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301 Commerce St, Suite 2000
Fort Worth, TX 76102

June 5, 2018

Roberto Aguirre
Arlington-Mansfield Area Young Men's Christian Association
1148 W. Pioneer Pkwy
Arlington, TX 76013

Dear Roberto,

Enclosed are the original and one copy of your income tax returns for the period ended December 31, 2017 for:

The Arlington-Mansfield Area Young Men's Christian Association as follows...

- 2017 990 - Return of Organization Exempt from Income Tax
- 2017 Schedule A - Public Charity Status and Public Support
- 2017 Schedule B - Schedule of Contributors
- 2017 Schedule D - Supplemental Financial Statements
- 2017 Schedule G - Supplemental Info. Regarding Fundraising/Gaming
- 2017 Schedule I - Grants & Other Assist. to Org/Gov/Ind. in the U.S
- 2017 Schedule J - Compensation Information
- 2017 Schedule O - Supplemental Information to Form 990 or 990EZ
- 2017 990-T - Exempt Organization Business Income Tax Return

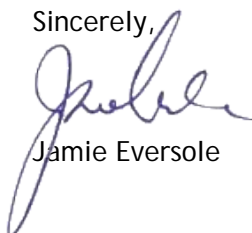
Each original should be dated, signed and filed in accordance with the filing instructions. The copy should be retained for your files.

The enclosed returns were prepared primarily from data and information which you submitted. You should review the returns to ensure that there are no omissions or misstatements.

These returns were prepared from information provided by you or your representative. The preparation of tax returns does not include the independent verification of information used. Therefore, we recommend you review the returns before signing to ensure there are no omissions or misstatements. If you note anything which may require a change to the returns, please contact us before filing them.

We sincerely appreciate this opportunity to serve you. Please contact us if you have questions concerning the returns or if we may be of further assistance.

Sincerely,



Jamie Eversole

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Return of Organization Exempt From Income Tax

2017

Department of the Treasury
Internal Revenue Service

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

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

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

Open to Public Inspection

A For the **2017** calendar year, or tax year beginning **2017**, and ending **20**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization ARLINGTON-MANSFIELD AREA YOUNG MEN'S CHRISTIAN ASSOCIATION			D Employer identification number 75-1000839	
	Doing business as			E Telephone number (817) 299-9629	
	Number and street (or P.O. box if mail is not delivered to street address)		Room/suite		
	1148 W. PIONEER PKWY		STE H		
City or town, state or province, country, and ZIP or foreign postal code ARLINGTON, TX 76013			G Gross receipts \$ 9,273,958.		
F Name and address of principal officer: AARON PERALES 1148 W PIONEER PKWY STE H ARLINGTON, TX 76103			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
			H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
			If "No," attach a list. (see instructions)		
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			H(c) Group exemption number ▶		
J Website: ▶ WWW.AMAYMCA.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: M State of legal domicile:		

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO PUT CHRISTIAN PRINCIPLES INTO PRACTICE THROUGH PROGRAMS THAT BUILD HEALTHY SPIRIT, MIND AND BODY FOR ALL		
	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	28.
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	28.
	5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	623.
	6 Total number of volunteers (estimate if necessary)	6	1,134.
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	-39,191.
b Net unrelated business taxable income from Form 990-T, line 34	7b	-39,191.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	690,385.	950,409.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	8,168,835.	8,045,221.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	161,970.	103,242.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	133,942.	19,577.
		9,155,132.	9,118,449.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	431,343.	379,913.
	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)	4,260,980.	4,333,963.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 68,495.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,764,435.	3,816,167.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	8,456,758.	8,530,043.	
19 Revenue less expenses. Subtract line 18 from line 12	698,374.	588,406.	
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)	12,839,230.	12,953,621.
	22 Net assets or fund balances. Subtract line 21 from line 20	4,597,232.	3,922,068.
	8,241,998.	9,031,553.	

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
	▶ Type or print name and title		
Paid Preparer Use Only	Print/Type preparer's name JAMIE EVERSOLE	Preparer's signature <i>Jamie Eversole</i>	Date 06/05/2018 Check <input type="checkbox"/> if self-employed PTIN P00839244
	Firm's name ▶ BDO USA, LLP	Firm's EIN ▶ 13-5381590	
	Firm's address ▶ 301 COMMERCE ST., SUITE 2000 FORT WORTH, TX 76102	Phone no. 817-738-2400	

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

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

THE YMCA OF ARLINGTON IS A VOLUNTEER LED PUBLIC CHARITY THAT INCLUDES MEN, WOMEN, AND CHILDREN OF ALL AGES, ABILITIES, INCOMES, RACES AND RELIGIONS. OUR MISSION IS "TO PUT CHRISTIAN PRINCIPLES INTO PRACTICE THROUGH PROGRAMS THAT BUILD HEALTHY SPIRIT, MIND AND BODY FOR ALL."

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? No

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

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

4a (Code:) (Expenses \$ 4,860,691. including grants of \$ 211,280.) (Revenue \$ 1,932,339.) ATTACHMENT 1

4b (Code:) (Expenses \$ 2,997,441. including grants of \$ 168,633.) (Revenue \$ 812,092.) ATTACHMENT 2

4c (Code:) (Expenses \$ 110,696. including grants of \$) (Revenue \$ 6,069.) SOCIAL RESPONSIBILITY: OUR YMCA BELIEVES IN GIVING BACK AND SUPPORTING OUR NEIGHBORS. WE HAVE BEEN LISTENING AND RESPONDING TO OUR COMMUNITY'S MOST CRITICAL SOCIAL NEEDS FOR ALMOST 60 YEARS. Y PROGRAMS, SUCH AS SPECIAL FRIENDS, AND STRONG COMMUNITY CAMPAIGN ARE EXAMPLES OF HOW WE DELIVER TRAINING, RESOURCES, AND SUPPORT THAT EMPOWER OUR NEIGHBORS TO EFFECT CHANGE, BRIDGE GAPS, AND OVERCOME OBSTACLES. IN 2017, WE ENGAGED YMCA MEMBERS, PARTICIPANTS, AND VOLUNTEERS IN ACTIVITIES THAT STRENGTHEN OUR COMMUNITY AND PAVE THE WAY FOR FUTURE GENERATIONS TO THRIVE. FOR ADDITIONAL DETAILS REGARDING THESE CRITICAL PROGRAMS AND THEIR IMPACT, SEE SCHEDULE O.

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

4e Total program service expenses 7,968,828.

