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CLIENT'S COPY

NOVEMBER 21, 2011

CATHY SCHEIRMAN
YMCA OF SOUTHERN ARIZONA
P.O. BOX 1111
TUCSON, AZ 85702-1111

PROFESSIONAL SERVICES RENDERED IN THE PREPARATION OF YOUR 2010
EXEMPT ORGANIZATION TAX RETURNS, INCLUDING:

FORM 990, RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX	\$ 50.00
SCHEDULE A, PUBLIC CHARITY STATUS AND PUBLIC SUPPORT	6.00
SCHEDULE B, SCHEDULE OF CONTRIBUTORS	6.00
SCHEDULE D, SUPPLEMENTAL FINANCIAL STATEMENT	6.00
SCHEDULE G, SUPPL INFO FUNDRAISING/GAMING ACT	6.00
SCHEDULE I, GRANTS AND ASSIST ORG, GOV, AND IND	6.00
SCHEDULE J, COMPENSATION INFORMATION	6.00
SCHEDULE M, NONCASH CONTRIBUTIONS	6.00
SCHEDULE O, SUPPLEMENTAL INFORMATION	6.00
SCHEDULE R, RELATED ORG/UNRELATED PARTNERSHIPS	6.00
FORM 4562, DEPRECIATION AND AMORTIZATION	6.00
FORM 8868, APPLICATION FOR ADDITIONAL FILING EXTENSION	6.00
FORM 8879-EO, E-FILE SIGNATURE AUTHORIZATION	15.00
AZ 99, EXEMPT ORGANIZATION ANNUAL INFORMATION RETURN	10.00
SHIPPING/HANDLING	7.00
HARDWARE	15.00
TOTAL FEE	\$ 163.00

November 15, 2011

Cathy Scheirman
YMCA of Southern Arizona
P.O. Box 1111
Tucson, AZ 85702-1111

Dear Ms. Scheirman:

Enclosed is the organization's 2010 Exempt Organization return. The state Exempt Organization return is also enclosed. These should be signed, dated, and mailed, as indicated.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-EO to us by November 15, 2011.

ARIZONA FORM 99 RETURN:

Mail to - Arizona Department of Revenue
PO Box 52153
Phoenix, AZ 85072-2153

Please sign and mail Form 99 on or before November 15, 2011.

No payment is required.

We have prepared the return from information you furnished us without verification. Upon examination of the return by tax authorities, requests may be made for underlying data. We therefore recommend that you preserve all records which you may be called upon to produce in connection with such possible examinations.

Please review the return for completeness and accuracy.

We sincerely appreciate the opportunity to serve you. Please

contact us if you have any questions concerning the tax return.

Copies of all the returns are enclosed for your files. We suggest that you retain these copies indefinitely.

Very truly yours,

Mark E. Cowley, CPA

Return of Organization Exempt From Income Tax

2010

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

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

A For the 2010 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization YMCA OF SOUTHERN ARIZONA		D Employer identification number * * - * * * * * *
	Doing Business As		E Telephone number (520) 623-5511
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 12,765,642.
	City or town, state or country, and ZIP + 4 TUCSON, AZ 85702-1111		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	F Name and address of principal officer: DANE WOLL SAME AS C ABOVE		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			H(c) Group exemption number ▶
J Website: ▶ WWW.TUCSONYMCA.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1914 M State of legal domicile: AZ	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>THE YMCA OF SOUTHERN ARIZONA IS DEDICATED TO IMPROVING THE QUALITY OF HUMAN LIFE AND TO HELPING ALL</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	39
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	39
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	800
	6 Total number of volunteers (estimate if necessary)	6	1599
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0.
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	2,566,765.	2,703,115.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	9,590,051.	9,798,038.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	24,051.	9,785.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	192,317.	183,886.
		12,373,184.	12,694,824.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	808,487.	622,561.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	6,465,566.	6,369,504.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 233,092.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	4,895,239.	4,991,174.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	12,169,292.	11,983,239.	
19 Revenue less expenses. Subtract line 18 from line 12	203,892.	711,585.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	13,888,404.	15,299,367.
	22 Net assets or fund balances. Subtract line 21 from line 20	1,792,799.	2,471,058.
	12,095,605.	12,828,309.	

Part II Signature Block

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

Sign Here	▶ Signature of officer		Date
	▶ DANE WOLL, CEO Type or print name and title		
Paid Preparer Use Only	Print/Type preparer's name MARK E. COWLEY, CPA	Preparer's signature	Date
	Firm's name ▶ REGIER CARR & MONROE, L.L.P.	Firm's EIN ▶	Check <input type="checkbox"/> if self-employed PTIN
	Firm's address ▶ 4801 E BROADWAY BLVD, STE 501 TUCSON, AZ 85711-3648	Phone no. 520 624-8229	

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III [X]

1 Briefly describe the organization's mission: YMCA OF SOUTHERN ARIZONA IS DEDICATED TO IMPROVING THE QUALITY OF HUMAN LIFE AND HELPING ALL PEOPLE REALIZE THEIR FULLEST POTENTIAL THROUGH THE DEVELOPMENT OF SPIRIT, MIND AND BODY. WE ARE A POWERFUL ASSOCIATION OF MEN, WOMEN AND CHILDREN, JOINED TOGETHER BY A SHARED

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

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

4a (Code:) (Expenses \$ 673,995. including grants of \$ 11,881.) (Revenue \$ 531,039.) PROGRAM SERVICES/FAMILY AND YOUTH DEVELOPMENT

SINCE 1914, THE Y HAS STRENGTHENED THE FOUNDATION OF OUR COMMUNITY BRINGING QUALITY EFFECTIVE INNOVATIVE PROGRAMS THAT DEVELOP YOUTH, PROMOTE HEALTHY LIVING AND INSTILL SOCIAL RESPONSIBILITY IN ALL WE SERVE.

YOUTH DEVELOPMENT PROGRAMS NURTURE THE POTENTIAL OF EVERY CHILD AND TEEN CREATING THE FOUNDATION FOR EACH TO DEVELOP CHARACTER, BUILD LEADERSHIP SKILLS AND REALIZE THEIR POTENTIAL. THE Y IS A FAMILY ORGANIZATION THAT PROVIDES FAMILIES WITH A SAFE, RELIABLE AND AFFORDABLE PLACE TO BOND AND SPEND VALUABLE QUALITY TIME TOGETHER.

4b (Code:) (Expenses \$ 3,958,538. including grants of \$ 261,998.) (Revenue \$ 3,477,262.) CHILD CARE AND DAY CAMP

YMCA® SAFE, QUALITY, AFFORDABLE CHILD CARE AND SUMMER DAY CAMP PROGRAMS ALLOW PARENTS TO ATTEND SCHOOL OR MAINTAIN EMPLOYMENT TO SUPPORT THEIR FAMILIES. THE Y HAS 2,347 LICENSED SLOTS ACROSS THE METROPOLITAN AREA INCLUDING SAHUARITA AND VAIL. PROGRAMS SERVE INFANTS, TODDLERS, PRESCHOOLERS AND SCHOOL AGE YOUTH AT 17 CONVENIENT LOCATIONS MAKING THE Y ONE OF TUCSON® LARGEST CHILD CARE PROVIDERS. OUR VALUES BASED PROGRAMS OFFER EDUCATIONAL ENRICHMENT AND RECREATIONAL OPPORTUNITIES, SERVING AN AVERAGE OF 745 CHILDREN PER WEEK, AND OFFER ADVENTURE AND LEARNING OPPORTUNITIES DURING SCHOOL VACATIONS.

