAGE.....		3,172.
PEST CONTROL.....		3,148.
PROFESSIONAL DEVELOPMENT.....		985.
REPAIRS AND MAINTENANCE.....		6,931.
STAFF APPRECIATION.....		2,534.
STAFF RECRUITMENT.....		132.
TAXES & LICENSE.....		228.
TELEPHONE.....		5,232.
THEFT LOSS.....		100.
TRASH.....		1,493.
TRAVEL.....		8,414.
USER FEES.....		11,367.
UTILITIES.....		18,339.
	TOTAL	<u>\$ 203,599.</u>

STATEMENT 3
FORM 990-EZ, PART I, LINE 20
OTHER CHANGES IN NET ASSETS OR FUND BALANCES

GAIN ON SUBSIDIARY.....	\$	143,523.
	TOTAL	<u>\$ 143,523.</u>

**STATEMENT 4
FORM 990-EZ, PART II, LINE 24
OTHER ASSETS**

	<u>BEGINNING</u>	<u>ENDING</u>
ACCOUNTS RECEIVABLE.....	\$ 81,788.	\$ 69,197.
ACCRUED INTEREST RECEIVABLE.....	18,633.	9,910.
FURNITURE AND FIXTURES.....	8,297.	16,478.
MACHINERY AND EQUIPMENT.....	12,695.	84,797.
PREPAID EXPENSES AND DEFERRED CHARGES.....	16,748.	21,547.
TOTAL	<u>\$ 138,161.</u>	<u>\$ 201,929.</u>

**STATEMENT 5
FORM 990-EZ, PART II, LINE 26
TOTAL LIABILITIES**

	<u>BEGINNING</u>	<u>ENDING</u>
ACCOUNTS PAYABLE AND ACCRUED EXPENSES.....	\$ 53,156.	\$ 68,850.
DEFERRED REVENUE.....	12,148.	14,451.
TOTAL	<u>\$ 65,304.</u>	<u>\$ 83,301.</u>

**STATEMENT 6
FORM 990-EZ, PART III
ORGANIZATION'S PRIMARY EXEMPT PURPOSE**

SAN DIEGO COUNCIL, AMERICAN YOUTH HOSTELS, INCORPORATED (SDCAYH) IS A CALIFORNIA NONPROFIT CORPORATION ESTABLISHED IN DECEMBER 1959. SDCAYH OPERATES UNDER A CHARTER GRANTED BY AMERICAN YOUTH HOSTELS, INCORPORATED, WHICH IS A MEMBER OF THE INTERNATIONAL YOUTH HOSTELS FEDERATION. SDCAYH PROVIDES, AS A COMMUNITY SERVICE, OPPORTUNITIES FOR OUTDOOR RECREATION AND INEXPENSIVE EDUCATION TRAVEL THROUGH HOSTELLING. SDCAYH OPERATES A HOSTEL IN POINT LOMA IN ADDITION TO PROVIDING OTHER MEMBER SERVICES, INCLUDING COUNCIL PROGRAMS AND TRIPS.

OUR VISION IS FOR GUESTS TO BECOME CARING GLOBAL CITIZENS WHO ARE CATALYSTS FOR INTERCULTURAL EXCHANGE AND UNDERSTANDING STEWARDS OF THE EARTH.

SDCAYH WORKS TO ACHIEVE THIS THROUGH THE FOLLOWING ACTIVITIES:

PROMOTE GLOBAL AWARENESS THROUGH A NETWORK OF WELCOMING, COMFORTABLE AND AFFORDABLE HOSTELS THAT ENCOURAGE EXPLORATION AND NURTURE CROSS-CULTURAL COMMUNICATION, AND THROUGH PROGRAMS THAT INTERPRET CULTURE PRINCIPALLY THROUGH INTERACTION AMONG HOSTELLERS AND COMMUNITY MEMBERS.