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 <i>Schedule B, Schedule of Contributors</i> (see instructions)?	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>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i>		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, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, 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 and XII.</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 and XII 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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV.</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>		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> (see instructions).		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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>		X
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>	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 25a.</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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>		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 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <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, Part II, III, or IV, and Part V, line 1.</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		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 11b 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 or note to any line in this Part V

Table with columns for question number, description, sub-part, and Yes/No columns. Includes questions 1a-14b regarding IRS filings and tax compliance.

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 or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (28), 1b (28), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records:

LINDSY FERNANDEZ 1148 W PIONEER PKWY STE H ARLINGTON, TX 76013

817-299-9629

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

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

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

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

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

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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1)RODNEY H. JOHNSON PAST CHAIR	5.00 0.	X		X				0.	0.	0.
(2)DR. REV. RUSSELL HILDEBRANDT FINANCIAL DEV. CHAIR	5.00 0.	X		X				0.	0.	0.
(3)GLYNDA PATTERSON CHAIRMAN	5.00 0.	X		X				0.	0.	0.
(4)BRENDA DAVIDSON FINANCE CHAIR/TREASURER	5.00 0.	X		X				0.	0.	0.
(5)LISA THOMPSON MEMBERSHIP/MARKETING CO-CHAIR	5.00 0.	X		X				0.	0.	0.
(6)PAUL WILHIDE FACILITIES CHAIRMAN	5.00 0.	X		X				0.	0.	0.
(7)TERRY GAINES BOARD RELATIONS CHAIR	5.00 0.	X		X				0.	0.	0.
(8)BRUCE WHITE COOPER CHAIR	5.00 0.	X		X				0.	0.	0.
(9)AARON PERALES INCOMING CHAIR	5.00 0.	X		X				0.	0.	0.
(10)KIM CRAWFORD MEMBER	5.00 0.	X						0.	0.	0.
(11)JERRY MECHELL MEMBER	5.00 0.	X						0.	0.	0.
(12)CHRIS OLSON MEMBER	5.00 0.	X						0.	0.	0.
(13)LEN OSZUSTOWICZ ENDOWMENT CHAIR	5.00 0.	X		X				0.	0.	0.
(14)VAL GIBSON MEMBER	5.00 0.	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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) MARK CANNON ----- NORTH CHAIR	5.00 ----- 0.	X		X				0.	0.	0.
(16) CHRIS TURNER ----- MEMBER	5.00 ----- 0.	X						0.	0.	0.
(17) CLAUDE CUNNINGHAM ----- SECRETARY	5.00 ----- 0.	X		X				0.	0.	0.
(18) DR. SEAN SCOTT ----- MEMBER	5.00 ----- 0.	X						0.	0.	0.
(19) JAMES HAWTHORNE ----- MEMBERSHIP/MARKETING CO-CHAIR	5.00 ----- 0.	X		X				0.	0.	0.
(20) JAMIE VASQUEZ ----- MEMBER	5.00 ----- 0.	X						0.	0.	0.
(21) ESTEBAN BLANCO ----- CENTRAL CHAIR	5.00 ----- 0.	X		X				0.	0.	0.
(22) DON PROCTOR ----- MEMBER	5.00 ----- 0.	X						0.	0.	0.
(23) HEIDI HARDY ----- COOPER CHAIR	5.00 ----- 0.	X		X				0.	0.	0.
(24) MEGAN FULBRIGHT ----- MEMBER	5.00 ----- 0.	X						0.	0.	0.
(25) CRYSTAL ADAIR ----- MEMBER	5.00 ----- 0.	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								124,771.	0.	18,617.
d Total (add lines 1b and 1c)								124,771.	0.	18,617.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 1

	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. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 3		

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 ► 5

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(26) STACY WILLIAMS MEMBER	5.00 0.	X						0.	0.	0.
(27) RHONDA TAYLOR MEMBER	5.00 0.	X						0.	0.	0.
(28) SHARI BOWIE MEMBER	5.00 0.	X						0.	0.	0.
(29) ROBERTO AGUIRRE PRESIDENT & CEO	50.00 0.			X				124,771.	0.	18,617.
1b Sub-total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ **1**

	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. Report compensation for the calendar year ending with or within the organization's tax year.

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

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 ▶

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a	18,390.					
	b Membership dues	1b						
	c Fundraising events	1c						
	d Related organizations	1d						
	e Government grants (contributions) . .	1e	81,713.					
	f All other contributions, gifts, grants, and similar amounts not included above .	1f	850,306.					
	g Noncash contributions included in lines 1a-1f: \$		267,000.					
	h Total. Add lines 1a-1f			950,409.				
Program Service Revenue				Business Code				
	2a HEALTHY LIVING		711210	1,932,339.	1,932,339.			
	b YOUTH DEVELOPMENT		624410	812,092.	812,092.			
	c SOCIAL RESPONSIBILITY		900099	6,069.	6,069.			
	d MEMBERSHIPS		900099	5,294,721.	5,294,721.			
	e _____							
	f All other program service revenue							
g Total. Add lines 2a-2f			8,045,221.					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts).			24,139.	24,139.			
	4 Income from investment of tax-exempt bond proceeds .			0.				
	5 Royalties			33,467.			33,467.	
	6a Gross rents	(i) Real	25,335.					
		(ii) Personal						
		b Less: rental expenses		64,526.				
	c Rental income or (loss)		-39,191.					
	d Net rental income or (loss)			-39,191.		-39,191.		
	7a Gross amount from sales of assets other than inventory	(i) Securities	86,058.	84,028.				
		(ii) Other						
		b Less: cost or other basis and sales expenses		79,959.	11,024.			
	c Gain or (loss)		6,099.	73,004.				
	d Net gain or (loss)			79,103.			79,103.	
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a	16,516.					
	b Less: direct expenses	b						
c Net income or (loss) from fundraising events.			16,516.					
9a Gross income from gaming activities. See Part IV, line 19	a							
b Less: direct expenses	b							
c Net income or (loss) from gaming activities.			0.					
10a Gross sales of inventory, less returns and allowances	a	4,754.						
	b Less: cost of goods sold	b						
	c Net income or (loss) from sales of inventory.			4,754.				
Miscellaneous Revenue			Business Code					
11a MEMBERSHIP CARDS		900099	622.	622.				
b MISCELLANEOUS INCOME		900099	2,959.	2,959.				
c GIFT CERTIFICATES		900099	450.	450.				
d All other revenue								
e Total. Add lines 11a-11d			4,031.					
12 Total revenue. See instructions.			9,118,449.	8,073,391.	-39,191.	112,570.		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0.			
2 Grants and other assistance to domestic individuals. See Part IV, line 22	379,913.	379,913.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	143,388.	136,038.	5,466.	1,884.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	3,486,173.	3,305,486.	134,379.	46,308.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	177,419.	168,240.	6,640.	2,539.
9 Other employee benefits	238,646.	226,299.	8,931.	3,416.
10 Payroll taxes	288,337.	273,419.	10,791.	4,127.
11 Fees for services (non-employees):				
a Management	0.			
b Legal	0.			
c Accounting	0.			
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17.	0.			
f Investment management fees	0.			
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	0.			
12 Advertising and promotion	228,537.	223,158.	5,379.	
13 Office expenses	95,816.	74,322.	21,494.	
14 Information technology	0.			
15 Royalties	0.			
16 Occupancy	913,001.	855,469.	57,532.	
17 Travel	76,365.	74,129.	2,236.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	86,726.	31,889.	54,837.	
20 Interest	172,005.	172,005.		
21 Payments to affiliates	133,964.	128,412.	5,552.	
22 Depreciation, depletion, and amortization	766,818.	766,818.		
23 Insurance	4,097.		4,097.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PROGRAM SUPPLIES	688,343.	661,628.	16,494.	10,221.
b CREDIT CARD FEES	84,304.		84,304.	
c CONTRACT SERVICES	273,868.	234,530.	39,338.	
d REPAIRS & MAINTENANCE	225,546.	211,871.	13,675.	
e All other expenses	66,777.	45,202.	21,575.	
25 Total functional expenses. Add lines 1 through 24e	8,530,043.	7,968,828.	492,720.	68,495.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0.			