4c (Code:) (Expenses \$ 4,292,852. including grants of \$ 149,216.) (Revenue \$ 5,541,290.) HEALTH AND WELLNESS

THE Y IS ABOUT IMPROVING OUR COMMUNITY® HEALTH AND WELL-BEING. OUR PROGRAMS ARE DESIGNED FOR PEOPLE OF ALL AGES, ABILITIES, FAITHS, ETHNICITIES AND INCOMES. WE OFFER RESOURCES AND GUIDANCE TO HELP OUR MEMBERS MAINTAIN OR IMPROVE THEIR PHYSICAL ACTIVITY, HEALTH AND WELLNESS IN AN AFFORDABLE AND WELCOMING ENVIRONMENT. OUR APPROACH HELPS INDIVIDUALS AND FAMILIES ALIKE CREATE REALISTIC GOALS FOR SELF-IMPROVEMENT, LEADING TO HEALTHIER MORE BALANCED LIVES. PREVENTION PROGRAMS, THAT SERVED MORE THAN 62,000 MEMBERS IN 2010, FOCUS ON REGULAR EXERCISE, PROPER NUTRITION, STRESS MANAGEMENT AND HEALTH EDUCATION. OF THOSE MEMBERS, 7,073 BENEFITED FROM \$149,216 IN DIRECT

4d Other program services. (Describe in Schedule O.) (Expenses \$ 1,679,430. including grants of \$ 199,466.) (Revenue \$ 898,590.)

4e Total program service expenses ▶ 10,604,815.

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Input box for Schedule O response

Main table with columns for question number, description, sub-questions (1a-14b), Yes, and No. Includes entries for Form 1096 (28), Forms W-2G (0), Form W-3 (800), and various tax compliance questions.

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

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
	1a		39
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b		39
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?		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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
7b			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
8a			
b	Each committee with authority to act on behalf of the governing body?	X	
8b			
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		X

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

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
10b			
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
11a			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12b			
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
12c			
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?	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	X	
15a			
b	Other officers or key employees of the organization	X	
15b			
	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?		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		
16b			

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **AZ**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **YMCA OF SOUTHERN ARIZONA - (520) 623-5511**
P.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 O contains a response to any question in this Part VII

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

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

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

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.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
PETER BEAHAN CHAIRMAN	1.00	X		X			0.	0.	0.	
PETER DOUGLAS VICE CHAIR	1.00	X		X			0.	0.	0.	
KEVIN BURNETT SECRETARY	1.00	X		X			0.	0.	0.	
DON JENKS TREASURER	1.00	X		X			0.	0.	0.	
MIKE L. CRACOVANER DIRECTOR	1.00	X					0.	0.	0.	
HENRY BOICE DIRECTOR	1.00	X					0.	0.	0.	
BRENDA EVEN DIRECTOR	1.00	X					0.	0.	0.	
ALI FARHANG DIRECTOR	1.00	X					0.	0.	0.	
THOMAS K. FURRIER DIRECTOR	1.00	X					0.	0.	0.	
DAVID V. GARCIA DIRECTOR	1.00	X					0.	0.	0.	
ROB GILLETTE DIRECTOR	1.00	X					0.	0.	0.	
FRED GRAY DIRECTOR	1.00	X					0.	0.	0.	
DR. TOM HICKS DIRECTOR	1.00	X					0.	0.	0.	
JEFF CESARE DIRECTOR	1.00	X					0.	0.	0.	
DOUG JONES DIRECTOR	1.00	X					0.	0.	0.	
DON JORGENSEN DIRECTOR	1.00	X					0.	0.	0.	
ADALINE KLEMMEDSON DIRECTOR	1.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
CYNTHIA KUHN DIRECTOR	1.00	X						0.	0.	0.
RANDY LEWIS DIRECTOR	1.00	X						0.	0.	0.
CATHERINE LOCKE DIRECTOR	1.00	X						0.	0.	0.
LINDA LOHSE DIRECTOR	1.00	X						0.	0.	0.
XAVIER MANRIQUE DIRECTOR	1.00	X						0.	0.	0.
DR. MARY BELLE MCCORKLE DIRECTOR	1.00	X						0.	0.	0.
S. JACK MCDUFF DIRECTOR	1.00	X						0.	0.	0.
ROBERT MCGLYNN DIRECTOR	1.00	X						0.	0.	0.
LESLIE B. MILLER DIRECTOR	1.00	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								267,002.	0.	35,476.
d Total (add lines 1b and 1c)								267,002.	0.	35,476.