ENCOURAGE EDUCATIONAL TRAVEL THROUGH INFORMATION, ACTIVITIES AND SERVICES THAT FACILITATE SAFE, AFFORDABLE AND CULTURALLY SENSITIVE HOSTEL TRAVEL FOR PEOPLE OF ALL AGES.

PROTECT THE ENVIRONMENT THROUGH ACTIVITIES THAT PROMOTE MEANINGFUL, LOW-IMPACT TRAVEL USING HOSTELS AND THAT FOCUS ON THE CONSERVATION AND INTERPRETATION OF THE BUILT AND NATURAL ENVIRONMENT.

BROADEN COMMUNITY PARTICIPATION THROUGH INVOLVEMENT OF ALL MEMBERS OF THE COMMUNITY IN HOSTEL TRAVEL, PROGRAMS AND VOLUNTEER PARTICIPATION.

STATEMENT 7
FORM 990-EZ, PART III, LINE 30
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

MEMBERSHIP - HOSTELLING INTERNATIONAL USA IS A NONPROFIT MEMBERSHIP ORGANIZATION THAT PROVIDES YOU WITH A WIDE RANGE OF BENEFITS, INCLUDING:

- ACCESS TO MORE THAN 4,000 HOSTELS IN OVER 80 COUNTRIES WORLDWIDE.
- ACCESS TO NEARLY 70 HOSTEL LOCATIONS IN THE UNITED STATES.
- EXCLUSIVE FLIGHT DISCOUNTS WITH AMERICAN AIRLINES.
- SAVINGS UP TO 70% ON INTERNATIONAL PHONE CALLS, FREE E-MAIL ACCESS, VOICEMAIL AND TRAVEL INFORMATION THROUGH EKIT.
- HI-USA MEMBERS NOW GET BASIC INTERNATIONAL TRAVEL INSURANCE COVERAGE AND DISCOUNTS ON OPTIONAL UPGRADES. [CLICK HERE FOR MORE INFORMATION.](#)
- WORLDWIDE ACCESS TO COMMISSION-FREE CURRENCY EXCHANGE.
- DISCOUNTS ON TREK AMERICA - VALID FOR BOOKINGS MADE DIRECTLY WITH TREKAMERICA, HI OFFER MUST BE MENTIONED AT TIME OF BOOKING AND CAN NOT BE USED IN CONJUNCTION WITH ANY OTHER PROMOTIONAL DISCOUNT. THIS OFFER IS VALID ONLY FOR THE HOSTELLING INTERNATIONAL MEMBER.
- A FREE DIRECTORY OF ALL U.S. HOSTELS, UPON REQUEST.
- DISCOUNTS AVAILABLE ACROSS THE USA.
- WORLDWIDE DISCOUNTS IN RESTAURANTS, RETAIL STORES, ON ATTRACTIONS AND MORE.
- AN ONLINE NEWSLETTER, HI-USA TRAVELBYTES, EMPHASIZING TRAVEL TIPS.
- ACCESS TO PROGRAMS AND ACTIVITIES AT LOCAL HOSTELS AND COUNCILS (LOCAL CHAPTERS).
- ACCESS TO MAKING PREPAID RESERVATIONS AT HOSTEL LOCATIONS WORLDWIDE.

STATEMENT 8
FORM 990-EZ, PART VI
REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?.....	NO
(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?.....	NO