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	2,777,627.	1	2,956,190.
	2 Savings and temporary cash investments	0.	2	0.
	3 Pledges and grants receivable, net	114,902.	3	88,908.
	4 Accounts receivable, net	0.	4	0.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0.	5	0.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0.	6	0.
	7 Notes and loans receivable, net	0.	7	0.
	8 Inventories for sale or use	0.	8	0.
	9 Prepaid expenses and deferred charges	52,950.	9	41,676.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 17,137,214.		
	b Less: accumulated depreciation	10b 8,316,952.	8,992,560.	10c 8,820,262.
	11 Investments - publicly traded securities	816,751.	11	977,391.
	12 Investments - other securities. See Part IV, line 11	0.	12	0.
	13 Investments - program-related. See Part IV, line 11	0.	13	0.
	14 Intangible assets	0.	14	0.
	15 Other assets. See Part IV, line 11	84,440.	15	69,194.
16 Total assets. Add lines 1 through 15 (must equal line 34)	12,839,230.	16	12,953,621.	
Liabilities	17 Accounts payable and accrued expenses	281,778.	17	318,310.
	18 Grants payable	0.	18	0.
	19 Deferred revenue	147,766.	19	121,617.
	20 Tax-exempt bond liabilities	0.	20	0.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties	3,457,935.	23	3,050,524.
	24 Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	709,753.	25	431,617.
	26 Total liabilities. Add lines 17 through 25	4,597,232.	26	3,922,068.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	8,241,998.	27	9,031,553.
	28 Temporarily restricted net assets	0.	28	0.
	29 Permanently restricted net assets	0.	29	0.
	Organizations that do not follow SFAS 117 (ASC 958), 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	8,241,998.	33	9,031,553.
	34 Total liabilities and net assets/fund balances	12,839,230.	34	12,953,621.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	9,118,449.
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,530,043.
3	Revenue less expenses. Subtract line 2 from line 1	3	588,406.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	8,241,998.
5	Net unrealized gains (losses) on investments	5	201,149.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	9,031,553.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

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.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization **ARLINGTON-MANSFIELD AREA YOUNG MEN'S CHRISTIAN ASSOCIATION**

Employer identification number
75-1000839

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 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.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**.
Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations.

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

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

Schedule A (Form 990 or 990-EZ) 2017

JSA
7E1210 1.000

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

Table with 7 columns: (a) 2013, (b) 2014, (c) 2015, (d) 2016, (e) 2017, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2013, (b) 2014, (c) 2015, (d) 2016, (e) 2017, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2017; 15 Public support percentage from 2016 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2017; b 33 1/3% support test - 2016; 17a 10%-facts-and-circumstances test - 2017; b 10%-facts-and-circumstances test - 2016; 18 Private foundation.

Part III Support Schedule for Organizations Described in Section 509(a)(2)
 (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.
 If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	489,131.	528,130.	516,861.	474,269.	683,409.	2,691,800.
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	6,628,524.	7,473,338.	8,024,547.	8,414,463.	8,406,495.	38,947,367.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
6 Total. Add lines 1 through 5.	7,117,655.	8,001,468.	8,541,408.	8,888,732.	9,089,904.	41,639,167.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
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						0.
c Add lines 7a and 7b.						0.
8 Public support. (Subtract line 7c from line 6.)						41,639,167.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6.	7,117,655.	8,001,468.	8,541,408.	8,888,732.	9,089,904.	41,639,167.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	353,183.	164,331.	81,298.	276,024.	194,108.	1,068,944.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0.
c Add lines 10a and 10b	353,183.	164,331.	81,298.	276,024.	194,108.	1,068,944.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.	39,632.	46,349.	42,451.	33,983.	25,335.	187,750.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	-9,312.	11,677.	-15,437.	25,570.	4,031.	16,529.
13 Total support. (Add lines 9, 10c, 11, and 12.)	7,501,158.	8,223,825.	8,649,720.	9,224,309.	9,313,378.	42,912,390.

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 2017 (line 8, column (f) divided by line 13, column (f)).	15	97.03%
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	97.22%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	2.49%
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	2.21%

19a 33 1/3% support tests - 2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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

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

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

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule of Contributors

2017

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

Name of the organization ARLINGTON-MANSFIELD AREA YOUNG MEN'S CHRISTIAN ASSOCIATION	Employer identification number 75-1000839
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Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