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

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. **NONE**

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

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

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns					
	b	Membership dues					
	c	Fundraising events	16,167.				
	d	Related organizations					
	e	Government grants (contributions)	830,491.				
	f	All other contributions, gifts, grants, and similar amounts not included above	185,645.7.				
	g	Noncash contributions included in lines 1a-1f: \$	218,523.				
	h	Total. Add lines 1a-1f	270,311.5.				
	Program Service Revenue	2 a	MEMBERSHIP DUES	900099 5123113.	5123113.		
b		PROGRAM FEES	900099 3721007.	3721007.			
c		FEE FROM GOVERNMENT AG	900099 953,918.	953,918.			
d							
e							
f		All other program service revenue					
g		Total. Add lines 2a-2f	979,803.8.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		9,785.		9,785.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross Rents	(i) Real (ii) Personal				
		Less: rental expenses					
		Rental income or (loss)					
		Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
		Less: cost or other basis and sales expenses					
		Gain or (loss)					
		Net gain or (loss)					
	8 a	Gross income from fundraising events (not including \$ 16,167. of contributions reported on line 1c). See Part IV, line 18	a	99,508.			
		Less: direct expenses	b	70,818.			
		Net income or (loss) from fundraising events		28,690.			28,690.
	9 a	Gross income from gaming activities. See Part IV, line 19	a				
Less: direct expenses		b					
Net income or (loss) from gaming activities							
10 a	Gross sales of inventory, less returns and allowances	a	51,207.				
	Less: cost of goods sold	b					
	Net income or (loss) from sales of inventory		51,207.	51,207.			
Miscellaneous Revenue			Business Code				
11 a	FACILITY USE FEES	900099	49,660.	49,660.			
b	MANAGEMENT FEES FROM Y	900099	30,000.	30,000.			
c	MISCELLANEOUS	900099	24,329.	24,329.			
d	All other revenue						
e	Total. Add lines 11a-11d		103,989.				
12	Total revenue. See instructions.		12,694,824.	9953234.	0.	38,475.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
 All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	622,561.	622,561.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	302,477.		302,477.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	5,078,313.	4,701,065.	221,609.	155,639.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	257,440.	238,900.	8,796.	9,744.
9 Other employee benefits	340,097.	293,326.	34,807.	11,964.
10 Payroll taxes	391,177.	328,895.	48,867.	13,415.
11 Fees for services (non-employees):				
a Management				
b Legal	228.		228.	
c Accounting	32,404.		32,404.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	250,321.	143,392.	83,930.	22,999.
12 Advertising and promotion				
13 Office expenses	146,545.	121,234.	23,008.	2,303.
14 Information technology				
15 Royalties				
16 Occupancy	1,074,169.	1,069,624.	4,545.	
17 Travel	30,030.	20,534.	8,923.	573.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,453.	1,677.	729.	47.
20 Interest	91,813.		91,813.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	815,424.	793,753.	21,671.	
23 Insurance	213,275.	206,073.	7,202.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a SUPPLIES	874,941.	853,486.	20,530.	925.
b CAROL WHITE GRANT SERVI	487,306.	487,306.		
c PRINTING	300,002.	142,880.	152,542.	4,580.
d MISCELLANEOUS EXPENSE	204,089.	179,984.	24,105.	
e EQUIPMENT REPAIRS	150,075.	141,859.	8,216.	
f All other expenses	318,099.	258,266.	48,930.	10,903.
25 Total functional expenses. Add lines 1 through 24f	11,983,239.	10,604,815.	1,145,332.	233,092.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	144,516.	1	297,294.	
	2 Savings and temporary cash investments	2,178,286.	2	1,524,464.	
	3 Pledges and grants receivable, net	819,367.	3	1,023,345.	
	4 Accounts receivable, net		4		
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6 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 instructions)		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use	13,570.	8	27,823.	
	9 Prepaid expenses and deferred charges	132,224.	9	273,103.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 23,641,158.			
	b Less: accumulated depreciation	10b 11,944,584.	9,127,396.	10c 11,696,574.	
	11 Investments - publicly traded securities	383,833.	11	948.	
	12 Investments - other securities. See Part IV, line 11		12		
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11	1,089,212.	15	455,816.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	13,888,404.	16	15,299,367.		
Liabilities	17 Accounts payable and accrued expenses	375,621.	17	317,322.	
	18 Grants payable		18		
	19 Deferred revenue	153,648.	19	183,275.	
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties	1,263,530.	23	1,970,461.	
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities. Complete Part X of Schedule D		25		
	26 Total liabilities. Add lines 17 through 25	1,792,799.	26	2,471,058.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	10,569,248.	27	11,341,346.	
	28 Temporarily restricted net assets	1,526,357.	28	1,486,963.	
	29 Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		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	12,095,605.	33	12,828,309.	
34 Total liabilities and net assets/fund balances	13,888,404.	34	15,299,367.		

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	12,694,824.
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,983,239.
3	Revenue less expenses. Subtract line 2 from line 1	3	711,585.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	12,095,605.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	21,119.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	12,828,309.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	X	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization <p style="text-align: center;">YMCA OF SOUTHERN ARIZONA</p>	Employer identification number <p style="text-align: center;">** _ * * * * *</p>
--	--

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

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

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,305,192.	1,874,764.	3,204,433.	2,566,765.	2,703,115.	11,654,269.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	1,305,192.	1,874,764.	3,204,433.	2,566,765.	2,703,115.	11,654,269.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						11,654,269.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	1,305,192.	1,874,764.	3,204,433.	2,566,765.	2,703,115.	11,654,269.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	156,276.	168,704.	144,640.	24,051.	9,785.	503,456.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	100,322.	117,060.	114,574.	98,330.	99,508.	529,794.
11 Total support. Add lines 7 through 10						12,687,519.
12 Gross receipts from related activities, etc. (see instructions)					12 49,935,704.	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	91.86 %
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	90.47 %
16a 33 1/3% support test - 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15		%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16		%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17		%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18		%

19a 33 1/3% support tests - 2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2010

Name of the organization

YMCA OF SOUTHERN ARIZONA

Employer identification number

** - * * * * *

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not 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 line 2 of its Form 990-PF, to certify that it does not 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) (2010)

Name of organization YMCA OF SOUTHERN ARIZONA	Employer identification number **-*****
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	ARIZONA DEPARTMENT OF EDUCATION 1535 W JEFFERSON ST. BIN 7 PHOENIX, AZ 85007	\$ 162,093.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	CAROL WHITE PEP GRANT ROOM 3633, REGIONAL OFFICE BUILDING 37TH&D ST. WASHINGTON, DC 20202	\$ 487,306.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	EMERALD FOUNDATION 5080 N 40TH ST. STE 400 PHOENIX, AZ 85018	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	GEORGE MASON GREEN & LOIS C GREEN FOUNDATION 2440 E BROADWAY TUCSON, AZ 85719	\$ 137,674.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	UNITED HEALTHCARE 6245 E BROADWAY BLVD #600 TUCSON, AZ 85711	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	YMCA FOUNDATION OF SOUTHERN ARIZONA PO BOX 1111 TUCSON, AZ 85702	\$ 118,797.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization YMCA OF SOUTHERN ARIZONA	Employer identification number ** _ * * * * *
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	ANGEL CHARITIES PO BOX 14225 TUCSON, AZ 85732	\$ 375,544.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	PIMA COUNTY HEALTH DEPARTMENT 3950 S COUNTRY CLUB STE 400 TUCSON, AZ 85714	\$ 92,682.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	BRYAN LEE HUCKABY ESTATE 1645 N INDIGO TUCSON, AZ 85745	\$ 197,941.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

YMCA OF SOUTHERN ARIZONA

-***

Part II Noncash Property (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
9	RESIDENCE LOCATED AT 1645 N. INDIGO DRIVE, TUCSON, AZ	\$ 197,941.	05/14/10

Name of organization YMCA OF SOUTHERN ARIZONA	Employer identification number * * _ * * * * * *
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Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

YMCA OF SOUTHERN ARIZONA

Employer identification number

-***

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds 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?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

Preservation of land for public use (e.g., recreation or education) Preservation of an 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.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, 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)(i) and section 170(h)(4)(B)(ii)?

Yes No

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

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

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

1a If the organization elected, as permitted under SFAS 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 XIV, the text of the footnote to its financial statements that describes these items.

b 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:

(i) Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

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

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

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

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

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

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

- 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment _____ %
- b Permanent endowment _____ %
- c Term endowment _____ %

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

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		274,299.		274,299.
b Buildings		18,929,009.	8,274,092.	10,654,917.
c Leasehold improvements				
d Equipment		3,849,574.	3,119,116.	730,458.
e Other		588,276.	551,376.	36,900.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				11,696,574.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

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

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount	
(1) Federal income taxes		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶		

2. FIN 48 (ASC 740) Footnote. In Part XIV, 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).

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	12,694,824.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	11,983,239.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	711,585.
4	Net unrealized gains (losses) on investments	4	21,119.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	21,119.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	732,704.

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

1	Total revenue, gains, and other support per audited financial statements	1	12,164,200.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	21,119.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	-551,743.
e	Add lines 2a through 2d	2e	-530,624.
3	Subtract line 2e from line 1	3	12,694,824.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	12,694,824.

