# FORM 990

## Return of Organization Exempt From Income Tax

### Part I: Summary

1. **Briefly describe the organization's mission or most significant activities**: THE ACTIVITIES AND FUNDS OF THE YMCA FOUNDATION OF SOUTHERN ARIZONA ARE TO BENEFIT THE YMCA OF

2. **Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.**

3. **Number of voting members of the governing body (Part VI, line 1a)**: 31

4. **Number of independent voting members of the governing body (Part VI, line 1b)**: 31

5. **Total number of individuals employed in calendar year 2017 (Part V, line 2a)**: 5

6. **Total number of volunteers (estimate if necessary)**: 148

7. **Total unrelated business revenue from Part VIII, column (C), line 12**: 0

8. **Net unrelated business taxable income from Form 990-T, line 34**: 0

### Revenue

- **Contributions and grants (Part VIII, line 1h)**: 64,509
- **Program service revenue (Part VIII, line 2g)**: 0
- **Investment income (Part VIII, column (A), lines 3, 4, and 7d)**: 121,688
- **Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)**: 3,509
- **Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)**: 189,806

### Expenses

- **Grants and similar amounts paid (Part IX, column (A), lines 1-3)**: 153,945
- **Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)**: 0
- **Professional fundraising fees (Part IX, column (A), line 11e)**: 0
- **Total fundraising expenses (Part IX, column (D), line 25)**: 40,000
- **Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)**: 82,296
- **Total expenses. Add lines 9-17 (must equal Part IX, column (A), line 25)**: 236,241
- **Revenue less expenses. Subtract line 18 from line 12**: 40,563

### Part II: Signature Block

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

**Signature of office**: CATHY SCHEIRMAN, CFO

**Date**: 11/14/18

**Print/Type preparer's name**: SUSAN M. VOS, CPA

**Preparer's signature**: 10/16/18

**PTIN**: 01709931

**Firm's name**: REGIER CARR & MONROE, L.L.P.

**Firm's EIN**: 48-0573184

**Firm's address**: 4801 E. BROADWAY BLVD., SUITE 501

**Phone no**: 520-624-8229

**Paid**: [ ] Yes [ ] No

**Use Only**: 732001 11-13-17 LHA For Paperwork Reduction Act Notice, see the separate instructions.

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION
YMCA FOUNDATION OF SOUTHERN ARIZONA

Part III Statement of Program Service Accomplishments

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

X

1 Briefly describe the organization's mission:
THE ACTIVITIES AND FUNDS OF THE YMCA FOUNDATION OF SOUTHERN ARIZONA ARE TO BENEFIT THE YMCA OF SOUTHERN ARIZONA AND HELP SUPPORT THEIR MISSION: "THE YMCA OF SOUTHERN ARIZONA IS DEDICATED TO IMPROVING THE QUALITY OF HUMAN LIFE AND TO HELPING ALL PEOPLE REALIZE THEIR FULLEST

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 X 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 X No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: __________) (Expenses $ 161,337, including grants of $ 161,337.) (Revenue $ __________)
DISTRIBUTIONS OF EARNINGS FROM INVESTMENTS TO THE YMCA OF SOUTHERN ARIZONA. THE YMCA IS TO USE THE DISTRIBUTIONS FOR OPERATIONS AND IMPROVEMENTS IN ORDER TO FULFILL ITS MISSION.

4b (Code: __________) (Expenses $ __________, including grants of $ __________.) (Revenue $ __________)

4c (Code: __________) (Expenses $ __________, including grants of $ __________.) (Revenue $ __________)

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

4e Total program service expenses $ 161,337.

Form 990 (2017)
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<tr>
<td>20a</td>
<td>Did the organization operate one or more hospital facilities? If &quot;Yes,&quot; complete Schedule H</td>
<td>X</td>
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<tr>
<td>20b</td>
<td>If &quot;Yes&quot; to item 20a, did the organization attach a copy of its audited financial statements to this return?</td>
<td></td>
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<tr>
<td>21</td>
<td>Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If &quot;Yes,&quot; complete Schedule I, Parts I and II</td>
<td>X</td>
</tr>
<tr>
<td>22</td>
<td>Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If &quot;Yes,&quot; complete Schedule I, Parts I and III</td>
<td>X</td>
</tr>
<tr>
<td>23</td>
<td>Did the organization answer &quot;Yes&quot; to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If &quot;Yes,&quot; complete Schedule J</td>
<td></td>
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<tr>
<td>24a</td>
<td>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 &quot;Yes,&quot; answer lines 24b through 24d and complete Schedule K. If &quot;No,&quot; go to line 25a</td>
<td>X</td>
</tr>
<tr>
<td>24b</td>
<td>Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?</td>
<td></td>
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<tr>
<td>24c</td>
<td>Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?</td>
<td></td>
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<tr>
<td>24d</td>
<td>Did the organization act as an &quot;on behalf of&quot; issuer for bonds outstanding at any time during the year?</td>
<td></td>
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<tr>
<td>25a</td>
<td>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If &quot;Yes,&quot; complete Schedule L, Part I</td>
<td>X</td>
</tr>
<tr>
<td>25b</td>
<td>Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If &quot;Yes,&quot; complete Schedule L, Part I</td>
<td>X</td>
</tr>
<tr>
<td>26</td>
<td>Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If &quot;Yes,&quot; complete Schedule L, Part II</td>
<td>X</td>
</tr>
<tr>
<td>27</td>
<td>Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If &quot;Yes,&quot; complete Schedule L, Part III</td>
<td>X</td>
</tr>
<tr>
<td>28</td>
<td>Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a Current or former officer, director, trustee, or key employee? If &quot;Yes,&quot; complete Schedule L, Part IV</td>
<td>X</td>
</tr>
<tr>
<td>28b</td>
<td>Family member of a current or former officer, director, trustee, or key employee? If &quot;Yes,&quot; complete Schedule L, Part IV</td>
<td>X</td>
</tr>
<tr>
<td>28c</td>
<td>An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If &quot;Yes,&quot; complete Schedule L, Part IV</td>
<td>X</td>
</tr>
<tr>
<td>29</td>
<td>Did the organization receive more than $25,000 in non-cash contributions? If &quot;Yes,&quot; complete Schedule M</td>
<td>X</td>
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<tr>
<td>30</td>
<td>Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If &quot;Yes,&quot; complete Schedule M</td>
<td>X</td>
</tr>
<tr>
<td>31</td>
<td>Did the organization liquidate, terminate, or dissolve and cease operations? If &quot;Yes,&quot; complete Schedule N, Part I</td>
<td>X</td>
</tr>
<tr>
<td>32</td>
<td>Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If &quot;Yes,&quot; complete Schedule N, Part II</td>
<td>X</td>
</tr>
<tr>
<td>33</td>
<td>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 &quot;Yes,&quot; complete Schedule R, Part I</td>
<td>X</td>
</tr>
<tr>
<td>34</td>
<td>Was the organization related to any tax-exempt or taxable entity? If &quot;Yes,&quot; complete Schedule R, Part II, III, IV, and V, line 1</td>
<td>X</td>
</tr>
<tr>
<td>35a</td>
<td>Did the organization have a controlled entity within the meaning of section 512(b)(13)?</td>
<td>X</td>
</tr>
<tr>
<td>35b</td>
<td>If &quot;Yes&quot; to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If &quot;Yes,&quot; complete Schedule R, Part V, line 2</td>
<td>X</td>
</tr>
<tr>
<td>36</td>
<td>Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If &quot;Yes,&quot; complete Schedule R, Part V, line 2</td>
<td>X</td>
</tr>
<tr>
<td>37</td>
<td>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 &quot;Yes,&quot; complete Schedule R, Part VI</td>
<td>X</td>
</tr>
<tr>
<td>38</td>
<td>Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?</td>
<td>X</td>
</tr>
</tbody>
</table>

Note. All Form 990 filers are required to complete Schedule O.
Part V  Statements Regarding Other IRS Filings and Tax Compliance

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

1a  Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a  
1b  Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b  
1c  Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  
2a  Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  
2b  If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  
2c  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  
3a  Did the organization have unrelated business gross income of $1,000 or more during the year? 3a  
3b  If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O  
3c  At any time during the calendar year, did the organization have an interest in, or a signature or authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  
3d  If "Yes," enter the name of the foreign country  


5a  Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a  
5b  Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b  
5c  If "Yes," line 5a or 5b, did the organization file Form 8886-T?  