Name of organization ARLINGTON-MANSFIELD AREA YOUNG MEN'S
CHRISTIAN ASSOCIATION

Employer identification number
75-1000839

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	FIRST RATE, INC. 1903 ASCENSION BLVD ARLINGTON, TX 76006	\$ 56,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	N THE ZONE P.O. BOX 940365 PLANO, TX 75094	\$ 16,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	COMMUNITY FOUNDATION OF NORTH TEXAS 306 W. 7TH ST. SUITE 1045 FORT WORTH, TX 76102	\$ 32,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	WILLIAM BOWIE 3622 LAKE POWELL DR ARLINGTON, TX 76016	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	FROST BANK ARLINGTON 3801 MATLOCK ROAD ARLINGTON, TX 76015	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	ARLINGTON ORTHOPEDIC AND SPINE HOSPITAL 707 HIGHLANDER ROAD ARLINGTON, TX 76015	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization ARLINGTON-MANSFIELD AREA YOUNG MEN'S CHRISTIAN ASSOCIATION	Employer identification number 75-1000839
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	NATIONAL CHRISTIAN FOUNDATION NORTH TEXA 840 THOUSAND OAKS DRIVE HURST, TX 76054	\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	FLOORING SERVICES, LTD 2801 TX 121 THE COLONY, TX 75056	\$ 17,088.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	MORITZ FAMILY INTERESTS, LTD 2001 N. COLLINS ST ARLINGTON, TX 76011	\$ 267,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization ARLINGTON-MANSFIELD AREA YOUNG MEN'S CHRISTIAN ASSOCIATION	Employer identification number 75-1000839
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Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
9	LAND <hr/> <hr/> <hr/>	\$ 267,000.	12/31/2017
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____

Name of organization ARLINGTON-MANSFIELD AREA YOUNG MEN'S CHRISTIAN ASSOCIATION	Employer identification number 75-1000839
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ► \$ _____
Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization ARLINGTON-MANSFIELD AREA YOUNG MEN'S CHRISTIAN ASSOCIATION

Employer identification number 75-1000839

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of 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?, 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?

Part II Conservation Easements.

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 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, 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?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. 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) Revenue included on 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 Revenue included on Form 990, Part VIII, line 1. b Assets included in Form 990, Part X.

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

Schedule D (Form 990) 2017

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange programs
e Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

Part IV Escrow and Custodial Arrangements.

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?
b If "Yes," explain the arrangement in Part XIII and complete the following table:
Table with columns: Amount, 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

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

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 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 current year end balance (line 1g, column (a)) held as:
a Board designated or quasi-endowment %
b Permanent endowment %
c Temporarily restricted endowment %
The percentages on lines 2a, 2b, and 2c should equal 100%.

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
(i) unrelated organizations
(ii) related organizations
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
Table with Yes/No columns for 3a(i), 3a(ii), 3b

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

Part VI Land, Buildings, and Equipment.

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

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) INTEREST RATE SWAP LIABILITY	106,161.
(3) CAPITAL LEASE OBLIGATION	325,456.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	431,617.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XIII Supplemental Information (continued)

DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48

THE YMCA RECOGNIZES IN ITS FINANCIAL STATEMENTS THE FINANCIAL EFFECT OF A TAX POSITION, IF THAT POSITION IS MORE LIKELY THAN NOT TO BE SUSTAINED UPON EXAMINATION, INCLUDING RESOLUTION OF ANY APPEALS OR LITIGATION PROCESSES, BASED UPON THE TECHNICAL MERITS OF THE POSITION. AS OF DECEMBER 31, 2017, THE YMCA HAS NO UNCERTAIN TAX POSITIONS THAT QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS AT DECEMBER 31, 2017, THE YMCA'S TAX YEARS 2014 AND THEREAFTER REMAIN SUBJECT TO EXAMINATION FOR FEDERAL TAX PURPOSES.

PART XI, LINE 2D

RENTAL EXPENSES \$ 64,526

PART XII, LINE 2D

RENTAL EXPENSES \$ 64,526

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		WINTER RUN (event type)	OTHER (event type)	(total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	12,621.	3,895.		16,516.
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	12,621.	3,895.		16,516.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				16,516.

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

EXPLANATION OF PRESENTATION

THE YMCA OF ARLINGTON IS A BENEFICIARY OF THESE FUNDRAISING EVENTS, WHICH ARE OPERATED PRIMARILY BY VOLUNTEERS AND "PARTNERS" WHO BEAR THE OPERATING COSTS OF THE EVENT SO ONLY NET PROCEEDS ARE RECEIVED BY THE YMCA.

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

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

Name of the organization **ARLINGTON-MANSFIELD AREA YOUNG MEN'S
CHRISTIAN ASSOCIATION**

Employer identification number
75-1000839

Part I General Information on Grants and Assistance

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

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 noncash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

- Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
- Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) (2017)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on 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
1 PROGRAM ASSISTANCE	39,781.	379,913.			
2					
3					
4					
5					
6					
7					

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

FORM 990, SCHEDULE I, PART I, LINE 1

ALL RECIPIENTS OF ASSISTANCE ARE PROGRAM PARTICIPANTS AND THEIR REQUIREMENTS FOR ASSISTANCE ARE MONITORED THROUGH THE PROCESSES OF PROGRAM PARTICIPATION AND REGISTRATION DOCUMENTATION.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization **ARLINGTON-MANSFIELD AREA YOUNG MEN'S
CHRISTIAN ASSOCIATION**

Employer identification number
75-1000839

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				
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>LAND</u>)	X	1 .	267,000 .	FAIR MARKET VALUE
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

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

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

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

Schedule M (Form 990) (2017)

JSA

7E1298 1.000

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

**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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Name of the organization
ARLINGTON-MANSFIELD AREA YOUNG MEN'S
CHRISTIAN ASSOCIATION

Employer identification number
75-1000839

PART III, LINE 4A

SCHEDULE O - HEALTHY LIVING: YMCA HEALTH AND WELL-BEING PROGRAMS ARE DESIGNED TO HELP PEOPLE DEVELOP NEW SKILLS AND GROW IN SPIRIT, MIND AND BODY. THIS IS DONE BY SETTING REALISTIC GOALS FOR SELF-IMPROVEMENT AND DISEASE PREVENTION THROUGH AN ACTIVE LIFESTYLE, PROPER NUTRITION, STRESS MANAGEMENT, AND HEALTH EDUCATION. WE OFFER A LIFELONG PROGRESSION OF ACTIVITIES, EXPERIENCES, AND EDUCATION IN A WELCOMING ENVIRONMENT WHERE HEALTH SEEKERS CAN FEEL COMFORTABLE AND RECEIVE THE SUPPORT THEY NEED TO IMPROVE. PEOPLE WITH DISABILITIES AND THOSE WITH CHRONIC AILMENTS, SUCH AS ARTHRITIS, CANCER, AND HEART DISEASE WILL FIND YMCA PROGRAMS THAT CAN MEET THEIR NEEDS.