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

1	Total expenses and losses per audited financial statements	1	11,431,496.
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 XIV.)	2d	-622,561.
e	Add lines 2a through 2d	2e	-622,561.
3	Subtract line 2e from line 1	3	12,054,057.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	-70,818.
c	Add lines 4a and 4b	4c	-70,818.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	11,983,239.

Part XIV Supplemental Information

Complete this part to 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES	70,818.
GRANT AND ASSISTANCE EXPENSES	-622,561.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	-551,743.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

GRANT AND ASSISTANCE EXPENSES	-622,561.
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Part XIV Supplemental Information (continued)

PART XIII, LINE 4B - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES -70,818.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		NW TREE LOT (event type)	OTT AUCTION (event type)	2 (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	38,485.	28,441.	32,150.	99,076.
	2 Less: Charitable contributions		16,167.		16,167.
	3 Gross income (line 1 minus line 2)	38,485.	12,274.	32,150.	82,909.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	30,222.	16,167.	12,121.	58,510.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				(58,510)
	11 Net income summary. Combine line 3, column (d), and line 10				24,399.

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

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

9 Enter the state(s) in which the organization operates gaming activities: _____
a Is the organization licensed to operate gaming activities in each of these states? Yes No
b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
b If "Yes," explain: _____

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

**Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.**

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

YMCA OF SOUTHERN ARIZONA

**Employer identification number
** _ * * * * ***

Part I General Information on Grants and Assistance

- 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? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed ▶

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

- 2** Enter total number of section 501(c)(3) and government organizations
- 3** Enter total number of other organizations

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

Schedule I (Form 990) (2010)

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIP (HEALTH & WELLNESS)	6500	149,216.	0.		
SCHOLARSHIP (CHILD CARE & DAY CAMP)	726	261,998.	0.		
SCHOLARSHIP (PROG SERVICES/FAMILY & YOUTH DEVELOPMENT)	264	11,881.	0.		
SCHOLARSHIP (RESIDENT CAMP & OUTDOOR EDUCATION)	779	199,466.	0.		

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART I, LINE 2: YMCA GAVE OUT FINANCIAL ASSISTANCE TO
 INDIVIDUALS. THE PROCEDURES FOR MONITORING THE USE OF GRANT IN U.S. ARE
 NOT APPLICABLE TO THEM.

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 in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 DANE WOLL	(i)	157,987.	0.	0.	15,799.	4,510.	178,296.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**

Name of the organization
YMCA OF SOUTHERN ARIZONA

Employer identification number
** _ * * * * *

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential	X	1	197,941.	SALE PRICE
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (<u>GIFT CERTIFIC</u>)	X	107	16,047.	FAIR MARKET VALUE
26 Other ▶ (<u>FOOD</u>)	X	8	4,295.	FAIR MARKET VALUE
27 Other ▶ (<u>BICYCLE</u>)	X	1	240.	FAIR MARKET VALUE
28 Other ▶ ()				

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

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2010

Open to Public
Inspection

Name of the organization

YMCA OF SOUTHERN ARIZONA

Employer identification number

-***

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

PEOPLE REALIZE THEIR FULLEST POTENTIAL THROUGH THE DEVELOPMENT OF
SPIRIT, MIND AND BODY.

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

COMMITMENT TO NURTURING THE POTENTIAL OF YOUTH, PROMOTING HEALTHY
LIVING AND FOSTERING A SENSE OF SOCIAL RESPONSIBILITY. AT THE Y,
STRENGTHENING COMMUNITY IS OUR CAUSE. THE Y IS, AND ALWAYS WILL BE,
DEDICATED TO BUILDING HEALTHY CONFIDENT, CONNECTED AND SECURE CHILDREN,
ADULTS, FAMILIES AND COMMUNITIES. OUR IMPACT IS FELT EVERYDAY WHEN AN
INDIVIDUAL MAKES A HEALTHY CHOICE, WHEN A MENTOR INSPIRES A CHILD, AND
WHEN A COMMUNITY COMES TOGETHER FOR THE COMMON GOOD.

GIVE. JOIN. ADVOCATE. VOLUNTEER. THE Y HAS SOMETHING FOR EVERYONE.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

PARENT/CHILD PROGRAMS AND FAMILY ACTIVITIES BUILD HEALTHY
RELATIONSHIPS, FOSTER UNDERSTANDING AND ENCOURAGE POSITIVE
COMMUNICATION. IN 2010, OVER 17,000 YOUTH PROGRAM REGISTRANTS
PARTICIPATED IN OUR YOUTH SPORTS AND INSTRUCTIONAL PROGRAMS. VOLUNTEER
COACHES TEACH BASIC SPORTS SKILLS IN AN ATMOSPHERE WHERE EVERYONE
PARTICIPATES AND PLAYS. THIS PROGRESSIVE SPORTS PROGRAM BUILDS
POSITIVE ATTITUDES, HABITS OF HEALTHY EXERCISE AND DEVELOPS LIFE LONG
SKILLS.

SCHOLARSHIPS AND FINANCIAL ASSISTANCE IN THE AMOUNT OF \$11,881

Name of the organization YMCA OF SOUTHERN ARIZONA	Employer identification number **-*****
--	--

BENEFITED 819 INDIVIDUALS IN THESE PROGRAMS.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

CHILDREN LEARN MORE THAN THEIR A,B,C®; YMCA CHILD CARE PROGRAMS

PREPARE CHILDREN FOR SUCCESS IN SCHOOL AND LIFE! CHILDREN LEARN SOCIAL

AND LANGUAGE SKILLS, AND CULTURAL COMPETENCIES. PARENTS ENTRUST Y

STAFF TO HELP RAISE THEIR CHILDREN. THEY FIND PEACE OF MIND AT WORK

KNOWING THEIR CHILDREN ARE IN SAFE, NURTURING ENVIRONMENTS. CHILDREN

LEARN AND PRACTICE IMPORTANT CHARACTER VALUES.

IN 2010, THE Y HAD 21,290 PROGRAM REGISTRATIONS IN YMCA CHILD CARE AND

SUMMER DAY CAMP PROGRAMS AND AWARDED \$261,998 IN FINANCIAL ASSISTANCE

BENEFITING 1,786 KIDS AND FAMILIES.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

FINANCIAL ASSISTANCE.

COLLABORATION IS KEY TO OUR YMCA® CONTINUED SUCCESS AND WE ARE A

FOUNDING MEMBER OF ACTIVATE TUCSON (AT). AT BRINGS TOGETHER COMMUNITY

LEADERS FROM GOVERNMENT, EDUCATION, BUSINESSES AND NONPROFIT

ORGANIZATIONS TO CURB THE INCIDENCE OF OBESITY AND DRIVE MEANINGFUL

MEASURABLE COMMUNITY CHANGE. AT WAS KEY IN BRINGING A SIGNIFICANT

FEDERAL GRANT TO TUCSON, COMMUNITIES PUTTING PREVENTION TO WORK.