6a  Did the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  
6b  If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  

7  Organizations that may receive deductible contributions under section 170(c).  
7a  Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor? 7a  
7b  If "Yes," did the organization notify the donor of the value of the goods or services provided?  
7c  Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c  
7d  If "Yes," indicate the number of Forms 8282 filed during the year 7d  
7e  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e  
7f  Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f  
7g  If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g  
7h  If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h  

8  Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8  

9  Sponsoring organizations maintaining donor advised funds.  
9a  Did the sponsoring organization make any taxable distributions under section 4966?  
9b  Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  

10  Section 501(c)(7) organizations. Enter:  
10a  Initiation fees and capital contributions included on Part VIII, line 12  
10b  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  

11  Section 501(c)(12) organizations. Enter:  
11a  Gross income from members or shareholders  
11b  Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).  

12a  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  
12b  If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b  

13  Section 501(c)(29) qualified non-profit health insurance issuers.  
13a  Is the organization licensed to issue qualified health plans in more than one state?  
13b  Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  
13c  Enter the amount of reserves on hand  

14a  Did the organization receive any payments for indoor tanning services during the tax year?  
14b  If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O
### Section A. Governing Body and Management

1a. Enter the number of voting members of the governing body at the end of the tax year. 

If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.

| No | Yes
|----|----
| 31 |   |

1b. Enter the number of voting members included in line 1a, above, who are independent.

| No | Yes
|----|----
| 31 |   |

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?

| No | Yes
|----|----
| 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?

| No | Yes
|----|----
| X  |   |

4. Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?

| No | Yes
|----|----
| X  |   |

5. Did the organization become aware during the year of a significant diversion of the organization's assets?

| No | Yes
|----|----
| X  |   |

6. Did the organization have members or stockholders?

| No | Yes
|----|----
| X  |   |

7a. Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?

| No | Yes
|----|----
| X  |   |

7b. Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?

| No | Yes
|----|----
| X  |   |

8. Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:

   a. The governing body?

   | No | Yes
   |----|----
   | X  |   |

   b. Each committee with authority to act on behalf of the governing body?

   | No | Yes
   |----|----
   | X  |   |

9. Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.

| No | Yes
|----|----
| X  |   |

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

10a. Did the organization have local chapters, branches, or affiliates?

| No | Yes
|----|----
| X  |   |

10b. If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?

| No | Yes
|----|----
| X  |   |

11a. Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?

| No | Yes
|----|----
| X  |   |

11b. Describe in Schedule O the process, if any, used by the organization to review this Form 990.

| No | Yes
|----|----
| X  |   |

12a. Did the organization have a written conflict of interest policy? If "No," go to line 13

| No | Yes
|----|----
| X  |   |

12b. Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?

| No | Yes
|----|----
| X  |   |

c. Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.

| No | Yes
|----|----
| X  |   |

13. Did the organization have a written whistleblower policy?

| No | Yes
|----|----
| X  |   |

14. Did the organization have a written document retention and destruction policy?

| No | Yes
|----|----
| 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 deliberation and decision?

   a. The organization's CEO, Executive Director, or top management official

   | No | Yes
   |----|----
   | X  |   |

   b. Other officers or key employees of the organization

   | No | Yes
   |----|----
   | X  |   |

If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).

16a. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?

| No | Yes
|----|----
| X  |   |

16b. If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

| No | Yes
|----|----
| X  |   |

### Section C. Disclosure

17. List the states with which a copy of this Form 990 is required to be filed.

   AZ

18. Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

   [X] Own website [X] Another's website [X] Upon request [□] Other (explain in Schedule O)

19. Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20. State the name, address, and telephone number of the person who possesses the organization's books and records:

   ORGANIZATION - (520) 623-5511
   F.O. BOX 1111, TUCSON, AZ 85702-1111
### Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

1a. Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization’s tax year.

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

List 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 neither the organization nor any related organization compensated any current officer, director, or trustee.

<table>
<thead>
<tr>
<th>(A) Name and Title</th>
<th>(B) Average hours per week (list any hours for related organizations below line)</th>
<th>(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
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<td>(2) CINDY BARBEE-SUGGS</td>
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<td>(3) J. EMERY BARKER</td>
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<td>(4) CRIS CIASCA</td>
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<td>(5) GARY DARLING</td>
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<td>0.</td>
</tr>
<tr>
<td>(6) GARY DAVIDSON</td>
<td>1.00 X</td>
<td></td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(7) JOE DHUEY</td>
<td>1.00 X</td>
<td></td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(8) SUSAN DODD</td>
<td>1.00 X</td>
<td></td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(9) THOM DORAN</td>
<td>1.00 X</td>
<td></td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(10) TERRI GOMEZ</td>
<td>1.00 X</td>
<td></td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(11) KATHLEEN HANLEY</td>
<td>1.00 X</td>
<td></td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(12) ANNE HOFF</td>
<td>1.00 X</td>
<td></td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(13) JIM HOLMBERG</td>
<td>1.00 X</td>
<td></td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(14) JAY KITTL</td>
<td>1.00 X</td>
<td></td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(15) NOEL KURTZ</td>
<td>1.00 X</td>
<td></td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(16) ROGER LANDIS</td>
<td>1.00 X</td>
<td></td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(17) RANDY LEWIS</td>
<td>1.00 X</td>
<td></td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
</tbody>
</table>
### Part VII
**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

<table>
<thead>
<tr>
<th>(A) Name and title</th>
<th>(B) Average hours per week</th>
<th>(C) Position</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>(10) ROBERT LONGLEY</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(19) CINDY MCDANIEL</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(20) MARY JANE PERKINS</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(21) BILL PORTER</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(22) KENT ROLLINS</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(23) DINO SAKELLAR</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(24) JIM SARRISON</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(25) HELEN SCHAEFER</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(26) CINDY SCHROEDER</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td><strong>1b Sub-total</strong></td>
<td></td>
<td></td>
<td><strong>0.</strong></td>
<td><strong>0.</strong></td>
<td><strong>0.</strong></td>
</tr>
<tr>
<td><strong>c Total from continuation sheets to Part VII, Section A</strong></td>
<td></td>
<td></td>
<td><strong>0.</strong></td>
<td><strong>270,542.</strong></td>
<td><strong>39,519.</strong></td>
</tr>
<tr>
<td><strong>d Total (add lines 1b and 1c)</strong></td>
<td></td>
<td></td>
<td><strong>0.</strong></td>
<td><strong>270,542.</strong></td>
<td><strong>39,519.</strong></td>
</tr>
</tbody>
</table>

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

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 ▶ **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 ▶ **X**

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person ▶ **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. Report compensation for the calendar year ending with or within the organization’s tax year.

<table>
<thead>
<tr>
<th>(A) Name and business address</th>
<th>(B) Description of services</th>
<th>(C) Compensation</th>
</tr>
</thead>
</table>