FATHER/CHILD PROGRAMS STRENGTHEN THE BOND AND RELATIONSHIP BETWEEN FATHERS AND THEIR SONS AND DAUGHTERS. GROUP EXERCISE PROGRAMS FOCUS ON INCREASING PHYSICAL ACTIVITY FOR HEALTH SEEKERS AND EXPERIENCED EXERCISERS ALIKE. MIND-BODY CLASSES SUCH AS PILATES, YOGA, AND TAI CHI, ALLOW FOR MANY PHYSICAL BENEFITS ALONG WITH THE MENTAL BENEFITS OF SELF-RENEWAL AND STRESS MANAGEMENT. GROUP EXERCISE FORMATS SUCH AS INDOOR CYCLING, AEROBICS, BOOT CAMP, KICKBOXING, STEP, DANCE, AND VARIOUS MUSCLE STRENGTH AND ENDURANCE PROGRAMS HELP IMPROVE BOTH INDIVIDUAL AND COMMUNITY HEALTH. PERSONAL TRAINING PROVIDES INDIVIDUAL SUPPORT AND GUIDANCE TO MEMBERS AND PARTICIPANTS TO HELP THEM ACHIEVE THEIR HEALTH AND WELL-BEING GOALS. ALL BRANCHES HAVE ACTIVE OLDER ADULT PROGRAMS THAT MEET THE NEEDS OF SENIOR MEMBERS AND PARTICIPANTS. THEY ENJOY SEMINARS

Name of the organization ARLINGTON-MANSFIELD AREA YOUNG MEN'S
CHRISTIAN ASSOCIATION

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75-1000839

WITH INFORMATIVE SPEAKERS, LUNCHEONS, PARTIES, SENIOR PLAY DAY, MOVIES,
AND DAY TRIPS. SENIORS ARE INVOLVED IN VOLUNTEERING FOR THE STRONG
COMMUNITY CAMPAIGN AND SERVE ON BRANCH ADVISORY BOARDS. LIFEGUARD
TRAINING PREPARES YOUTH AND ADULTS FOR EMPLOYMENT WITHIN THE YMCA AND IN
OTHER ORGANIZATIONS IN OUR COMMUNITY. ADULT SPORTS LIKE BASKETBALL AND
VOLLEYBALL PROVIDE OPPORTUNITIES FOR EXERCISE AND COMPETITION. OBESITY
AND CHRONIC DISEASE PREVENTION PROGRAMS HELP MEMBERS AND PARTICIPANTS
IMPROVE THEIR HEALTH AND WELL-BEING.

IN 2015, WE REACHED OUT TO OUR COMMUNITY TO IMPROVE THE HEALTH AND
WELL-BEING FOR A BETTER US: 436 YOUTH PARTICIPATED IN THE Y'S YOUTH &
WELLNESS PROGRAM, 97 ADULTS WERE ENROLLED IN OUR YMCA'S DIABETES
PREVENTION PROGRAM, 6,357 SENIORS TOOK PART IN OUR ACTIVE OLDER ADULT
PROGRAM.

PART III, LINE 4B

SCHEDULE O - YOUTH DEVELOPMENT: YMCA YOUTH DEVELOPMENT PROGRAMS ARE
DESIGNED TO NURTURE THE DEVELOPMENT OF YOUTH AND TEENS. OUR YOUTH
PROGRAMS OFFER HIGH-QUALITY ACTIVITIES FOR PRE-SCHOOL THROUGH TEENS FOR
ALL SEGMENTS OF OUR COMMUNITY. THE CENTRAL FOCUS OF YMCA BEFORE- AND
AFTERSCHOOL CHILD CARE IS TO FOSTER GROWTH AND DEVELOPMENT, NOT ONLY IN
CHILDREN, BUT ALSO IN THEIR PARENTS AND FAMILIES. ACCORDINGLY, PARENTS
PLAY AN IMPORTANT ROLE IN THE PROGRAM BY PROVIDING AND RECEIVING FEEDBACK
ON BOTH THE PROGRAM'S OBJECTIVES AND THEIR CHILDREN'S PROGRESS. YMCA
CHILD CARE CURRICULA HELP CHILDREN DEVELOP MORAL AND ETHICAL BEHAVIOR,
SELF-ESTEEM, AND LEADERSHIP SKILLS. YMCA CHILD CARE ALLOWS PARENTS TO
REMAIN GAINFULLY EMPLOYED, KNOWING THAT THEIR CHILDREN ARE THRIVING IN A

Name of the organization ARLINGTON-MANSFIELD AREA YOUNG MEN'S CHRISTIAN ASSOCIATION	Employer identification number 75-1000839
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SAFE, SUPPORTIVE ENVIRONMENT. YMCA SUMMER DAY CAMP PROVIDES A FUN AND SAFE ENVIRONMENT FOR KIDS DURING LONG, HOT SUMMER MONTHS WHEN THEY MAY BE INCLINED TO ENGAGE IN RISKY BEHAVIORS IF THEY WEREN'T IN SUPERVISED CARE WHILE THEIR PARENTS WORK. SUMMER CAMP TEACHES SKILLS AND OFFERS OPPORTUNITIES TO EXPLORE AND RESPECT THE ENVIRONMENT, MAKE FRIENDS AND HAVE FUN. KIDZONE AND YOUTH ZONE PROVIDE FUN, SAFE, AND SUPERVISED CARE FOR YOUTH WHILE THEIR PARENTS WORK OUT AT THE Y. YOUTH SPORTS LIKE BASEBALL, T-BALL, FLAG FOOTBALL, BASKETBALL, AND VOLLEYBALL PROVIDE OPPORTUNITIES FOR YOUTH AND TEENS TO LEARN SPORT-SPECIFIC SKILLS, IMPROVE THEIR HEALTH AND WELL-BEING AND DEVELOP SOCIAL SKILLS. SWIMMING INSTRUCTION PROVIDES SKILLS TO MAKE YOUTH AND TEENS SAFE AROUND WATER, IMPROVES THEIR HEALTH AND WELL-BEING AND INTRODUCES THEM TO A SPORT THAT CAN BE ENJOYED FOR A LIFETIME. COMPETITIVE SWIMMING PROVIDES YOUTH AND TEENS OPPORTUNITIES TO HONE THEIR SWIMMING SKILLS AND TO COMPETE WITH OTHER YOUTH IN THEIR AGE GROUPS. YOUTH WELLNESS ENGAGES YOUTH IN ACTIVITIES THAT COMBAT OBESITY AND CHRONIC ILLNESSES AND IMPROVE THEIR HEALTH AND WELL-BEING. FINANCIAL ASSISTANCE IS AVAILABLE FOR THOSE WHO CAN'T AFFORD THE FULL FEE.

IN 2017, WE SERVED 4,122 CHILDREN IN BEFORE- AND AFTERSCHOOL PROGRAMS AND SUMMER DAY CAMP, AND 9,334 YOUTH IN SPORTS PROGRAMS.