THROUGH THIS GRANT, AT AND THE Y HAVE INSTITUTED IMPORTANT WORKSITE

WELLNESS PROGRAMS AVAILABLE TO 80,000 EMPLOYEES AT 380 BUSINESSES.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

RESIDENT CAMP AND OUTDOOR EDUCATION

Name of the organization

YMCA OF SOUTHERN ARIZONA

Employer identification number

-***

THE Y HAS BEEN SYNONYMOUS WITH CREATING ENGAGING OUTDOOR RECREATION PROGRAMS SINCE HOLDING OUR COMMUNITY'S FIRST ORGANIZED SUMMER CAMP FOR BOYS IN 1927. SINCE 1945, THOUSANDS OF TUCSON YOUTH HAVE EXPERIENCED SLEEP-AWAY CAMP AT THE TRIANGLE Y RANCH CAMP'S PERMANENT HOME IN THE CATALINA MOUNTAINS NEAR ORACLE, AZ. GIFTED BY ELIZABETH LAMBERT WOOD, THE CAMP COVERS 400 ACRES OF THE CORONADO NATIONAL FOREST AT AN ELEVATION OF 5,000 FEET.

KIDS, FAMILIES AND RETREAT GROUPS ENJOY HIKING, HORSEBACK RIDING, SWIMMING, ARCHERY, ARTS AND CRAFTS, CAMPING AND SO MUCH MORE, WHILE ENGAGED IN A SENSE OF ADVENTURE AND EXPLORATION UNDER THE GUIDANCE OF EXPERIENCED YMCA STAFF. CHILDREN MAKE FRIENDS AND LEARN HOW TO GET ALONG WITH OTHERS. THEY PARTICIPATE IN CHALLENGING ACTIVITIES THAT TEACH THEM INDEPENDENCE, HELP THEM BUILD SELF-ESTEEM AND SELF-CONFIDENCE. THEIR EXPERIENCES TURN INTO MEMORIES THAT LAST A LIFETIME. IN 2010, 4,192 CHILDREN, TEENS, FAMILIES AND ADULTS EXPERIENCED THE GREAT OUTDOORS. 1,218 CHILDREN WENT TO SUMMER CAMP. OF THOSE, 888 RECEIVED \$199,466 IN DIRECT FINANCIAL ASSISTANCE. EXPENSES \$ 1,679,430. INCLUDING GRANTS OF \$ 199,466. REVENUE \$ 898,590.

CAROL WHITE PEP GRANT

YMCAS CITYWIDE, TOGETHER WITH THE UNIVERSITY OF ARIZONA DEPARTMENT OF NUTRITION SCIENCES AND SUNNYSIDE SCHOOL DISTRICT ARE TEACHING 8,500 CHILDREN TO EAT MORE NUTRITIONALLY AND STAY ACTIVE THROUGH THIS NEW PROGRAM, SCHOOLS WILL EXPAND AND ENHANCE EXISTING NUTRITION AND PHYSICAL EDUCATION PROGRAMS FOR THEIR STUDENTS. MORE IMPORTANTLY,

Name of the organization

YMCA OF SOUTHERN ARIZONA

Employer identification number

-***

CHILDREN WILL LEARN THAT PHYSICAL FITNESS, GOOD NUTRITION AND
ACTIVITIES CONTRIBUTE TO LIFE-LONG HEALTH.

FORM 990, PART VI, SECTION B, LINE 11: THE BOARD HAS GIVEN THE FINANCE
COMMITTEES THE AUTHORITY AND RESPONSIBILITY TO REVIEW THE FORM 990 BEFORE
IT IS FILED. FORM 990 IS SENT TO EACH FINANCE COMMITTEE MEMBER AND REVIEW
AT A COMMITTEE MEETING IF TIME PERMITS. IF COMMITTEE MEMBERS DO NOT HAVE
TIME BEFORE FILING, EACH COMMITTEE MEMBER WILL BE ASKED TO REVIEW AND
SUBMIT QUESTIONS/COMMENTS THAT WILL BE ADDRESSED BEFORE FILING THE RETURN.
THE 990 WILL BE DISCUSSED AND MADE AVAILABLE TO ALL BOARD MEMBERS AFTER THE
FINANCE COMMITTEE APPROVES THE FINAL COPY.

FORM 990, PART VI, SECTION B, LINE 12C: A CONFLICT OF INTEREST FORM IS
COMPLETED BY EACH BOARD MEMBER ANNUALLY. THE FORMS ARE REVIEWED AND KEPT ON
FILE.

FORM 990, PART VI, SECTION B, LINE 15: PRESIDENT/CEO POSITION - HIRED BY
BOARD AND REPORTS TO BOARD
THE HUMAN RESOURCES COMMITTEE COMPARES THE CEO'S SALARY AND BENEFITS WITH
OTHER NON-PROFIT CEO'S SALARY IN THE TUCSON AREA OF SIMILAR BUDGET SIZE.
COMPARISONS WERE ALSO MADE WITH 16 CEO POSITIONS FROM 13 STATES OF SIMILAR
SIZED YMCA'S ACROSS THE COUNTRY. CURRENTLY, OUR CEO'S SALARY AND BENEFITS
COMBINED ARE LESS THAN THE LOCAL NON-PROFIT CEO COMPENSATION AND THE CEO
SALARY IS LESS THE MEDIAN WHEN COMPARED TO THE OTHER YMCA CEO'S WHOSE
BUDGET SIZE IS SIMILAR TO OURS.

SALARY COMPARISONS WERE ALSO MADE WITH THE TOP EXECUTIVE OFFICER POSITION
LISTED IN THE 2009 MANAGEMENT COMPENSATION REPORT PREPARED BY PRM

Name of the organization YMCA OF SOUTHERN ARIZONA	Employer identification number **-*****
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CONSULTING, INC. IT IS A COMPILATION OF 328 NON-PROFIT ORGANIZATIONS THAT INCLUDES TRADE ORGANIZATIONS, PROFESSIONAL ASSOCIATIONS, EDUCATIONAL INSTITUTIONS AND HEALTH & SOCIAL WELFARE ORGANIZATIONS ACROSS THE UNITED STATES. OUR CEO EARNS BELOW THE 25TH PERCENTILE WHEN COMPARED TO THIS STUDY.

THE CURRENT CEO COMPENSATION IS WITHIN THE CURRENT RANGES ESTABLISHED IN THE SALARY ADMINISTRATION PLAN APPROVED BY YMCA OF SOUTHERN ARIZONA IN JANUARY 1992. IN CONCLUSION, THE BOARD AFFIRMED THAT THE COMPENSATION FOR THE CEO IS NOT EXCESSIVE UNDER THE INTERMEDIATE SANCTIONS GUIDELINES.

CFO/HR/OPERATIONS DIRECTOR - HIRED BY THE CEO AND REPORTS TO THE CEO THE SAME RESOURCES, AS LISTED ABOVE UNDER THE PRESIDENT/CEO SALARY AND BENEFITS COMPARISON, WERE USED TO ANALYZE THE COMPENSATION FOR THE CFO/HR DIRECTOR. THE UNIQUENESS OF THIS POSITION MADE IT DIFFICULT TO COMPARE WITH OTHER LOCAL NON-PROFIT POSITIONS.