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

**SEE PART VII, SECTION A CONTINUATION SHEETS**
<table>
<thead>
<tr>
<th>(A) Name and title</th>
<th>(B) Average hours per week (list any hours for related organizations below)</th>
<th>(C) Position (check all that apply)</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>(27) STAN SPACKEN</td>
<td>1.00 X</td>
<td></td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(28) MARK SUAREZ</td>
<td>1.00 X</td>
<td></td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(29) JACK MCDUFF</td>
<td>1.00 X</td>
<td></td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>TREASURER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(30) DENNIS MERIDETH</td>
<td>1.00 X</td>
<td></td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>CHAIR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(31) BROOKE NONAK</td>
<td>1.00 X</td>
<td></td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>SECRETARY</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(32) KURTIS DAMSON</td>
<td>50.00 X</td>
<td></td>
<td>0.</td>
<td>170,090</td>
<td>23,278</td>
</tr>
<tr>
<td>PRESIDENT/CEO</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(33) CATHY SCHEIRMAN</td>
<td>50.00 X</td>
<td></td>
<td>0.</td>
<td>100,452</td>
<td>16,241</td>
</tr>
<tr>
<td>CFO</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total to Part VII, Section A, line 1c: 270,542. 39,519.
<table>
<thead>
<tr>
<th>Contributions, Gifts, Grants and Other Similar Amounts</th>
<th>(A) Total revenue</th>
<th>(B) Related or exempt function revenue</th>
<th>(C) Unrelated business revenue</th>
<th>(D) Revenue excluded from tax under sections 512-514</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Federated campaigns</td>
<td>1a</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1b Membership dues</td>
<td>1b</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1c Fundraising events</td>
<td>1c</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1d Related organizations</td>
<td>1d</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1e Government grants (contributions)</td>
<td>1e</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1f All other contributions, gifts, grants, and similar amounts not included above</td>
<td>1f</td>
<td>80,563.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1g Noncash contributions included in lines 1a-1f</td>
<td>1g</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h Total, Add lines 1a-1f</td>
<td>h</td>
<td>80,563.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program Service Revenue</th>
<th>Business Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>2a</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td></td>
</tr>
<tr>
<td>d</td>
<td></td>
</tr>
<tr>
<td>e</td>
<td></td>
</tr>
<tr>
<td>f All other program service revenue</td>
<td>f</td>
</tr>
<tr>
<td>g Total, Add lines 2a-2f</td>
<td>g</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Investment income (including dividends, interest, and other similar amounts)</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 Income from investment of tax-exempt bond proceeds</td>
<td>4</td>
</tr>
<tr>
<td>5 Royalties</td>
<td>5</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Rent and Use Revenue</th>
<th>(i) Real</th>
<th>(ii) Personal</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 Gross rents</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Less: rental expenses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Rental income or (loss)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Net rental income or (loss)</td>
<td>d</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Assets Other Than Inventory</th>
<th>(i) Securities</th>
<th>(ii) Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 Gross amount from sales of assets other than inventory</td>
<td>7a</td>
<td></td>
</tr>
<tr>
<td>b Less: cost or other basis and sales expenses</td>
<td>7b</td>
<td></td>
</tr>
<tr>
<td>c Gain or (loss)</td>
<td>c</td>
<td></td>
</tr>
<tr>
<td>d Net gain or (loss)</td>
<td>d</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other Revenue</th>
<th>Business Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>8 Gross income from fundraising events (not including $ ____ of contributions reported on line 1c). See Part IV, line 18</td>
<td>8a</td>
</tr>
<tr>
<td>b Less: direct expenses</td>
<td>b</td>
</tr>
<tr>
<td>c Net income or (loss) from fundraising events</td>
<td>c</td>
</tr>
<tr>
<td>9 Gross income from gaming activities. See Part IV, line 19</td>
<td>9a</td>
</tr>
<tr>
<td>b Less: direct expenses</td>
<td>b</td>
</tr>
<tr>
<td>c Net income or (loss) from gaming activities</td>
<td>c</td>
</tr>
<tr>
<td>10 Gross sales of inventory, less returns and allowances</td>
<td>10a</td>
</tr>
<tr>
<td>b Less: cost of goods sold</td>
<td>b</td>
</tr>
<tr>
<td>c Net income or (loss) from sales of inventory</td>
<td>c</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Miscellaneous Revenue</th>
<th>Business Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>11 a</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td></td>
</tr>
<tr>
<td>d All other revenue</td>
<td></td>
</tr>
<tr>
<td>e Total, Add lines 11a-11d</td>
<td>e</td>
</tr>
<tr>
<td>12 Total revenue, See instructions.</td>
<td>12</td>
</tr>
</tbody>
</table>

215,198. 0. 0. 134,635.
<table>
<thead>
<tr>
<th>Part IX</th>
<th>Statement of Functional Expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</td>
<td></td>
</tr>
<tr>
<td>1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21</td>
<td>161,337.</td>
</tr>
<tr>
<td>2 Grants and other assistance to domestic individuals. See Part IV, line 22</td>
<td></td>
</tr>
<tr>
<td>3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16</td>
<td></td>
</tr>
<tr>
<td>4 Benefits paid to or for members</td>
<td></td>
</tr>
<tr>
<td>5 Compensation of current officers, directors, trustees, and key employees</td>
<td></td>
</tr>
<tr>
<td>6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(8)(B)</td>
<td></td>
</tr>
<tr>
<td>7 Other salaries and wages</td>
<td></td>
</tr>
<tr>
<td>8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)</td>
<td></td>
</tr>
<tr>
<td>9 Other employee benefits</td>
<td></td>
</tr>
<tr>
<td>10 Payroll taxes</td>
<td></td>
</tr>
<tr>
<td>11 Fees for services (non-employees):</td>
<td>27,000.</td>
</tr>
<tr>
<td>a Management</td>
<td></td>
</tr>
<tr>
<td>b Legal</td>
<td></td>
</tr>
<tr>
<td>c Accounting</td>
<td>17,963.</td>
</tr>
<tr>
<td>d Lobbying</td>
<td></td>
</tr>
<tr>
<td>e Professional fundraising services. See Part IV, line 17</td>
<td>21,551.</td>
</tr>
<tr>
<td>f Investment management fees</td>
<td></td>
</tr>
<tr>
<td>g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)</td>
<td></td>
</tr>
<tr>
<td>12 Advertising and promotion</td>
<td>131.</td>
</tr>
<tr>
<td>13 Office expenses</td>
<td></td>
</tr>
<tr>
<td>14 Information technology</td>
<td></td>
</tr>
<tr>
<td>15 Royalties</td>
<td></td>
</tr>
<tr>
<td>16 Occupancy</td>
<td></td>
</tr>
<tr>
<td>17 Travel</td>
<td></td>
</tr>
<tr>
<td>18 Payments of travel or entertainment expenses for any federal, state, or local public officials</td>
<td></td>
</tr>
<tr>
<td>19 Conferences, conventions, and meetings</td>
<td></td>
</tr>
<tr>
<td>20 Interest</td>
<td></td>
</tr>
<tr>
<td>21 Payments to affiliates</td>
<td></td>
</tr>
<tr>
<td>22 Depreciation, depletion, and amortization</td>
<td></td>
</tr>
<tr>
<td>23 Insurance</td>
<td>1,443.</td>
</tr>
<tr>
<td>24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)</td>
<td>6,906.</td>
</tr>
<tr>
<td>a PRINTING &amp; PUBLICATIONS</td>
<td>3,271.</td>
</tr>
<tr>
<td>b POSTAGE &amp; SHIPPING</td>
<td>1,249.</td>
</tr>
<tr>
<td>c MISCELLANEOUS</td>
<td></td>
</tr>
<tr>
<td>d</td>
<td></td>
</tr>
<tr>
<td>e All other expenses</td>
<td></td>
</tr>
<tr>
<td>25 Total functional expenses. Add lines 1 through 24e</td>
<td>240,851.</td>
</tr>
<tr>
<td>26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.</td>
<td></td>
</tr>
</tbody>
</table>
### Part X Balance Sheet