PART III, LINE 4C

SCHEDULE O - SOCIAL RESPONSIBILITY: OUR MULTI-COMMUNITY PARTNERSHIP WITH TARRANT COUNTY PUBLIC HEALTH, UNITED WAY OF TARRANT COUNTY, THE CITY OF ARLINGTON, THE CITY OF MANSFIELD, JPS HEALTH NETWORK, COOK CHILDREN'S

Name of the organization ARLINGTON-MANSFIELD AREA YOUNG MEN'S CHRISTIAN ASSOCIATION	Employer identification number 75-1000839
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HEALTH PLAN, AND OTHERS, PROVIDES COMMUNITY EDUCATION TARGETED AT THE ISSUE OF YOUTH OBESITY. THIS EFFORT CULMINATES EACH OCTOBER WITH AN ANNUAL EVENT KNOWN AS FALL KIDSFEST AT THE Y THAT SERVES YOUTH AND FAMILIES.

SPECIAL FRIENDS PROVIDES ADULTS WITH SPECIAL NEEDS OPPORTUNITIES TO WORK OUT AT THE Y SEVERAL TIMES PER WEEK AND FELLOWSHIP WITH ONE ANOTHER, Y STAFF, VOLUNTEERS AND MEMBERS. THE STRONG COMMUNITY CAMPAIGN, WHICH IS LED BY OUR VOLUNTEER BOARD OF DIRECTORS, RAISES APPROXIMATELY \$350,000 ANNUALLY TO PROVIDE FINANCIAL ASSISTANCE TO ENSURE THAT EVERYONE CAN PARTICIPATE IN OUR Y WITHOUT REGARD TO THEIR ABILITY TO PAY.

IN 2017, WE SERVED OVER 85,000 FREE MEALS TO CHILDREN IN OUR CHILDCARE PROGRAMS, PROVIDED 149 GIFTS TO CHILDREN IN NEED AS PART OF OUR ANGEL GIVING TREE DURING CHRISTMAS, PROVIDED 500 BACKPACKS AND SCHOOL SUPPLIES TO CHILDREN IN NEED IN AISD & MISD, AND DONATED \$2,270 AND TWO TRUCK BEDS OF CANNED GOODS TO MISSION ARLINGTON.

PART VI, SECTION A, LINE 6

THE YMCA IS A MEMBER ORGANIZATION WHICH CHARGES DUES, HOWEVER OUR ORGANIZATION IS A PUBLIC CHARITY OPEN TO ALL WITHOUT REGARD TO ABILITY TO PAY.

PART VI, SECTION A, LINE 7A

OUR MEMBERS HAVE THE RIGHT TO ELECT MEMBERS OF THE BOARD, BUT DO NOT RECEIVE ANY DISTRIBUTIONS OF INCOME OR ASSETS FROM THE ORGANIZATION.

Name of the organization ARLINGTON-MANSFIELD AREA YOUNG MEN'S
CHRISTIAN ASSOCIATION

Employer identification number
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PART VI, SECTION B, LINE 11B

A COPY OF FORM 990 WAS SUBMITTED TO THE GOVERNING BODY FOR REVIEW BEFORE
FILING.

PART VI, SECTION B, LINE 12C

THE BOARD OF DIRECTORS AND KEY STAFF ARE REQUIRED TO SIGN AFFIDAVITS OF
COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY.

PART VI, SECTION B, LINE 15

THE ORGANIZATION HAS CONTEMPORANEOUS SUBSTANTIATION THAT THE COMPENSATION
OF THE ORGANIZATION'S CEO, EXECUTIVE DIRECTOR, OR OTHER TOP MANAGEMENT
OFFICIAL WAS REVIEWED AND APPROVED BY INDEPENDENT PERSONS WHO USED
COMPARABILITY DATA TO DETERMINE THE REASONABLENESS OF THE COMPENSATION.

PART VI, SECTION C, LINE 18

THE ORGANIZATION MAKES ITS FORM 1023, FORM 990, AND FORM 990-T AVAILABLE
UPON REQUEST. A NOMINAL COPY CHARGE MAY APPLY.

PART VI, SECTION C, LINE 19

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST
POLICY, AND FINANCIALS STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. A
NOMINAL COPY CHARGE MAY APPLY.

PART XII, LINE 2

THE AUDIT OVERSIGHT RESPONSIBILITIES OF THE FINANCE COMMITTEE ARE
UNCHANGED FROM PRIOR YEARS.

Name of the organization ARLINGTON-MANSFIELD AREA YOUNG MEN'S
CHRISTIAN ASSOCIATION

Employer identification number
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ATTACHMENT 1

FORM 990, PART III - PROGRAM SERVICE, LINE 4A

HEALTHY LIVING: THE Y IS A LEADING VOICE ON HEALTH AND WELL-BEING. WE BRING FAMILIES CLOSER TOGETHER, ENCOURAGE HEALTHY LIFESTYLES, AND FOSTER CONNECTIONS THROUGH WELLNESS PROGRAMMING, FITNESS, SPORTS, FUN, AND SHARED INTERESTS. AS A RESULT, OVER 30,000 PEOPLE IN OUR COMMUNITY ARE RECEIVING SUPPORT, GUIDANCE, AND RESOURCES THEY NEED TO ACHIEVE GREATER HEALTH IN SPIRIT, MIND, AND BODY. THIS IS PARTICULARLY IMPORTANT AS OUR NATION STRUGGLES WITH AN OBESITY CRISIS, FAMILIES STRUGGLE WITH WORK/LIFE BALANCE, AND INDIVIDUALS SEARCH FOR PERSONAL FULFILLMENT. OUR YMCA PROGRAMS, SUCH AS FATHER/CHILD, GROUP EXERCISE, ACTIVE OLDER ADULTS, PERSONAL TRAINING, LIFEGUARD TRAINING, ADULT SPORTS AND OBESITY AND CHRONIC DISEASE PREVENTION, HELP MEMBERS AND PARTICIPANTS IMPROVE THEIR HEALTH AND WELL-BEING. OUR PROGRAMS ARE ACCESSIBLE, AFFORDABLE, AND OPEN TO ALL FAITHS, BACKGROUNDS, ABILITIES, AND INCOME LEVELS. IN 2017, WE PROVIDED \$245,072 IN FINANCIAL ASSISTANCE TO PEOPLE WHO OTHERWISE WOULD HAVE FACED ECONOMIC BARRIERS TO PARTICIPATION. FOR ADDITIONAL DETAILS REGARDING THESE CRITICAL PROGRAMS AND THEIR IMPACT, SEE SCHEDULE O.