IN THE 2009 MANAGEMENT COMPENSATION REPORT, THE TOP ADMINISTRATIVE JOB DESCRIPTION IS REFLECTIVE OF THE DUTIES OF OUR CFO/HR/OPERATIONS POSITION. OUR REVIEW OF THE SALARY INFORMATION SHOWS THAT THE OUR CURRENT CFO/HR/OPERATIONS DIRECTOR COMPENSATION FALLS WELL BELOW THE MEDIAN LISTED FOR THAT POSITION.

WE COMPARED THE SALARY RANGES FOR COO, HR, AND CFO TYPE POSITIONS FROM OTHER YMCA'S OF SIMILAR BUDGET SIZE USING 55% OF THE SALARY FROM THE COO POSITION, 25% FROM THE CFO POSITION AND 20% FROM THE HR POSITION. THESE PERCENTAGES WERE USED TO REFLECT THE CURRENT JOB DUTIES OF THE CFO/HR/OPERATIONS DIRECTOR. THIS COMPARISON ILLUSTRATES THAT THE CURRENT

Name of the organization YMCA OF SOUTHERN ARIZONA	Employer identification number **-*****
--	--

CFO/HR/OPERATIONS DIRECTOR COMPENSATION IS NOT EXCESSIVE. A SIMILAR COMPARISON WAS MADE USING 90% OF THE METRO 30 INFORMATION IN THE 2009 YMCA'S SURVEY OF EXECUTIVE COMPENSATION BY SULLIVAN COTTER AND ASSOC., INC.

THE COMPENSATION FOR THE CFO/HR/OPERATIONS DIRECTOR POSITION IS WITHIN THE CURRENT RANGES ESTABLISHED IN THE SALARY ADMINISTRATION PLAN APPROVED BY YMCA OF SOUTHERN ARIZONA IN JANUARY 1992. IN CONCLUSION, THE BOARD AFFIRMED THAT THE COMPENSATION FOR THE CFO/HR/OPERATIONS DIRECTOR IS NOT EXCESSIVE UNDER THE INTERMEDIATE SANCTIONS GUIDELINES.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED GAINS ON INVESTMENTS: 21,119.

FORM 990, PART XI, LINE 2C

CHANGES IN COMMITTEE OVERSIGHT AUDIT FROM PRIOR YEAR

THE ORGANIZATION HAS A FINANCE COMMITTEE WHICH SERVES AS THE AUDIT COMMITTEE FOR SELECTING THE INDEPENDENT AUDITOR AND OVERSEEING THE AUDITING WORK. BRIEF AUDIT PRESENTATIONS ARE ALSO PROVIDED TO THE BOARD OF DIRECTORS BY THE INDEPENDENT AUDITING FIRM. COPIES OF THE AUDIT ARE AVAILABLE TO ALL BOARD MEMBERS UPON REQUEST. THERE IS NO CHANGE IN COMMITTEE OVERSIGHT AUDIT FROM PRIOR YEAR.

Related Organizations and Unrelated Partnerships

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

Name of the organization

YMCA OF SOUTHERN ARIZONA

Employer identification number
-***

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
THE YMCA FOUNDATION OF SOUTHERN ARIZONA - 86-0326724, PO BOX 1111, TUCSON, AZ 85702-1111	TO BENEFIT THE YMCA OF SOUTHERN ARIZONA AND HELP SUPPORT THEIR MISSION	ARIZONA	501 (C)(3)	SUPPORTING ORG	N/A	X	

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to other organization(s)		X
c Gift, grant, or capital contribution from other organization(s)	X	
d Loans or loan guarantees to or for other organization(s)		X
e Loans or loan guarantees by other organization(s)		X
f Sale of assets to other organization(s)		X
g Purchase of assets from other organization(s)		X
h Exchange of assets		X
i Lease of facilities, equipment, or other assets to other organization(s)		X
j Lease of facilities, equipment, or other assets from other organization(s)		X
k Performance of services or membership or fundraising solicitations for other organization(s)	X	
l Performance of services or membership or fundraising solicitations by other organization(s)		X
m Sharing of facilities, equipment, mailing lists, or other assets	X	
n Sharing of paid employees	X	
o Reimbursement paid to other organization for expenses		X
p Reimbursement paid by other organization for expenses		X
q Other transfer of cash or property to other organization(s)		X
r Other transfer of cash or property from other organization(s)		X

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

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) THE YMCA FOUNDATION OF SOUTHERN ARIZONA	C	118,797.	CASH CONTRIBUTION RECEIVED
(2)			
(3)			
(4)			
(5)			
(6)			

2010 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	BUILDINGS														
1	BUILDINGS	VARIOUS	SL	30.00		HY16	1,892,900.				1,892,900.	7,695,467.		578,625.	8,274,092.
	* 990 PAGE 10 TOTAL BUILDINGS						1,892,900.				1,892,900.	7,695,467.		578,625.	8,274,092.
	FURNITURE & FIXTURES														
4	FURNITURE/OFFICE EQUIPMENT	VARIOUS	SL	7.00		HY16	1,203,883.				1,203,883.	898,515.		54,472.	952,987.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES						1,203,883.				1,203,883.	898,515.		54,472.	952,987.
	MACHINERY & EQUIPMENT														
3	OPERATING EQUIPMENT	VARIOUS	SL	10.00		HY16	2,645,691.				2,645,691.	2,052,984.		113,144.	2,166,128.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						2,645,691.				2,645,691.	2,052,984.		113,144.	2,166,128.
	TRANSPORTATION EQUIPMENT														
5	VEHICLES	VARIOUS	SL	23.00		HY16	588,276.				588,276.	482,194.		69,183.	551,377.
	* 990 PAGE 10 TOTAL TRANSPORTATION EQUIPMENT						588,276.				588,276.	482,194.		69,183.	551,377.
	LAND														
2	LAND	VARIOUS	L			HY	274,299.				274,299.			0.	
	* 990 PAGE 10 TOTAL LAND						274,299.				274,299.	0.		0.	0.
	OTHER														
6	WORK IN PROGRESS	VARIOUS	SL	30.00		HY16	106,809.				106,809.			0.	
	* 990 PAGE 10 TOTAL OTHER						106,809.				106,809.	0.		0.	0.

Depreciation and Amortization 990
 (Including Information on Listed Property)

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

YMCA OF SOUTHERN ARIZONA

FORM 990 PAGE 10

** _ * * * * *

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions)	500,000.
2 Total cost of section 179 property placed in service (see instructions)	
3 Threshold cost of section 179 property before reduction in limitation	2,000,000.
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	
6 (a) Description of property (b) Cost (business use only) (c) Elected cost	
7 Listed property. Enter the amount from line 29	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	
9 Tentative deduction. Enter the smaller of line 5 or line 8	
10 Carryover of disallowed deduction from line 13 of your 2009 Form 4562	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5	
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	
13 Carryover of disallowed deduction to 2011. Add lines 9 and 10, less line 12	

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

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

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	
15 Property subject to section 168(f)(1) election	
16 Other depreciation (including ACRS)	815,424.