3/31/09

2008 FEDERAL BOOK DEPRECIATION SCHEDULE

PAGE 1

CLIENT 04-142

SAN DIEGO COUNCIL AMERICAN YOUTH
HOSTELS INCORPORATED

95-2900594

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
DEPR. SCHEDULE ONLY																
<u>BUILDINGS</u>																
3	BUILDING		VARIOUS	254,581							254,581	210,180	S/L			22,548
	TOTAL BUILDINGS			254,581		0	0	0	0	0	254,581	210,180				22,548
<u>FURNITURE AND FIXTURES</u>																
2	HOSTEL FURNITURE & EQUIP		VARIOUS	179,867							179,867	74,820	S/L			20,249
5	OFFICE FURNITURE & EQUIP		VARIOUS	63,289							63,289	44,586	S/L			2,225
	TOTAL FURNITURE AND FIXTURE			243,156		0	0	0	0	0	243,156	119,406				22,474
<u>IMPROVEMENTS</u>																
4	BUILDING IMPROVEMENTS		VARIOUS	315,404							315,404	90,751	S/L			8,315
	TOTAL IMPROVEMENTS			315,404		0	0	0	0	0	315,404	90,751				8,315
<u>LAND</u>																
1	LAND			180,034							180,034					0
	TOTAL LAND			180,034		0	0	0	0	0	180,034	0				0
	TOTAL DEPRECIATION			<u>993,175</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>993,175</u>	<u>420,337</u>				<u>53,337</u>
	GRAND TOTAL DEPRECIATION			<u>993,175</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>993,175</u>	<u>420,337</u>				<u>53,337</u>

California Exempt Organization Annual Information Return

Calendar year 2008 or fiscal year beginning month 04 day 01 year 2008, and ending month 03 day 31 year 2009

A First Return Filed? Yes No **B** Type of organization Exempt under Section 23701 D (insert letter) IRC Section 4947(a)(1) trust CORP # 9509642

Corporation/Organization Name SAN DIEGO COUNCIL AMERICAN YOUTH HOSTELS INCORPORATED FEIN 95-2900594

Address 739 4TH AVENUE #203 City SAN DIEGO, CA 92101 State ZIP Code

C Amended Return? Yes No
D Are you a subordinate/affiliate in a group exemption? Yes No
a Is this a group filing for affiliates? See General Instruction L Yes No
b If 'Yes,' enter the number of affiliates
c Are all affiliates included? Yes No (If 'No,' attach a list. See instructions.)
d Is this a separate return filed by an organization covered by a group ruling? Yes No
e Federal Group Exemption Number
f Is a roster of subordinates attached? Yes No
E Final return? Dissolved Surrendered (Withdrawn) Merged/Reorganized (attach explanation) If a box is checked, enter date
F Check the box if the organization filed: 1 990T 2 990PF 3 990H
G If organization is exempt under R&TC Section 23701d and is exclusively religious, educational, or charitable, and is supported primarily (50% or more) by public contributions, check box. See General Instruction F. No filing fee is required.
H Accounting method used. 1 Cash 2 Accrual 3 Other
I If exempt under R&TC Section 23701d, has the organization during the year: (1) participated in any political campaign or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704.5 (relating to lobbying by public charities)? If 'Yes,' complete and attach form FTB 3509, Political or Legislative Activities by Section 23701d Organizations Yes No
J Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board? If 'Yes,' complete an explanation and attach copies of revised documents Yes No
K Is the organization exempt under R&TC Section 23701g? Yes No If 'Yes,' enter amount of gross receipts from nonmember sources \$
L Is the organization under audit by the IRS or has the IRS audited in a prior year? Yes No
M Is the organization a Limited Liability Corporation? Yes No
N Did the organization file Form 100 or Form 109 to report taxable income? Yes No

Part I Complete Part I unless not required to file this form. See General Instructions B and C.

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	● 1	479,202.
	2	Gross dues and assessments from members and affiliates	● 2	39,179.
	3	Gross contributions, gifts, grants, and similar amounts received. SEE SCH. B	● 3	138,084.
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$25,000, see General Instruction C.	● 4	656,465.
	5	Cost of goods sold	● 5	
	6	Cost or other basis, and sales expenses of assets sold	● 6	
	7	Total costs. Add line 5 and line 6	7	
	8	Total gross income. Subtract line 7 from line 4	● 8	656,465.
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	● 9	589,737.
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	● 10	66,728.
Filing Fee	11	Filing fee \$10 or \$25. See General Instruction F.	11	10.
	12	Total Payments	12	
	13	Penalties and Interest. See General Instruction J.	13	
	14	Use tax. See General Instruction K.	● 14	
	15	Balance due. Add line 11, line 13, and line 14. Then subtract line 12 from the result	15	10.
Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
	Signature of officer	Title EXECUTIVE DIREC	Date	● Telephone 619-338-9981
Paid Preparer's Use Only	Preparer's signature	JULIE A. FIRL	Date 7/17/09	● Preparer's SSN/PTIN P00085551
	Firm's name (or yours, if self-employed) and address	LEAF & COLE, LLP 1843 HOTEL CIRCLE SOUTH, #300 SAN DIEGO, CA 92108-3322		● FEIN 95-2076568
				● Telephone 619.294.7200
				May the FTB discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Part II Organizations with gross receipts of more than \$25,000 and private foundations regardless of amount of gross receipts—complete Part II or furnish substitute information. See Specific Line Instructions.