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

<table>
<thead>
<tr>
<th></th>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Cash - non-interest-bearing</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>Savings and temporary cash investments</td>
<td>505,725.</td>
</tr>
<tr>
<td>3</td>
<td>Pledges and grants receivable, net</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Accounts receivable, net</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L</td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td>Notes and loans receivable, net</td>
<td>7</td>
</tr>
<tr>
<td>8</td>
<td>Inventories for sale or use</td>
<td>8</td>
</tr>
<tr>
<td>9</td>
<td>Prepaid expenses and deferred charges</td>
<td>481.</td>
</tr>
<tr>
<td>10a</td>
<td>Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D</td>
<td>10a</td>
</tr>
<tr>
<td>10b</td>
<td>Less: accumulated depreciation</td>
<td>10b</td>
</tr>
<tr>
<td>11</td>
<td>Investments - publicly traded securities</td>
<td>4,037,727.</td>
</tr>
<tr>
<td>12</td>
<td>Investments - other securities. See Part IV, line 11</td>
<td>12</td>
</tr>
<tr>
<td>13</td>
<td>Investments - program-related. See Part IV, line 11</td>
<td>13</td>
</tr>
<tr>
<td>14</td>
<td>Intangible assets</td>
<td>14</td>
</tr>
<tr>
<td>15</td>
<td>Other assets. See Part IV, line 11</td>
<td>208,542.</td>
</tr>
<tr>
<td>16</td>
<td>Total assets. Add lines 1 through 15 (must equal line 34)</td>
<td>4,752,475.</td>
</tr>
<tr>
<td>17</td>
<td>Accounts payable and accrued expenses</td>
<td>17</td>
</tr>
<tr>
<td>18</td>
<td>Grants payable</td>
<td>18</td>
</tr>
<tr>
<td>19</td>
<td>Deferred revenue</td>
<td>19</td>
</tr>
<tr>
<td>20</td>
<td>Tax-exempt bond liabilities</td>
<td>20</td>
</tr>
<tr>
<td>21</td>
<td>Escrow or custodial account liability. Complete Part IV of Schedule D</td>
<td>21</td>
</tr>
<tr>
<td>22</td>
<td>Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L</td>
<td>22</td>
</tr>
<tr>
<td>23</td>
<td>Secured mortgages and notes payable to unrelated third parties</td>
<td>23</td>
</tr>
<tr>
<td>24</td>
<td>Unsecured notes and loans payable to unrelated third parties</td>
<td>24</td>
</tr>
<tr>
<td>25</td>
<td>Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D</td>
<td>340,277.</td>
</tr>
<tr>
<td>26</td>
<td>Total liabilities. Add lines 17 through 25</td>
<td>340,277.</td>
</tr>
</tbody>
</table>

#### Organizations that follow SFAS 117 (ASC 958), check here [X] and complete lines 27 through 29, and lines 33 and 34.

- 27 | Unrestricted net assets | 1,235,579. | 1,300,158. |
- 28 | Temporarily restricted net assets | 948,066. | 1,176,432. |
- 29 | Permanently restricted net assets | 2,228,553. | 2,359,664. |

#### Organizations that do not follow SFAS 117 (ASC 958), check here [ ] and complete lines 30 through 34.

- 30 | Capital stock or trust principal, or current funds | 30 |  |
- 31 | Paid-in or capital surplus, or land, building, or equipment fund | 31 |  |
- 32 | Retained earnings, endowment, accumulated income, or other funds | 32 |  |
- 33 | Total net assets or fund balances | 4,412,198. | 4,836,254. |
- 34 | Total liabilities and net assets/fund balances | 4,752,475. | 5,153,293. |
### Part XI | Reconciliation of Net Assets

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

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total revenue (must equal Part VIII, column (A), line 12)</td>
<td>215,198.</td>
</tr>
<tr>
<td>2</td>
<td>Total expenses (must equal Part IX, column (A), line 25)</td>
<td>240,851.</td>
</tr>
<tr>
<td>3</td>
<td>Revenue less expenses. Subtract line 2 from line 1</td>
<td>-25,653.</td>
</tr>
<tr>
<td>4</td>
<td>Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))</td>
<td>4,412,198.</td>
</tr>
<tr>
<td>5</td>
<td>Net unrealized gains (losses) on investments</td>
<td>449,709.</td>
</tr>
<tr>
<td>6</td>
<td>Donated services and use of facilities</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Investment expenses</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Prior period adjustments</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Other changes in net assets or fund balances (explain in Schedule O)</td>
<td>0.</td>
</tr>
<tr>
<td>10</td>
<td>Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))</td>
<td>4,836,254.</td>
</tr>
</tbody>
</table>

### Part XII | Financial Statements and Reporting

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

<table>
<thead>
<tr>
<th>Line</th>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Accounting method used to prepare the Form 990:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Cash</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>X Accrual</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2a</td>
<td>Were the organization's financial statements compiled or reviewed by an independent accountant?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>If &quot;Yes,&quot; check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>X Separate basis</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Consolidated basis</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Both consolidated and separate basis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2b</td>
<td>Were the organization's financial statements audited by an independent accountant?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>If &quot;Yes,&quot; check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>X Separate basis</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Consolidated basis</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Both consolidated and separate basis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3c</td>
<td>If &quot;Yes&quot; to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3a</td>
<td>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?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3b</td>
<td>If &quot;Yes,&quot; did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

**Part I**

<table>
<thead>
<tr>
<th>Reason for Public Charity Status (All organizations must complete this part.) See instructions.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).</td>
</tr>
<tr>
<td>2. A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)</td>
</tr>
<tr>
<td>3. A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).</td>
</tr>
<tr>
<td>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:</td>
</tr>
<tr>
<td>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.)</td>
</tr>
<tr>
<td>6. A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).</td>
</tr>
<tr>
<td>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.)</td>
</tr>
<tr>
<td>8. A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)</td>
</tr>
<tr>
<td>9. An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:</td>
</tr>
<tr>
<td>10. 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.)</td>
</tr>
<tr>
<td>12. An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12a, 12f, and 12g.</td>
</tr>
<tr>
<td>a. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.</td>
</tr>
<tr>
<td>b. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.</td>
</tr>
<tr>
<td>c. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.</td>
</tr>
<tr>
<td>d. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.</td>
</tr>
<tr>
<td>e. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.</td>
</tr>
<tr>
<td>f. Enter the number of supported organizations: 1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Provide the following information about the supported organization(s).</th>
</tr>
</thead>
<tbody>
<tr>
<td>(i) Name of supported organization</td>
</tr>
<tr>
<td>(ii) EIN</td>
</tr>
<tr>
<td>(iii) Type of organization (described on lines 1-10 above (see instructions))</td>
</tr>
<tr>
<td>(iv) Did the organization files in governmental documents? Yes No</td>
</tr>
<tr>
<td>(v) Amount of monetary support (see instructions)</td>
</tr>
<tr>
<td>(vi) Amount of other support (see instructions)</td>
</tr>
</tbody>
</table>

| YMCA OF SOUTHERN ARIZONA | 86-0101237 | 7 | X | 161,337. |

Total 161,337. 0.
### Section A. Public Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2013</th>
<th>(b) 2014</th>
<th>(c) 2015</th>
<th>(d) 2016</th>
<th>(e) 2017</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gifts, grants, contributions, and membership fees received. (Do not include any “unusual grants.”)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Tax revenues levied for the organization’s benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Total. Add lines 1 through 3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Public support. Subtract line 5 from line 4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2013</th>
<th>(b) 2014</th>
<th>(c) 2015</th>
<th>(d) 2016</th>
<th>(e) 2017</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 Amounts from line 4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Net income from unrelated business activities, whether or not the business is regularly carried on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Total support. Add lines 7 through 10</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Gross receipts from related activities, etc. (see instructions)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section C. Computation of Public Support Percentage

<table>
<thead>
<tr>
<th>(a) 2013</th>
<th>(b) 2014</th>
<th>(c) 2015</th>
<th>(d) 2016</th>
<th>(e) 2017</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
</tr>
</tbody>
</table>

14 Public support percentage for 2017 (line 5, column (f) divided by line 11, column (f)) | 14 | % | 15 | % |

16a 33 1/3% support test - 2017. 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 | | | | | |

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

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

#### Section A. Public Support

<table>
<thead>
<tr>
<th>Description</th>
<th>(a) 2013</th>
<th>(b) 2014</th>
<th>(c) 2015</th>
<th>(d) 2016</th>
<th>(e) 2017</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gifts, grants, contributions, and membership fees received. (Do not include any &quot;unusual grants.&quot;)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's exempt purpose</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Gross receipts from activities that are not an unrelated trade or business under section 513</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Total. Add lines 1 through 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7a Amounts included on lines 1, 2, and 3 received from disqualified persons</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Add lines 7a and 7b</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Public support. (Subtract line 5)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Section B. Total Support

<table>
<thead>
<tr>
<th>Description</th>
<th>(a) 2013</th>
<th>(b) 2014</th>
<th>(c) 2015</th>
<th>(d) 2016</th>
<th>(e) 2017</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>9 Amounts from line 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Add lines 10a and 10b</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI).</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 Total support. (Add lines 9, 10a, 11, and 12)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)) | 15 | %

16 Public support percentage from 2016 Schedule A, Part III, line 15 | 16 | %

#### Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) | 17 | %

18 Investment income percentage from 2016 Schedule A, Part III, line 17 | 18 | %

19a 33 1/3% support tests - 2017. 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 | | |

19b 33 1/3% support tests - 2016. If the organization did not check the box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization | | |

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions | | |
### Section A. All Supporting Organizations

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>3a</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4a</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5a</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>9a</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10a</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

---

1. Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.