ATTACHMENT 2

FORM 990, PART III - PROGRAM SERVICE, LINE 4B

YOUTH DEVELOPMENT: OUR YMCA IS COMMITTED TO NURTURING THE POTENTIAL OF EVERY CHILD AND TEEN. WE BELIEVE THAT ALL KIDS DESERVE THE OPPORTUNITY TO DISCOVER WHO THEY ARE AND WHAT THEY CAN

Name of the organization ARLINGTON-MANSFIELD AREA YOUNG MEN'S CHRISTIAN ASSOCIATION	Employer identification number 75-1000839
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ATTACHMENT 2 (CONT'D)

ACHIEVE. THAT'S WHY WE HELP YOUNG PEOPLE CULTIVATE THE VALUES, SKILLS, AND RELATIONSHIPS THAT LEAD TO POSITIVE BEHAVIORS, DEVELOPMENTAL ASSETS, BETTER HEALTH, AND EDUCATIONAL ACHIEVEMENT. OUR YMCA PROGRAMS, SUCH AS BEFORE- AND AFTERSCHOOL CHILD CARE, SUMMER DAY CAMP, ENRICHMENT CAMPS, YOUTH SPORTS, TEEN AND TWEEN LEADERSHIP COUNCILS, SWIMMING INSTRUCTION, COMPETITIVE SWIMMING AND YOUTH WELLNESS. EXPENSES INCLUDE SUBSIDIES AND DIRECT FINANCIAL ASSISTANCE THAT MAKE PARTICIPATION POSSIBLE FOR THE YOUNG PEOPLE WE ENGAGE. FOR ADDITIONAL DETAILS REGARDING THESE CRITICAL PROGRAMS AND THEIR IMPACT, SEE SCHEDULE O.

ATTACHMENT 3990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
NATIONAL YMCA EMPLOYEE BENEFITS PLAN PO BOX 91005 CHICAGO, IL 60693	EMPLOYEE BENEFITS	220,578.
YMCA RETIREMENT FUND P.O. BOX 35551 NEWARK, NJ 07193	EMPLOYEE 403B	211,227.
PEPSICO 7701 LEGACY DR PLANO, TX 75024	CHILDCARE MEALS	194,842.
INCENTIVE BRANDS COIT RD. SUITE 100 PLANO, TX 75075	SPORTS SUPPLIES	154,721.
JOE HALL ROOFING, INC. 1925 W. PIONEER PKWY ARLINGTON, TX 76013	ROOF REPAIR	250,153.

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

2017

For calendar year 2017 or other tax year beginning _____, 2017, and ending _____, 20____.

▶ Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury
Internal Revenue Service

A Check box if address changed

Name of organization (Check box if name changed and see instructions.)

ARLINGTON-MANSFIELD AREA YOUNG MEN'S
CHRISTIAN ASSOCIATION

D Employer identification number
(Employees' trust, see instructions.)

75-1000839

B Exempt under section

- 501(C)(3)
- 408(e) 220(e)
- 408A 530(a)
- 529(a)

Print or Type

Number, street, and room or suite no. If a P.O. box, see instructions.

1148 W. PIONEER PKWY STE H

E Unrelated business activity codes
(See instructions.)

531120

C Book value of all assets at end of year

12,953,621.

F Group exemption number (See instructions.) ▶

G Check organization type ▶ 501(c) corporation 501(c) trust 401(a) trust Other trust

H Describe the organization's primary unrelated business activity. ▶

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

J The books are in care of ▶ LINDSY FERNANDEZ Telephone number ▶ 817-299-9629

Part I Unrelated Trade or Business Income			(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales				
b	Less returns and allowances	c Balance ▶			
2	Cost of goods sold (Schedule A, line 7)				
3	Gross profit. Subtract line 2 from line 1c				
4a	Capital gain net income (attach Schedule D)				
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)				
c	Capital loss deduction for trusts				
5	Income (loss) from partnerships and S corporations (attach statement)				
6	Rent income (Schedule C)		25,335.	64,526.	-39,191.
7	Unrelated debt-financed income (Schedule E)				
8	Interest, annuities, royalties, and rents from controlled organizations (Schedule F)				
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)				
10	Exploited exempt activity income (Schedule I)				
11	Advertising income (Schedule J)				
12	Other income (See instructions; attach schedule)				
13	Total. Combine lines 3 through 12		25,335.	64,526.	-39,191.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)		
14	Compensation of officers, directors, and trustees (Schedule K)	
15	Salaries and wages	
16	Repairs and maintenance	
17	Bad debts	
18	Interest (attach schedule)	
19	Taxes and licenses	
20	Charitable contributions (See instructions for limitation rules)	
21	Depreciation (attach Form 4562)	21
22	Less depreciation claimed on Schedule A and elsewhere on return	22a
23	Depletion	
24	Contributions to deferred compensation plans	
25	Employee benefit programs	
26	Excess exempt expenses (Schedule I)	
27	Excess readership costs (Schedule J)	
28	Other deductions (attach schedule)	
29	Total deductions. Add lines 14 through 28	29
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30
31	Net operating loss deduction (limited to the amount on line 30)	31
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	33
34	Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34

For Paperwork Reduction Act Notice, see instructions.

Part III Tax Computation

Table with 4 columns: Line number, Description, Amount, and Total. Rows include 35 Organizations Taxable as Corporations, 36 Trusts Taxable at Trust Rates, 37 Proxy tax, 38 Alternative minimum tax, 39 Tax on Non-Compliant Facility Income, and 40 Total.

Part IV Tax and Payments

Table with 4 columns: Line number, Description, Amount, and Total. Rows include 41 Foreign tax credit, 42 Subtract line 41e from line 40, 43 Other taxes, 44 Total tax, 45 Payments, 46 Total payments, 47 Estimated tax penalty, 48 Tax due, 49 Overpayment, and 50 Enter the amount of line 49 you want.

Part V Statements Regarding Certain Activities and Other Information (see instructions)

Table with 3 columns: Question number, Question text, and Yes/No columns. Rows include 51 At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority over a financial account... 52 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?... 53 Enter the amount of tax-exempt interest received or accrued during the tax year.

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

Signature and Preparer Information section. Includes fields for Signature of officer, Date (06/05/2018), Title, Print/Type preparer's name (JAMIE EVERSOLE), Preparer's signature, Date, Firm's name (BDO USA, LLP), Firm's address (301 COMMERCE ST., SUITE 2000, FORT WORTH, TX 76102), and PTIN (P00839244).