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	● 1	
	2	Interest	● 2	31,933.
	3	Dividends	● 3	
	4	Gross rents	● 4	
	5	Gross royalties	● 5	
	6	Gross amount received from sale of assets (See Instructions)	● 6	
	7	Other income. Attach schedule SEE STATEMENT 1	● 7	447,269.
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	8	479,202.
Expenses and Disbursements	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule	● 9	
	10	Disbursements to or for members	● 10	
	11	Compensation of officers, directors, and trustees. Attach schedule SEE STATEMENT 2	● 11	79,432.
	12	Other salaries and wages	● 12	185,434.
	13	Interest	● 13	
	14	Taxes	● 14	18,370.
	15	Rents	● 15	13,764.
	16	Depreciation and depletion (See Instructions)	● 16	53,337.
	17	Other. Attach schedule SEE STATEMENT 3	● 17	239,400.
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	18	589,737.

Schedule L Balance Sheets

	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash		938,934.		● 970,090.
2 Net accounts receivable		81,788.		● 69,197.
3 Net notes receivable. Attach schedule				●
4 Inventories				●
5 Federal and state government obligations				●
6 Investments in other bonds. Attach sch				●
7 Investments in stock. Attach schedule				●
8 Mortgage loans (number of loans _____)				●
9 Other investments. Attach schedule ST. 4		235,854.		● 379,377.
10a Depreciable assets	689,721.		813,141.	
b Less accumulated depreciation	420,338.	269,383.	473,674.	339,467.
11 Land		180,034.		● 180,034.
12 Other assets. Attach schedule STM. 5		35,381.		● 31,457.
13 Total assets		1,741,374.		1,969,622.
Liabilities and net worth				
14 Accounts payable		53,156.		● 68,850.
15 Contributions, gifts, or grants payable				●
16 Bonds and notes payable. Attach schedule				●
17 Mortgages payable				●
18 Other liabilities. Attach schedule STM. 6		12,148.		14,451.
19 Capital stock or principle fund		1,676,070.		● 1,886,321.
20 Paid-in or capital surplus. Attach reconciliation				●
21 Retained earnings or income fund				●
22 Total liabilities and net worth		1,741,374.		1,969,622.

Schedule M-1 Reconciliation of income per books with income per return

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$25,000

1	Net income per books	● 210,251.	7	Income recorded on books this year not included in this return.	
2	Federal income tax	●		Attach schedule SEE . ST. 7.	● 143,523.
3	Excess of capital losses over capital gains	●	8	Deductions in this return not charged against book income this year.	
4	Income not recorded on books this year. Attach schedule	●		Attach schedule	●
5	Expenses recorded on books this year not deducted in this return. Attach schedule	●	9	Total. Add line 7 and line 8	143,523.
6	Total. Add line 1 through line 5	210,251.	10	Net income per return. Subtract line 9 from line 6	66,728.

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

Department of the Treasury
Internal Revenue Service

CALIFORNIA COPY

Schedule of Contributors

▶ **Attach to Form 990, 990-EZ and 990-PF**
▶ **See separate instructions.**

OMB No. 1545-0047

2008

Name of the organization SAN DIEGO COUNCIL AMERICAN YOUTH HOSTELS INCORPORATED	Employer identification number 95-2900594
--	---

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

- 501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

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

General Rule –

For 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)/170(b)(1)(A)(vi) 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 VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II.
- 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, 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).