2. Did the organization have any supported organization that does not have an IRS determination of status under section 501(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).

3a. Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.

b. Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.

c. Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.

4a. Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.

b. Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization exercised such control and discretion despite being controlled or supervised by or in connection with its supported organizations.

c. Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.

5a. Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).

b. Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?

c. Substitutions only. Was the substitution the result of an event beyond the organization's control?

6. Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.

7. Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).

8. Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).

9a. Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.

b. Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.

c. Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

10a. Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.

b. Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)
### Part IV Supporting Organizations (continued)

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>11</td>
<td></td>
<td>11a</td>
</tr>
<tr>
<td>a</td>
<td></td>
<td>11b</td>
</tr>
<tr>
<td></td>
<td></td>
<td>11c</td>
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</table>

#### Section B. Type I Supporting Organizations

<table>
<thead>
<tr>
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<th>Yes</th>
<th>No</th>
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<tr>
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<tr>
<td>2</td>
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#### Section C. Type II Supporting Organizations

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<tr>
<th></th>
<th>Yes</th>
<th>No</th>
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#### Section D. All Type III Supporting Organizations

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<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
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<tr>
<td>2</td>
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</tr>
<tr>
<td>3</td>
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<td>3</td>
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#### Section E. Type III Functionally Integrated Supporting Organizations

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
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<tr>
<td>3</td>
<td></td>
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</table>
### Section A - Adjusted Net Income

<table>
<thead>
<tr>
<th></th>
<th>(A) Prior Year</th>
<th>(B) Current Year (optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Net short-term capital gain</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>Recoveries of prior-year distributions</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>Other gross income (see instructions)</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Add lines 1 through 3</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>Depreciation and depletion</td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td>Other expenses (see instructions)</td>
<td>7</td>
</tr>
<tr>
<td>8</td>
<td>Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)</td>
<td>8</td>
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</table>

### Section B - Minimum Asset Amount

<table>
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<tr>
<th></th>
<th>(A) Prior Year</th>
<th>(B) Current Year (optional)</th>
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<tbody>
<tr>
<td>1</td>
<td>Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Average monthly value of securities</td>
<td>1a</td>
</tr>
<tr>
<td>b</td>
<td>Average monthly cash balances</td>
<td>1b</td>
</tr>
<tr>
<td>c</td>
<td>Fair market value of other non-exempt-use assets</td>
<td>1c</td>
</tr>
<tr>
<td>d</td>
<td>Total (add lines 1a, 1b, and 1c)</td>
<td>1d</td>
</tr>
<tr>
<td>e</td>
<td>Discount claimed for blockage or other factors (explain in detail in Part VI):</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Acquisition indebtedness applicable to non-exempt-use assets</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2 from line 1d</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>Net value of non-exempt-use assets (subtract line 4 from line 3)</td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>Multiply line 5 by .035</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td>Recoveries of prior-year distributions</td>
<td>7</td>
</tr>
<tr>
<td>8</td>
<td>Minimum Asset Amount (add line 7 to line 6)</td>
<td>8</td>
</tr>
</tbody>
</table>

### Section C - Distributable Amount

<table>
<thead>
<tr>
<th></th>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Adjusted net income for prior year (from Section A, line 8, Column A)</td>
</tr>
<tr>
<td>2</td>
<td>Enter 85% of line 1</td>
</tr>
<tr>
<td>3</td>
<td>Minimum asset amount for prior year (from Section B, line 8, Column A)</td>
</tr>
<tr>
<td>4</td>
<td>Enter greater of line 2 or line 3</td>
</tr>
<tr>
<td>5</td>
<td>Income tax imposed in prior year</td>
</tr>
<tr>
<td>6</td>
<td>Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)</td>
</tr>
<tr>
<td>7</td>
<td>Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).</td>
</tr>
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</table>
### Part V - Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

#### Section D - Distributions

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>Current Year</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Amounts paid to supported organizations to accomplish exempt purposes</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Administrative expenses paid to accomplish exempt purposes of supported organizations</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Amounts paid to acquire exempt-use assets</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Qualified set-aside amounts (prior IRS approval required)</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Other distributions (describe in Part VI), See instructions.</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td><strong>Total annual distributions. Add lines 1 through 6.</strong></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI), See instructions.</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Distributable amount for 2017 from Section C, line 6</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Line 8 amount divided by line 9 amount</td>
<td></td>
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#### Section E - Distribution Allocations (see instructions)

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>(i) Excess Distributions</th>
<th>(ii) Underdistributions Pre-2017</th>
<th>(iii) Distributable Amount for 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Distributable amount for 2017 from Section C, line 6</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Underdistributions, if any, for years prior to 2017 (reasonable cause required - explain in Part VI), See instructions.</td>
<td></td>
<td></td>
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<tr>
<td>3</td>
<td>Excess distributions carryover, if any, to 2017</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>From 2013</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>From 2014</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>From 2015</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>From 2016</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>From 2016</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f</td>
<td><strong>Total of lines 3a through e</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g</td>
<td>Applied to underdistributions of prior years</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h</td>
<td>Applied to 2017 distributable amount</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>i</td>
<td>Carryover from 2012 not applied (see instructions)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>j</td>
<td>Remainder, Subtract lines 3g, 3h, and 3i from 3f.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Distributions for 2017 from Section D, line 7:</td>
<td>$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Applied to underdistributions of prior years</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Applied to 2017 distributable amount</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Remainder. Subtract lines 4a and 4b from 4.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI, See instructions.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI, See instructions.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td><strong>Excess distributions carryover to 2018. Add lines 3j and 4c.</strong></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>8</td>
<td>Breakdown of line 7:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Excess from 2013</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Excess from 2014</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Excess from 2015</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>Excess from 2016</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>Excess from 2017</td>
<td></td>
<td></td>
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</tbody>
</table>
PART IV, SECTION E, LINE 2A:

THE ACTIVITIES AND FUNDS OF THE YMCA FOUNDATION OF SOUTHERN ARIZONA ARE TO BENEFIT THE YMCA OF SOUTHERN ARIZONA AND HELP SUPPORT THEIR MISSION:

"THE YMCA OF SOUTHERN ARIZONA IS DEDICATED TO IMPROVING THE QUALITY OF HUMAN LIFE AND TO HELPING ALL PEOPLE REALIZE THEIR FULLEST POTENTIAL THROUGH THE DEVELOPMENT OF SPIRIT, MIND, AND BODY."

PART IV, SECTION E, LINE 2B:

THE ACTIVITIES AND FUNDS OF THE YMCA FOUNDATION OF SOUTHERN ARIZONA ARE TO BENEFIT THE YMCA OF SOUTHERN ARIZONA AND HELP SUPPORT THEIR MISSION.
Schedule B
(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

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

Name of the organization: YMCA FOUNDATION OF SOUTHERN ARIZONA
Employer identification number: 86-0326724

Organization type (check one):

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

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

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

Special Rules
- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(v), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) $5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don’t complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling $5,000 or more during the year.$

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

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)
### YMCA FOUNDATION OF SOUTHERN ARIZONA

#### Part I  Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

<table>
<thead>
<tr>
<th>(a) No.</th>
<th>(b) Name, address, and ZIP + 4</th>
<th>(c) Total contributions</th>
<th>(d) Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td>$10,988.</td>
<td>Payroll ☒</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(Complete Part II for noncash contributions.)</td>
</tr>
<tr>
<td>2</td>
<td></td>
<td>$5,000.</td>
<td>Payroll ☒</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(Complete Part II for noncash contributions.)</td>
</tr>
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</tr>
<tr>
<td>(a) No. from Part I</td>
<td>(b) Description of noncash property given</td>
<td>(c) FMV (or estimate) (See instructions.)</td>
<td>(d) Date received</td>
</tr>
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<td>---------------------</td>
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</tbody>
</table>
Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization

YMCA FOUNDATION OF SOUTHERN ARIZONA

Employer identification number 86-0326724

Part III: Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(3), (b), or (c)(1) that total more than $1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of $1,000 or less for the year. [Enter this total here] $5

Use duplicate copies of Part III if additional space is needed.