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

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2010	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	<input type="checkbox"/>

Section B - Assets Placed in Service During 2010 Tax Year Using the General Depreciation System

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

Section C - Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (See instructions.)

21 Listed property. Enter amount from line 28	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	815,424.
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	

Part V Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)
Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No
(a) Type of property (list vehicles first) (b) Date placed in service (c) Business/investment use percentage (d) Cost or other basis (e) Basis for depreciation (business/investment use only) (f) Recovery period (g) Method/Convention (h) Depreciation deduction (i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use 25
26 Property used more than 50% in a qualified business use:
27 Property used 50% or less in a qualified business use:
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30 Total business/investment miles driven during the year (do not include commuting miles)
31 Total commuting miles driven during the year
32 Total other personal (noncommuting) miles driven
33 Total miles driven during the year. Add lines 30 through 32
34 Was the vehicle available for personal use during off-duty hours?
35 Was the vehicle used primarily by a more than 5% owner or related person?
36 Is another vehicle available for personal use?

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners
39 Do you treat all use of vehicles by employees as personal use?
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?
41 Do you meet the requirements concerning qualified automobile demonstration use?
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs (b) Date amortization begins (c) Amortizable amount (d) Code section (e) Amortization period or percentage (f) Amortization for this year
42 Amortization of costs that begins during your 2010 tax year:
43 Amortization of costs that began before your 2010 tax year 43
44 Total. Add amounts in column (f). See the instructions for where to report 44

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II	Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).	
Type or print <small>File by the extended due date for filing your return. See instructions.</small>	Name of exempt organization YMCA OF SOUTHERN ARIZONA	Employer identification number ** _ * * * * *
	Number, street, and room or suite no. If a P.O. box, see instructions. P.O. BOX 1111	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. TUCSON, AZ 85702-1111	

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

YMCA OF SOUTHERN ARIZONA

• The books are in the care of **P.O. BOX 1111 - TUCSON, AZ 85702-1111**

Telephone No. **(520) 623-5511** FAX No.

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **NOVEMBER 15, 2011**.

5 For calendar year **2010**, or other tax year beginning _____, and ending _____.

6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return

Change in accounting period

7 State in detail why you need the extension
ALL INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN HAS NOT BEEN RECEIVED.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature Title **CPA** Date

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

For calendar year 2010, or fiscal year beginning _____, 2010, and ending _____, 20____

2010

Department of the Treasury
Internal Revenue Service

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

Name of exempt organization

Employer identification number

YMCA OF SOUTHERN ARIZONA

**** _ * * * * ***

Name and title of officer

**DANE WOLL
CEO**

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

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

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b <u>12694824</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2010 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize **REGIER CARR & MONROE, L.L.P.** to enter my PIN **85702**
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2010 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2010 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

86412585711
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2010 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ _____

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

ARIZONA FORM 99 **Arizona Exempt Organization Annual Information Return** **2010**

For the calendar year 2010 or fiscal year beginning _____ and ending _____.

CHECK ONE: Original <input checked="" type="checkbox"/> Amended <input type="checkbox"/>	PLS Type or Print	Name YMCA OF SOUTHERN ARIZONA	Employer identification number (EIN) ** - * * * * *
Business telephone number (520) 623-5511	Number and street or PO Box P.O. BOX 1111	AZ transaction privilege tax number N/A	
City or town, state and ZIP code TUCSON, AZ 85702-1111		CHECK BOX IF: Return filed under extension. 3-mos. Fed 82 C <input type="checkbox"/> 6-mos. AZ - Fed 82 F <input checked="" type="checkbox"/>	
68 Check box if: <input type="checkbox"/> This is a first return <input type="checkbox"/> Name change <input type="checkbox"/> Address change		REVENUE USE ONLY. DO NOT MARK IN THIS AREA.	
A Date Arizona operations began <u>06/08/1965</u>		81	
B Nature of Arizona activities <u>SEE ATTACHED FORM 990</u>		66	
C Check federal form filed: <input checked="" type="checkbox"/> 990 <input type="checkbox"/> 990-EZ <input type="checkbox"/> Other (specify) _____		Enclose a copy of the organization's federal return.	

Sources of Income	1	Gross sales or receipts from business activities	150,715	00	
	2	Less: Cost of goods sold or of operations - <i>attach itemized statement</i>		00	
	3	Gross profit from business activities - <i>subtract line 2 from line 1</i>	150,715	00	
	4	Interest	9,785	00	
	5	Dividends		00	
	6	Rents and royalties		00	
	7	Gain or (loss) from sales of assets, excluding inventory items		00	
	8	Dues, assessments, etc., from members		00	
	9	Dues, assessments, etc., from affiliated organizations		00	
	10	Contributions, gifts, grants, etc., received	2,703,115	00	
	11	Other income - <i>attach itemized statement</i>	9,923,146	00	
	12	Total income - <i>add lines 3 through 11</i>			12,786,761
					00
					STATEMENT 2
Administrative Expenses	13	Compensation of officers, directors, trustees, etc.	302,477	00	
	14	Salaries and wages - <i>other than amounts included on line 2</i>	377,248	00	
	15	Interest	91,813	00	
	16	Taxes	62,282	00	
	17	Rent expense	4,545	00	
	18	Depreciation - <i>attach schedule</i>	21,671	00	
	19	Miscellaneous expenses - <i>attach itemized statement</i>	589,206	00	
	20	Total expenses - <i>add lines 13 through 19</i>			1,449,242
					00
					STATEMENT 1
					STATEMENT 3
Disbursements From Current Income for the Organization's Exempt Purposes	21	Dues, assessments, etc., to affiliated corporations		00	
	22	Contributions, gifts, grants, etc., paid	622,561	00	
	23	Benefit payments to or for members or their dependents:			
	a.	Death, sickness, hospitalization, disability, or pension benefits	23a	00	
	b.	Other benefits	23b	00	
	24	Dividends and other distributions to members, shareholders, or depositors	24	00	
	25	Other	9,982,254	00	
	26	Total - <i>add lines 21 through 25</i>			10,604,815
					00
					STATEMENT 4
Disbursements From Principal for the Organization's Exempt Purposes	27	Dues, assessments, etc., to affiliated corporations		00	
	28	Contributions, gifts, grants, etc., paid		00	
	29	Benefit payments to or for members or their dependents:			
	a.	Death, sickness, hospitalization, disability, or pension benefits	29a	00	
	b.	Other benefits	29b	00	
	30	Dividends and other distributions to members, shareholders, or depositors	30	00	
	31	Other	31	00	
	32	Total - <i>add lines 27 through 31</i>			
Other	33	Other disbursements not itemized above - <i>attach schedule</i>			00
Accumulation of Income	34	Accumulation of income in current year - <i>line 12 less the sum of lines 20, 26, 32, and 33</i>	732,704	00	
	35	Accumulation of income at beginning of year	12,095,605	00	
	36	Accumulation of income at end of year - <i>add lines 34 and 35</i>	12,828,309	00	
Penalty	37	Penalty for late filing or incomplete filing - <i>See instructions</i>			00

NOTE: Amounts used in attached schedules and in this column should be end of year amounts.