BAA 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

Employer identification number

SAN DIEGO COUNCIL AMERICAN YOUTH

95-2900594

Part I Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	CITY OF SAN DIEGO - TOT 600 "B" STREET, SUITE 400, MS SAN DIEGO, CA 92101	\$ 41,492.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	HI-USA NATIONAL OFFICE 8401 COLESVILLE ROAD SILVER SPRING, MD 20910	\$ 9,880.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	GIFTS IN KIND 333 NORTH FAIRFAX STREET ALEXANDRIA, VA 22314	\$ 70,315.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	TECH SOUP 435 BRANNAN STREET, STE 100 SAN FRANCISCO, CA 94107	\$ 7,549.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization SAN DIEGO COUNCIL AMERICAN YOUTH	Employer identification number 95-2900594
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Part II Noncash Property (see instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
3	MATTRESSES	\$ 70,315.	VARIOUS
4	SOFTWARE	\$ 7,549.	VARIOUS
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

Name of organization

Employer identification number

SAN DIEGO COUNCIL AMERICAN YOUTH

95-2900594

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. (Complete cols (a) through (e) and the following line entry.)

For organizations completing Part III, enter total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once – see instructions.) \$ N/A

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

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

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

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

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

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

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

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

2008 Corporation Depreciation and Amortization

3885

Attach to Form 100 or Form 100W. FORM 3885 ONLY

Corporation name SAN DIEGO COUNCIL AMERICAN YOUTH HOSTELS INCORPORATED	California corporation number 9509642
--	--

Part I Election to Expense Certain Property Under IRC Section 179

1 Maximum deduction under Section 179 for California	1	\$25,000
2 Total cost of Section 179 property placed in service	2	
3 Threshold cost of Section 179 property before reduction in limitation	3	\$200,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-	5	
6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property (elected Section 179 cost)	7	
8 Total elected cost of Section 179 property. Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from prior taxable years	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13 Carryover of disallowed deduction to 2009. Add lines 9 and 10, less line 12	13	

Part II Depreciation and Election of Additional First Year Expense Deduction Under R&TC Section 24356

14 (a) Description of property	(b) Date acquired	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
LAND		180,034.			0		
HOSTEL FURNITURE	VARIOUS	179,867.	74,820.		0	20,249.	
BUILDING	VARIOUS	254,581.	210,180.		0	22,548.	
BUILDING IMPROVE	VARIOUS	315,404.	90,751.		0	8,315.	
OFFICE FURNITURE	VARIOUS	63,289.	44,586.		0	2,225.	
15 Add the amounts in column (g) and column (h). The combined total of column (h) may not exceed \$2,000. See instructions for line 14, column (h)	15					53,337.	

Part III Summary

16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g)	16	17
17 Total depreciation claimed for federal purposes from federal Form 4562, line 22	17	18
18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.)	18	

Part IV Amortization

19 (a) Description of property	(b) Date acquired	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC section (see instr)	(f) Period or percentage	(g) Amortization for this year
20 Total. Add the amounts in column (g)	20	21				
21 Total amortization claimed for federal purposes from federal Form 4562, line 44	21	22				
22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 12	22					

STATEMENT 1
FORM 199, PART II, LINE 7
OTHER INCOME

INCOME FROM SPECIAL EVENTS.....	\$	71,733.
MANAGEMENT FEE REVENUE.....		20,000.
MERCHANDISE SALES/MICS.....		10,425.
PROGRAM SERVICE REVENUE.....		345,111.
	TOTAL \$	<u>447,269.</u>

STATEMENT 2
FORM 199, PART II, LINE 11
COMPENSATION OF OFFICERS, DIRECTORS, AND TRUSTEES

CURRENT OFFICERS:

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED</u>	<u>COMPEN- SATION</u>	<u>CONTRI- BUTION TO EBP & DC</u>	<u>EXPENSE ACCOUNT/ OTHER</u>
LOU PECHI 739 FOURTH AVE SUITE 203 SAN DIEGO, CA 92101	MEMBER 0	\$ 0.	\$ 0.	\$ 0.
TERI HOUSE 739 FOURTH AVE SUITE 203 SAN DIEGO, CA 92101	VICE PRESIDENT 0	0.	0.	0.
CHRISTIE RITTER 739 FOURTH AVE SUITE 203 SAN DIEGO, CA 92101	MEMBER 0	0.	0.	0.
REBECCA REID 739 FOURTH AVE SUITE 203 SAN DIEGO, CA 92101	MEMBER 0	0.	0.	0.
BARBARA NESS 739 FOURTH AVE SUITE 203 SAN DIEGO, CA 92101	SECRETARY 0	0.	0.	0.
KEVIN KENNEDY 739 FOURTH AVENUE SUITE 203 SAN DIEGO, CA 92101	MEMBER 0	0.	0.	0.
NANDITA MURTHY 739 FOURTH AVE SUITE 203 SAN DIEGO, CA 92101	PRESIDENT 0	0.	0.	0.
FRANCIS PICKFORD 739 FOURTH AVE SUITE 203 SAN DIEGO, CA 92101	TREASURER 0	0.	0.	0.
SUE SCHAFFNER 739 FOURTH AVE SUITE 203 SAN DIEGO, CA 92101	EXECUTIVE DIREC 32.00	79,432.	9,100.	0.

STATEMENT 2 (CONTINUED)
FORM 199, PART II, LINE 11
COMPENSATION OF OFFICERS, DIRECTORS, AND TRUSTEES

CURRENT OFFICERS:

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
ROY DE VRIES 739 FOURTH AVE SUITE 203 SAN DIEGO, CA 92101	MEMBER 0	\$ 0.	\$ 0.	\$ 0.
JUAN CARLOS MORENO 739 FOURTH AVE SUITE 203 SAN DIEGO, CA 92101	MEMBER 0	0.	0.	0.
TOTAL		<u>\$ 79,432.</u>	<u>\$ 9,100.</u>	<u>\$ 0.</u>

STATEMENT 3
FORM 199, PART II, LINE 17
OTHER EXPENSES

ADVERTISING AND PROMOTION.....	\$ 3,856.
BANK FEES AND MERCHANT CARDS.....	6,581.
CABLE TV.....	596.
CHARTER FEES.....	265.
CLEANING SUPPLIES/SERVICE.....	3,542.
COMPUTER/INTERNET EXPENSE.....	3,510.
COST OF FOREIGN STAMPS.....	5,288.
COST OF NEWSLETTER.....	3,034.
COST OF SALES - MEMBERSHIP.....	4,380.
COST OF SALES - MERCHANDISE.....	5,604.
COST OF SALES - SERVICE.....	2,016.
EQUIPMENT AND FURNISHINGS.....	3,446.
HOSTELLER RETENTION.....	12,231.
INSURANCE.....	11,871.
LINENS & LAUNDRY.....	6,356.
MEETINGS.....	9,396.
OFFICER EXPENSES.....	4,083.
ORG MEMBERSHIP.....	2,132.
OTHER EMPLOYEE BENEFIT.....	17,703.
OTHER FEES.....	9,339.
PARKING AND MILEAGE.....	3,172.
PENSION PLAN CONTRIBUTIONS.....	809.
PEST CONTROL.....	3,148.
POSTAGE AND SHIPPING.....	3,018.
PRINTING AND PUBLICATIONS.....	5,765.
PROFESSIONAL DEVELOPMENT.....	985.
REPAIRS AND MAINTENANCE.....	6,931.
SPECIAL EVENT EXPENSES.....	52,504.
STAFF APPRECIATION.....	2,534.
STAFF RECRUITMENT.....	132.
TAXES & LICENSE.....	228.
TELEPHONE.....	5,232.
THEFT LOSS.....	100.
TRASH.....	1,493.
TRAVEL.....	8,414.
USER FEES.....	11,367.