<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Purpose of gift</th>
<th>(c) Use of gift</th>
<th>(d) Description of how gift is held</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

<p>| | | | |</p>
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(a) No. from Part I

<table>
<thead>
<tr>
<th>(b) Purpose of gift</th>
<th>(c) Use of gift</th>
<th>(d) Description of how gift is held</th>
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(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

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(a) No. from Part I

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(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

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(a) No. from Part I

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(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

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</table>

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

<p>| | | | |</p>
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</tbody>
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723454 11-01-17

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)
**SCHEDULE D (Form 990)**

**Supplemental Financial Statements**

- Completes if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
- Attach to Form 990.
- Go to www.irs.gov/Form990 for instructions and the latest information.

**Name of the organization:** YMCA FOUNDATION OF SOUTHERN ARIZONA

**Employer identification number:** 86-0326724

---

### Part I
Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts

<table>
<thead>
<tr>
<th></th>
<th>(a) Donor advised funds</th>
<th>(b) Funds and other accounts</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total number at end of year</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Aggregate value of contributions to (during year)</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Aggregate value of grants from (during year)</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Aggregate value at end of year</td>
<td></td>
</tr>
</tbody>
</table>

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? [ ] Yes [ ] No

6. Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? [ ] Yes [ ] No

---

### Part II
Conservation Easements

1. Purpose(s) of conservation easements held by the organization (check all that apply):
   - Preservation of land for public use (e.g., recreation or education)
   - Preservation of a historically important land area
   - Protection of natural habitat
   - Preservation of a certified historic structure
   - Preservation of open space

2. Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year:
   - Total number of conservation easements
   - Total acreage restricted by conservation easements
   - Number of conservation easements on a certified historic structure included in (a)
   - Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register

3. Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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, handling of violations, and enforcement of the conservation easements it holds? [ ] Yes [ ] No

6. Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

7. Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

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

9. In Part XIII, 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' on Form 990, Part IV, line 8.

1a. If the organization elected, as permitted under SFAS 116 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items.

1b. If the organization elected, as permitted under SFAS 116 (ASC 958), 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:
   - Revenue included on Form 990, Part VIII, line 1
   - 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 116 (ASC 958) relating to these items:
   - Revenue included on Form 990, Part VIII, line 1
   - 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 acquisition, 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 XIII.

5. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

1a. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b. If "Yes," explain the arrangement in Part XIII and complete the following table:

<table>
<thead>
<tr>
<th></th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beginning balance</td>
<td></td>
</tr>
<tr>
<td>Additions during the year</td>
<td></td>
</tr>
<tr>
<td>Distributions during the year</td>
<td></td>
</tr>
<tr>
<td>Ending balance</td>
<td></td>
</tr>
</tbody>
</table>

1c. Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b. If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.

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

1a. Beginning of year balance

<table>
<thead>
<tr>
<th></th>
<th>(a) Current year</th>
<th>(b) Prior year</th>
<th>(c) Two years back</th>
<th>(d) Three years back</th>
<th>(e) Four years back</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2,228,617</td>
<td>2,135,381</td>
<td>2,145,180</td>
<td>2,106,937</td>
<td>1,716,670</td>
</tr>
</tbody>
</table>

b. Contributions

|          | 63,707          | 50,652         | 17,616             | 15,871               | 341,252             |

c. Net investment earnings, gains, and losses

|          | 67,340          | 42,584         | -27,415            | 22,372               | 49,515              |

d. Grants or scholarships

|          |                |                |                    |                      |                    |

e. Other expenditures for facilities and programs

|          |                |                |                    |                      |                    |

f. Administrative expenses

|          | 2,359,664      | 2,228,617      | 2,135,381          | 2,145,180            | 2,106,937           |

g. End of year balance

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

   a. Board designated or quasi-endowment %
   b. Permanent endowment %
   c. Temporarily restricted endowment %

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

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

   (i) unrelated organizations
   (ii) related organizations

   If "Yes" on line 3a(i), are the related organizations listed as required on Schedule R? Yes No

3b. Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI**  Land, Buildings, and Equipment.

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

<table>
<thead>
<tr>
<th>Description of property</th>
<th>(a) Cost or other basis (investment)</th>
<th>(b) Cost or other basis (other)</th>
<th>(c) Accumulated depreciation</th>
<th>(d) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Land</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Buildings</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Leasehold improvements</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Equipment</td>
<td></td>
<td></td>
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<tr>
<td>e. Other</td>
<td></td>
<td></td>
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</tbody>
</table>

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)
**Part VII** Investments - Other Securities.
Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

<table>
<thead>
<tr>
<th>Description of Security or category (including name of security)</th>
<th>Book value</th>
<th>Method of valuation: Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Financial derivatives</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2) Closely-held equity interests</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3) Other</td>
<td>(A)</td>
<td></td>
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</tbody>
</table>

Total. (Col. (b) must equal Form 990, Part X, col. (b) line 12.)

**Part VIII** Investments - Program Related.
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

<table>
<thead>
<tr>
<th>Description of investment</th>
<th>Book value</th>
<th>Method of valuation: Cost or end-of-year market value</th>
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</thead>
<tbody>
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<td>(1)</td>
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</table>

Total. (Col. (b) must equal Form 990, Part X, col. (b) line 13.)

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

<table>
<thead>
<tr>
<th>Description</th>
<th>Book value</th>
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<tbody>
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</table>

Total. (Column (b) must equal Form 990, Part X, col. (b) line 15.)

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

1. | Description of liability | Book value |
<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>(1) Federal income taxes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2) NOTE PAYABLE - YMCA (GREEN FOUNDATION NOTE)</td>
<td>77,195.</td>
<td></td>
</tr>
<tr>
<td>(3) DUE TO - YMCA OF SOUTHERN AZ</td>
<td>239,844.</td>
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<tr>
<td>(4)</td>
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<td></td>
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<tr>
<td>(5)</td>
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<td>(9)</td>
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</tbody>
</table>

Total. (Column (b) must equal Form 990, Part X, col. (b) line 25.)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII. [X]
Part XI | Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

1 Total revenue, gains, and other support per audited financial statements 1 667,574.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:
   a Net unrealized gains (losses) on investments 2a 449,709.
   b Donated services and use of facilities 2b
   c Recoveries of prior year grants 2c
   d Other (Describe in Part XIII.) 2d -1,249.
   e Add lines 2a through 2d 2e 448,460.
3 Subtract line 2e from line 1 3 219,114.
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 XIII.) 4b -3,916.
   c Add lines 4a and 4b 4c
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 215,198.

Part XII | Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

1 Total expenses and losses per audited financial statements 1 243,518.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:
   a Donated services and use of facilities 2a
   b Prior year adjustments 2b
   c Other losses 2c
   d Other (Describe in Part XIII.) 2d 3,916.
   e Add lines 2a through 2d 2e 3,916.
3 Subtract line 2e from line 1 3 239,602.
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 XIII.) 4b 1,249.
   c Add lines 4a and 4b 4c 1,249.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 240,851.

Part XIII | Supplemental Information.

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

---

Part V, Line 4:

The YMCA and the Foundation have adopted the provision under the Uniform Prudent Management Institutional Funds Act ("UPMIFA") and have adopted a spending policy that seeks to preserve and build the permanent funds entrusted to the YMCA and the Foundation on a real dollar basis and to maintain the distribution levels in periods of "down markets".

The spending policy determines the annual dollar value of distributions that may be made from the unrestricted fund and the permanently restricted endowment funds unless the donor has clearly expressed a different intent. This amount is established by the Board of Directors prior to each fiscal year at the rate of 3% to 5% of the rolling average market value of the

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Schedule D (Form 990) 2017
SPENDING FROM THE PERMANENTLY RESTRICTED INCOME ENDOWMENT FUNDS IS LIMITED TO INTEREST AND DIVIDENDS EARNED IN THE PREVIOUS CALENDAR YEAR ON THAT FUND.