(a)
Beginning of year

(b)
End of year

Assets

A1 Cash		2,322,802	00	A1	1,821,758	00
A2a Accounts receivable	A2a		00			
b Less: allowance for doubtful accounts	A2b		00			
c Line A2a less line A2b. Enter difference in column (b)			00	A2c		00
A3a Other notes and loans receivable - <i>attach schedule</i>	A3a		00			
b Less: allowance for doubtful accounts	A3b		00			
c Line A3a less line A3b. Enter difference in column (b)			00	A3c		00
A4 Inventories		13,570	00	A4	27,823	00
A5 Investments (securities) - <i>attach schedule</i>	SEE STATEMENT 5	383,833	00	A5	948	00
A6 Investments (other) - <i>attach schedule</i>			00	A6		00
A7a Land, buildings, and equipment; basis	A7a	23,641,158	00			
b Less: accumulated depreciation - <i>attach schedule</i>	A7b	11,944,584	00			
c Line A7a less line A7b. Enter difference in column (b)		9,127,396	00	A7c	11,696,574	00
A8 Other assets - <i>describe</i>	SEE STATEMENT 6	2,040,803	00	A8	1,752,264	00
A9 Total assets - add lines A1 through A8		13,888,404	00	A9	15,299,367	00

Liabilities

A10 Accounts payable and accrued expenses		375,621	00	A10	317,322	00
A11 Mortgages and other notes payable - <i>attach schedule</i>	STATEMENT 7	1,263,530	00	A11	1,970,461	00
A12 Other liabilities - <i>describe</i>	SEE STATEMENT 8	153,648	00	A12	183,275	00
A13 Total liabilities - add lines A10 through A12		1,792,799	00	A13	2,471,058	00

Net Assets

A14 Capital stock or trust principal			00	A14		00
A15 Paid-in or capital surplus			00	A15		00
A16 Retained earnings or accumulated income		12,095,605	00	A16	12,828,309	00
A17 Total net assets - add lines A14 through A16		12,095,605	00	A17	12,828,309	00
A18 Total liabilities and net assets - add lines A13 and A17		13,888,404	00	A18	15,299,367	00

Certification 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 a true, correct and complete return, made in good faith, for the taxable year stated pursuant to the income tax laws of the State of Arizona.

Please Sign Here _____ Date _____ CEO
 Officer's signature Title

Paid Preparer's Use Only _____ Date _____ Preparer's EIN, PTIN or SSN
 Preparer's signature

REGIER CARR & MONROE, L.L.P.

Firm's name (or preparer's, if self-employed)

** - * * * * *

Firm's EIN or SSN

4801 E BROADWAY BLVD, STE 501
 TUCSON, AZ

Firm's address

85711-3648

ZIP code

520 624-8229

Firm's telephone number

AZ 99	DEPRECIATION/AMORTIZATION EXPENSE	STATEMENT	1
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DESCRIPTION	AMOUNT
DEPRECIATION/AMORTIZATION	21,671.
TOTAL TO FORM 99, PAGE 1, LINE 18	21,671.

AZ 99	OTHER INCOME	STATEMENT	2
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DESCRIPTION	AMOUNT
NET UNREALIZED GAIN	21,119.
FACILITY USE FEES	49,660.
MANAGEMENT FEES FROM Y	30,000.
MISCELLANEOUS	24,329.
MEMBERSHIP DUES	5,123,113.
PROGRAM FEES	3,721,007.
FEE FROM GOVERNMENT AG	953,918.
TOTAL TO FORM 99, PAGE 1, LINE 11	9,923,146.

AZ 99	MISC EXPENSES	STATEMENT	3
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DESCRIPTION	AMOUNT
DIRECT EXPENSES OF FUNDRAISING EVENTS	70,818.
PENSION PLAN CONTRIBUTIONS	18,540.
OTHER EMPLOYEE BENEFITS	46,771.
LEGAL FEES	228.
ACCOUNTING FEES	32,404.
OTHER PROFESSIONAL FEES	106,929.
OFFICE EXPENSES	25,311.
TRAVEL	9,496.
CONFERENCES AND CONVENTIONS	776.
INSURANCE	7,202.
SUPPLIES	21,455.
PRINTING	157,122.
MISCELLANEOUS EXPENSE	24,105.
EQUIPMENT REPAIRS	8,216.
ALL OTHER EXPENSES	59,833.
TOTAL TO FORM 99, PAGE 1, LINE 19	589,206.

AZ 99	OTHER EXPENSES	STATEMENT	4
DESCRIPTION			AMOUNT
OTHER SALARIES AND WAGES			4,701,065.
PENSION PLAN CONTRIBUTIONS			238,900.
OTHER EMPLOYEE BENEFITS			293,326.
PAYROLL TAXES			328,895.
OTHER PROFESSIONAL FEES			143,392.
OFFICE EXPENSES			121,234.
OCCUPANCY			1,069,624.
TRAVEL			20,534.
CONFERENCES AND CONVENTIONS			1,677.
DEPRECIATION/AMORTIZATION			793,753.
INSURANCE			206,073.
SUPPLIES			853,486.
CAROL WHITE GRANT SERVI			487,306.
PRINTING			142,880.
MISCELLANEOUS EXPENSE			179,984.
EQUIPMENT REPAIRS			141,859.
ALL OTHER EXPENSES			258,266.
TOTAL TO FORM 99, PAGE 1, LINE 25			9,982,254.

AZ 99	INVESTMENTS (SECURITIES)	STATEMENT	5
DESCRIPTION	BEG OF YEAR	END OF YEAR	
PUBLICLY TRADED SECURITIES	383,833.	948.	
TOTAL TO FORM 99, PAGE 2, LINE A5	383,833.	948.	

AZ 99	OTHER ASSETS	STATEMENT	6
DESCRIPTION	BEG OF YEAR	END OF YEAR	
PLEDGES AND GRANTS RECEIVABLE	819,367.	1,023,345.	
PREPAID EXPENSES AND DEFERRED CHARGES	132,224.	273,103.	
DUE FROM YMCA FOUNDATION	146,999.	139,529.	
WORK IN PROGRESS	753,854.	106,809.	
ASSETS HELD IN TRUST	188,359.	209,478.	
TOTAL TO FORM 99, PAGE 2, LINE A8	2,040,803.	1,752,264.	

AZ 99 MORTGAGES AND OTHER NOTES PAYABLE STATEMENT 7

DESCRIPTION	BEG OF YEAR	END OF YEAR
MORTGAGES/NOTES TO UNRELATED 3RD PARTIES	1,263,530.	1,970,461.
TOTAL TO FORM 99, PAGE 2, LINE A11	1,263,530.	1,970,461.

AZ 99 OTHER LIABILITIES STATEMENT 8

DESCRIPTION	BEG OF YEAR	END OF YEAR
DEFERRED REVENUE	153,648.	183,275.
TOTAL TO FORM 99, PAGE 2, LINE A12	153,648.	183,275.