STATEMENT 3 (CONTINUED)
FORM 199, PART II, LINE 17
OTHER EXPENSES

UTILITIES.....		\$ 18,339.
	TOTAL	\$ <u>239,400.</u>

STATEMENT 4
FORM 199, SCHEDULE L, LINE 9
OTHER INVESTMENTS

INVESTMENT IN SUBSIDIARY.....		\$ 379,377.
	TOTAL	\$ <u>379,377.</u>

STATEMENT 5
FORM 199, SCHEDULE L, LINE 12
OTHER ASSETS

ACCRUED INTEREST RECEIVABLE.....		9,910.
PREPAID EXPENSES AND DEFERRED CHARGES.....		21,547.
	TOTAL	\$ <u>31,457.</u>

STATEMENT 6
FORM 199, SCHEDULE L, LINE 18
OTHER LIABILITIES

DEFERRED REVENUE.....		14,451.
	TOTAL	\$ <u>14,451.</u>

STATEMENT 7
FORM 199, SCHEDULE M-1, LINE 7
INCOME RECORDED ON BOOKS NOT ON RETURN

GAIN ON SUBSIDIARY.....		\$ 143,523.
	TOTAL	\$ <u>143,523.</u>

IN
MAIL TO:
 Registry of Charitable Trusts
 P.O. Box 903447
 Sacramento, CA 94203-4470
 Telephone: (916) 445-2021

WEBSITE ADDRESS:
<http://ag.ca.gov/charities/>

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code
 11 Cal. Code Regs. sections 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code Section 12586.1. IRS extensions will be honored.



<p>State Charity Registration Number <u>15731</u></p> <p>SAN DIEGO COUNCIL AMERICAN YOUTH HOSTELS INCORPORATED</p> <p><small>Name of Organization</small></p> <p><u>739 4TH AVENUE #203</u></p> <p><small>Address (Number and Street)</small></p> <p><u>SAN DIEGO, CA 92101</u></p> <p><small>City or Town State ZIP Code</small></p>	<p>Check if:</p> <p><input type="checkbox"/> Change of address</p> <p><input type="checkbox"/> Amended report</p> <hr/> <p>Corporate or Organization No. <u>9509642</u></p> <hr/> <p>Federal Employer ID No. <u>95-2900594</u></p>
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ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312)
 Make Check Payable to Attorney General's Registry of Charitable Trusts

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

PART A – ACTIVITIES

For your most recent full accounting period (beginning 4/01/08 ending 3/31/09) list:
 Gross annual revenue \$ 603,961. Total assets \$ 1,969,622.

PART B – STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: If you answer 'yes' to any of the questions below, you must attach a separate sheet providing an explanation and details for each 'yes' response. Please review RRF-1 instructions for information required.

	Yes	No
1 During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2 During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3 During this reporting period, did non-program expenditures exceed 50% of gross revenues?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If 'yes,' provide an attachment listing the name, address, and telephone number of the service provider.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6 During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number. SEE STATEMENT 1	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7 During this reporting period, did the organization hold a raffle for charitable purposes? If 'yes,' provide an attachment indicating the number of raffles and the date(s) they occurred.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Does the organization conduct a vehicle donation program? If 'yes,' provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9 Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Organization's area code and telephone number 619-338-9981

Organization's e-mail address _____

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.

SUE SCHAFFNER	EXECUTIVE DIREC		
<small>Signature of authorized officer</small>	<small>Printed Name</small>	<small>Title</small>	<small>Date</small>

**STATEMENT 1
FORM RRF-1, PART B, LINE 6
GOVERNMENT AGENCY THAT PROVIDED FUNDING**

COUNTY OF SAN DIEGO
1600 PACIFIC HIGHWAY, STE 352
SAN DIEGO, CA 92101
JANEL E. PEHAU
619.531.4887

CITY OF SAN DIEGO
1200 THRID AVENUE, SUITE 1400
SAN DIEGO, CA 92101