INVESTMENT OBJECTIVES OF THE YMCA AND THE FOUNDATION ARE TO MANAGE THE PORTFOLIO IN A MANNER THAT WILL MAXIMIZE THE BENEFITS INTENDED BY DONORS, TO PROVIDE PERPETUAL FINANCIAL SUPPORT FOR THE YMCA AND THE FOUNDATION, AND TO ACHIEVE A TOTAL RETURN OVER TIME SUFFICIENT TO PRESERVE AND INCREASE THE PURCHASING POWER OF THE ASSETS. THE YMCA AND THE FOUNDATION BELIEVE THIS GOAL CAN BEST BE ACHIEVED BY MANAGING THE UNRESTRICTED, RESTRICTED INCOME ENDOWMENT, AND ENDOWMENT PORTION OF THE FUND ON A TOTAL RETURN BASIS. ACCORDINGLY, THE ASSET ALLOCATION RANGE FOR EQUITIES WILL BE 10% TO 65% FOR THIS PORTION OF THE FUND.

FOR THE RESTRICTED INCOME ONLY PORTION OF THE FUND, EQUITIES WILL BE 20% TO 40%. FOR THE CHARITABLE GIFT ANNUITY RESERVE PORTION OF THE FUND THE ASSET ALLOCATION RANGE FOR EQUITIES WILL BE 20% TO 40%. THE REMAINDER MAY BE INVESTED IN FIXED INCOME OR CASH AND CASH EQUIVALENTS OF 55% TO 80% OF THE PORTFOLIO AND OTHER ALTERNATIVE INVESTMENTS NOT TO EXCEED 5%. THE INVESTMENT POLICY STATEMENT APPLIES ONLY TO THOSE ASSETS FOR WHICH THE INVESTMENT MANAGERS AND THE FINANCE COMMITTEE HAVE DISCRETIONARY AUTHORITY.

PART X, LINE 2:

THE YMCA OF SOUTHERN ARIZONA AND YMCA FOUNDATION ARE ORGANIZED AS ARIZONA NONPROFIT CORPORATIONS AND HAVE BEEN RECOGNIZED BY THE INTERNAL REVENUE
SERVICE (IRS) AS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(A) OF THE INTERNAL REVENUE CODE AS ORGANIZATIONS DESCRIBED IN SECTION 501(C)(3), QUALIFY FOR THE CHARITABLE CONTRIBUTION DEDUCTION UNDER SECTION 170(B)(1)(A)(VI) AND (VIII), AND HAVE BEEN DETERMINED NOT TO BE PRIVATE FOUNDATIONS UNDER SECTIONS 509(A)(1) AND (3), RESPECTIVELY. THE ORGANIZATIONS ARE ANNUALLY REQUIRED TO FILE A RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX (FORM 990) WITH THE IRS. IN ADDITION, THE ORGANIZATIONS ARE SUBJECT TO INCOME TAX ON NET INCOME THAT IS DERIVED FROM BUSINESS ACTIVITIES THAT ARE UNRELATED TO ITS EXEMPT PURPOSES. EACH ORGANIZATION HAS DETERMINED IT IS NOT SUBJECT TO UNRELATED BUSINESS INCOME TAX AND HAS NOT FILED AN EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURN (FORM 990-T) WITH THE IRS.

EACH ORGANIZATION BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN AFFECTING ITS ANNUAL FILING REQUIREMENTS, AND AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS. THE ORGANIZATIONS WOULD RECOGNIZE FUTURE ACCRUED INTEREST AND PENALTIES RELATED TO UNRECOGNIZED TAX BENEFITS AND LIABILITIES IN INCOME TAX EXPENSE IF SUCH INTEREST AND PENALTIES ARE INCURRED.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

MISCELLANEOUS -1,249.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES -3,916.

PART XII, LINE 2D - OTHER ADJUSTMENTS:
SPECIAL EVENT EXPENSES IN INCOME 3,916.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

MISCELLANEOUS 1,249.
SCHEDULE I
(Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Name of the organization: YMCA FOUNDATION OF SOUTHERN ARIZONA
Employer identification number: 86-0326724

2017
Open to Public Inspection

Part I: General Information

1. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility, for the grants or assistance, and the selection criteria used to award the grants or assistance? [X] Yes ☐ No

2. Describe in Part II the organization's procedures for monitoring the use of grant funds in the United States.

Part II: Grants and Other Assistance to Domestic Organizations and Domestic Governments
Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

<table>
<thead>
<tr>
<th>1(a) Name and address of organization or government</th>
<th>1(b) EIN</th>
<th>1(c) IRC section (if applicable)</th>
<th>1(d) Amount of cash grant</th>
<th>1(e) Amount of non-cash assistance</th>
<th>1(f) Method of valuation (book, FMV, appraisal, other)</th>
<th>1(g) Description of noncash assistance</th>
<th>1(h) Purpose of grant or assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>YMCA OF SOUTHERN ARIZONA</td>
<td>86-0101237</td>
<td>501 (c)(3)</td>
<td>161,337</td>
<td>0</td>
<td></td>
<td></td>
<td>TO BENEFIT THE YMCA OF SOUTHERN ARIZONA AND HELP SUPPORT THEIR MISSION,</td>
</tr>
</tbody>
</table>

2. Enter total number of sections 501(c)(3) and government organizations listed in the line 1 table

3. Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2017)
Part III  Grant and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part II| can be duplicated if additional space is needed.

<table>
<thead>
<tr>
<th>(a) Type of grant or assistance</th>
<th>(b) Number of recipients</th>
<th>(c) Amount of cash grant</th>
<th>(d) Amount of non-cash assistance</th>
<th>(e) Method of valuation (book, FMV, appraisal, other)</th>
<th>(f) Description of non-cash assistance</th>
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</tbody>
</table>

Part IV  Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

THE ONLY DONATION THE YMCA FOUNDATION OF SOUTHERN ARIZONA MADE IS TO THE YMCA OF SOUTHERN ARIZONA. THE PROCEDURES FOR MONITORING USE OF GRANT FUNDS IN U.S. ARE NOT APPLICABLE TO THE ORGANIZATION.
### Part I | Questions Regarding Compensation

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td>Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>First-class or charter travel</td>
<td>Housing allowance or residence for personal use</td>
</tr>
<tr>
<td></td>
<td>Travel for companions</td>
<td>Payments for business use of personal residence</td>
</tr>
<tr>
<td></td>
<td>Tax indemnification and gross-up payments</td>
<td>Health or social club dues or initiation fees</td>
</tr>
<tr>
<td></td>
<td>Discretionary spending account</td>
<td>Personal services (such as, maid, chauffeur, chef)</td>
</tr>
<tr>
<td>b</td>
<td>If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If &quot;No,&quot; complete Part III to explain</td>
<td>1b</td>
</tr>
<tr>
<td>2</td>
<td>Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Compensation committee</td>
<td>Written employment contract</td>
</tr>
<tr>
<td></td>
<td>Independent compensation consultant</td>
<td>Compensation survey or study</td>
</tr>
<tr>
<td></td>
<td>Form 990 of other organizations</td>
<td>Approval by the board or compensation committee</td>
</tr>
</tbody>
</table>

| 4 | During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: |
|   | a | Receive a severance payment or change-of-control payment? | 4a |
|   | b | Participate in, or receive payment from, a supplemental nonqualified retirement plan? | 4b |
|   | c | Participate in, or receive payment from, an equity-based compensation arrangement? | 4c |
|   | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. | |

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

| 5 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: |
|   | a | The organization? | 5a |
|   | b | Any related organization? | 5b |
|   | If "Yes" on line 5a or 5b, describe in Part III. | |

| 6 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: |
|   | a | The organization? | 6a |
|   | b | Any related organization? | 6b |
|   | If "Yes" on line 6a or 6b, describe in Part III. | |

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

| 8 | Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III | 8 |

| 9 | If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? | 9 |
Schedule J (Form 990) 2017

YMCA FOUNDATION OF SOUTHERN ARIZONA 86-0326724

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (1) and from related organizations, described in the instructions, on row (2). Do not list any individuals that aren’t listed on Form 990, Part VII.

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

<table>
<thead>
<tr>
<th>(A) Name and Title</th>
<th>(B) Breakdown of W-2 and/or 1099-MISC compensation</th>
<th>(C) Retirement and other deferred compensation</th>
<th>(D) Nontaxable benefits</th>
<th>(E) Total of columns (B)(ii)-(vi)</th>
<th>(F) Compensation in column (E) reported as deferred on prior Form 990</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) KURVIS DAMSON</td>
<td>170,090</td>
<td>0</td>
<td>17,009</td>
<td>6,269</td>
<td>193,368</td>
</tr>
</tbody>
</table>

Schedule J (Form 990) 2017

722112 18-17-17
Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

SOUTHERN ARIZONA AND HELP SUPPORT THEIR MISSION: "THE YMCA OF SOUTHERN ARIZONA IS DEDICATED TO IMPROVING THE QUALITY OF HUMAN LIFE AND TO HELPING ALL PEOPLE REALIZE THEIR FULLEST POTENTIAL THROUGH THE DEVELOPMENT OF SPIRIT, MIND, AND BODY."

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

POTENTIAL THROUGH THE DEVELOPMENT OF SPIRIT, MIND, AND BODY."

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS SENT TO EACH FINANCE COMMITTEE MEMBER TO REVIEW BEFORE FILING. EACH COMMITTEE MEMBER IS ASKED TO REVIEW AND SUBMIT QUESTIONS/COMMENTS TO CFO THAT WILL BE ADDRESSED BEFORE FINALIZING THE RETURN. THE FORM 990 IS DISCUSSED AND MADE AVAILABLE TO ALL BOARD MEMBERS ONCE THE FINANCE COMMITTEE MEMBERS APPROVE THE FINAL COPY AND BEFORE IT IS FILED.

FORM 990, PART VI, SECTION B, LINE 12C:

THE BOARD OF DIRECTORS REVIEW AND UPDATE THE CONFLICT OF INTEREST POLICY AS NEEDED. CONFLICT OF INTEREST FORMS ARE GIVEN TO EACH BOARD MEMBER ANNUALLY TO REVIEW, UPDATE AND SIGN. THESE FORMS ARE REVIEWED BY STAFF AND KEPT ON FILE. THE POLICY ALSO REQUIRES BOARD MEMBERS TO DISCLOSE ANY CONFLICTS THROUGHOUT THE YEAR THAT MAY ARISE.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION WILL DISCLOSE ITS GOVERNING DOCUMENTS, CONFLICT OF

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2017)
YMCA FOUNDATION OF SOUTHERN ARIZONA

INTEREST POLICY AND FINANCIAL STATEMENTS TO THE PUBLIC UPON REQUEST.

FORM 990, PART XII, LINE 2C:

THE ORGANIZATION DID NOT CHANGE ITS OVERSIGHT OR REVIEW PROCESSES DURING THE YEAR.
**Schedule R (Form 990)**

**Related Organizations and Unrelated Partnerships**

- Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
- Attach to Form 990.
- Go to www.irs.gov/Form990 for instructions and the latest information.

**YMCA Foundation of Southern Arizona**

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

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN (if applicable) of disregarded entity</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Total income</th>
<th>(e) End-of-year assets</th>
<th>(f) Direct controlling entity</th>
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</table>

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

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN of related organization</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Exempt Code section</th>
<th>(e) Public charity status (if section 501(c)(3))</th>
<th>(f) Direct controlling entity</th>
</tr>
</thead>
<tbody>
<tr>
<td>YMCA OF SOUTHERN ARIZONA - 85-0161237</td>
<td>PROVIDES SERVICES AND</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>PO BOX 1111</td>
<td>PROGRAMS TO BENEFIT THE</td>
<td></td>
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<tr>
<td>TUCSON, AZ 85702-1111</td>
<td>COMMUNITY IT SERVES ARIZONA</td>
<td></td>
<td>501(c)(3)</td>
<td>501(c)(1)(A)</td>
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<td>X</td>
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</table>

For Paperwork Reduction Act Notice, see the instructions for Form 990.
### Part III: Identification of Related Organizations Taxable as a Partnership

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

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN of related organization</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (in a foreign country)</th>
<th>(d) Direct controlling entity</th>
<th>(e) Predominant income (related or unrelated, included in box 3 of Form 1041)</th>
<th>(f) Share of total income</th>
<th>(g) Share of end-of-year assets</th>
<th>(h) Percentage ownership</th>
<th>(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)</th>
<th>(j) Percentage ownership</th>
<th>(k) Percentage ownership</th>
</tr>
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### Part IV: Identification of Related Organizations Taxable as a Corporation or Trust

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

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN of related organization</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (in a foreign country)</th>
<th>(d) Direct controlling entity</th>
<th>(e) Type of entity (C Corp, S Corp, or trust)</th>
<th>(f) Share of total income</th>
<th>(g) Share of end-of-year assets</th>
<th>(h) Percentage ownership</th>
<th>(i) Section 513(c) controlled entity</th>
</tr>
</thead>
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</tbody>
</table>
### Part V - Transactions With Related Organizations

Complete if the organization answered "Yes" on Form 990, Part IV, line 94, 35b, or 36.

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

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-V?</td>
</tr>
<tr>
<td>1a</td>
<td>Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity</td>
</tr>
<tr>
<td>1b</td>
<td>Gift, grant, or capital contribution to related organization(s)</td>
</tr>
<tr>
<td>1c</td>
<td>Gift, grant, or capital contribution from related organization(s)</td>
</tr>
<tr>
<td>1d</td>
<td>Loans or loan guarantees to or for related organization(s)</td>
</tr>
<tr>
<td>1e</td>
<td>Loans or loan guarantees by related organization(s)</td>
</tr>
<tr>
<td>1f</td>
<td>Dividends from related organization(s)</td>
</tr>
<tr>
<td>1g</td>
<td>Sale of assets to related organization(s)</td>
</tr>
<tr>
<td>1h</td>
<td>Purchase of assets from related organization(s)</td>
</tr>
<tr>
<td>1i</td>
<td>Exchange of assets with related organization(s)</td>
</tr>
<tr>
<td>1j</td>
<td>Lease of facilities, equipment, or other assets to related organization(s)</td>
</tr>
<tr>
<td>1k</td>
<td>Lease of facilities, equipment, or other assets from related organization(s)</td>
</tr>
<tr>
<td>1m</td>
<td>Performance of services or membership or fundraising solicitations for related organization(s)</td>
</tr>
<tr>
<td>1n</td>
<td>Performance of services or membership or fundraising solicitations by related organization(s)</td>
</tr>
<tr>
<td>1o</td>
<td>Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)</td>
</tr>
<tr>
<td>1p</td>
<td>Sharing of paid employees with related organization(s)</td>
</tr>
<tr>
<td>1q</td>
<td>Reimbursement paid to related organization(s) for expenses</td>
</tr>
<tr>
<td>1r</td>
<td>Reimbursement paid by related organization(s) for expenses</td>
</tr>
<tr>
<td>1s</td>
<td>Other transfer to or from related organization(s)</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>(a) Name of related organization</th>
<th>(b) Transaction type (a-i)</th>
<th>(c) Amount Involved</th>
<th>(d) Method of determining amount involved</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>YMCA OF SOUTHERN ARIZONA</td>
<td>B</td>
<td>161,337</td>
<td>ACTUAL CASH TRANSFERRED</td>
</tr>
<tr>
<td>2</td>
<td>YMCA OF SOUTHERN ARIZONA</td>
<td>M</td>
<td>27,000</td>
<td>MANAGEMENT FEE</td>
</tr>
<tr>
<td>3</td>
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<td>6</td>
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</tbody>
</table>
Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

<table>
<thead>
<tr>
<th>Name, address, and EIN of entity</th>
<th>Primary activity</th>
<th>Legal domicile (state or foreign country)</th>
<th>Predominant income (related, unrelated, excluded from tax under sections 512-514)</th>
<th>Share of total income</th>
<th>Share of end-of-year assets</th>
<th>Code V, VI, VII, or VIII of Schedule K-1 (Form 1065)</th>
<th>Percentage ownership</th>
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Schedule R (Form 990) 2017