Schedule A - Cost of Goods Sold. Enter method of inventory valuation ▶

1 Inventory at beginning of year	1		6 Inventory at end of year	6	
2 Purchases	2		7 Cost of goods sold. Subtract line		
3 Cost of labor	3		6 from line 5. Enter here and in		
4a Additional section 263A costs			Part I, line 2	7	
(attach schedule)	4a				
b Other costs (attach schedule)	4b		8 Do the rules of section 263A (with respect to		Yes No
5 Total. Add lines 1 through 4b	5		property produced or acquired for resale) apply		
			to the organization?		X

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

(1) RENTAL INCOME

(2)

(3)

(4)

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule) ATTACHMENT 1
(1)	25,335.	64,526.
(2)		
(3)		
(4)		
Total	Total 25,335.	

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ▶ 25,335.

(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ▶ 64,526.

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property		2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals ▶			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
Total dividends-received deductions included in column 8 ▶				

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).

Totals ▶

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

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).

Totals ▶

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
		Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).			Enter here and on page 1, Part II, line 26.

Totals ▶

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						

Totals (carry to Part II, line (5)) . . . ▶

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

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I. ▶						
Totals, Part II (lines 1-5) ▶	Enter here and on page 1, Part I, line 11, col (A).	Enter here and on page 1, Part I, line 11, col (B).				Enter here and on page 1, Part II, line 27.

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

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2) ATTACHMENT 2		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14 ▶			

SCHEDULE C - RENT INCOME DEDUCTIONS

RENTAL INCOME

SALARY	38,784.
DEPRECIATION	15,128.
UTILITIES	5,233.
INSURANCE	2,456.
MISCELLANEOUS	2,421.
ACCOUNTING FEES	504.
TOTAL	<u>64,526.</u>

ATTACHMENT 2SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

<u>NAME AND ADDRESS</u>	<u>TITLE</u>	<u>BUSINESS PERCENT</u>	<u>COMPENSATION</u>
RODNEY H. JOHNSON 1148 W. PIONEER PKWY STE H ARLINGTON, TX 76013	PAST CHAIR	0	0.
DR. REV. RUSSELL HILDEBRANDT 1148 W. PIONEER PKWY STE H ARLINGTON, TX 76013	FINANCIAL DEV. CHAIR	0	0.
GLYNDA PATTERSON 1148 W. PIONEER PKWY STE H ARLINGTON, TX 76013	CHAIRMAN	0	0.
BRENDA DAVIDSON 1148 W. PIONEER PKWY STE H ARLINGTON, TX 76013	FINANCE CHAIR/TREASURER	0	0.
LISA THOMPSON 1148 W. PIONEER PKWY STE H ARLINGTON, TX 76013	MEMBERSHIP/MARKETING CO-CHAIR	0	0.
PAUL WILHIDE 1148 W. PIONEER PKWY STE H ARLINGTON, TX 76013	FACILITIES CHAIRMAN	0	0.
TERRY GAINES 1148 W. PIONEER PKWY STE H ARLINGTON, TX 76013	BOARD RELATIONS CHAIR	0	0.
BRUCE WHITE 1148 W. PIONEER PKWY STE H ARLINGTON, TX 76013	COOPER CHAIR	0	0.
AARON PERALES 1148 W. PIONEER PKWY	INCOMING CHAIR	0	0.

ATTACHMENT 2 (CONT'D)SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

<u>NAME AND ADDRESS</u>	<u>TITLE</u>	<u>BUSINESS PERCENT</u>	<u>COMPENSATION</u>
STE H ARLINGTON, TX 76013			
KIM CRAWFORD 1148 W. PIONEER PKWY STE H ARLINGTON, TX 76013	MEMBER	0	0.
JERRY MECHELL 1148 W. PIONEER PKWY STE H ARLINGTON, TX 76013	MEMBER	0	0.
CHRIS OLSON 1148 W. PIONEER PKWY STE H ARLINGTON, TX 76013	MEMBER	0	0.
LEN OSZUSTOWICZ 1148 W. PIONEER PKWY STE H ARLINGTON, TX 76013	ENDOWMENT CHAIR	0	0.
VAL GIBSON 1148 W. PIONEER PKWY STE H ARLINGTON, TX 76013	MEMBER	0	0.
MARK CANNON 1148 W. PIONEER PKWY STE H ARLINGTON, TX 76013	NORTH CHAIR	0	0.
CHRIS TURNER 1148 W. PIONEER PKWY STE H ARLINGTON, TX 76013	MEMBER	0	0.
CLAUDE CUNNINGHAM 1148 W. PIONEER PKWY STE H ARLINGTON, TX 76013	SECRETARY	0	0.

ATTACHMENT 2 (CONT'D)SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

<u>NAME AND ADDRESS</u>	<u>TITLE</u>	<u>BUSINESS PERCENT</u>	<u>COMPENSATION</u>
DR. SEAN SCOTT 1148 W. PIONEER PKWY STE H ARLINGTON, TX 76013	MEMBER	0	0.
JAMES HAWTHORNE 1148 W. PIONEER PKWY STE H ARLINGTON, TX 76013	MEMBERSHIP/MARKETING CO-CHAIR	0	0.
JAMIE VASQUEZ 1148 W. PIONEER PKWY STE H ARLINGTON, TX 76013	MEMBER	0	0.
ESTEBAN BLANCO 1148 W. PIONEER PKWY STE H ARLINGTON, TX 76013	CENTRAL CHAIR	0	0.
DON PROCTOR 1148 W. PIONEER PKWY STE H ARLINGTON, TX 76013	MEMBER	0	0.
HEIDI HARDY 1148 W. PIONEER PKWY STE H ARLINGTON, TX 76013	COOPER CHAIR	0	0.
MEGAN FULBRIGHT 1148 W. PIONEER PKWY STE H ARLINGTON, TX 76013	MEMBER	0	0.
CRYSTAL ADAIR 1148 W. PIONEER PKWY STE H ARLINGTON, TX 76013	MEMBER	0	0.
STACY WILLIAMS 1148 W. PIONEER PKWY	MEMBER	0	0.

ATTACHMENT 2 (CONT'D)SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

<u>NAME AND ADDRESS</u>	<u>TITLE</u>	<u>BUSINESS PERCENT</u>	<u>COMPENSATION</u>
STE H ARLINGTON, TX 76013			
RHONDA TAYLOR 1148 W. PIONEER PKWY STE H ARLINGTON, TX 76013	MEMBER	0	0.
SHARI BOWIE 1148 W. PIONEER PKWY STE H ARLINGTON, TX 76013	MEMBER	0	0.
ROBERTO AGUIRRE 1148 W. PIONEER PKWY STE H ARLINGTON, TX 76013	PRESIDENT & CEO	0	0.
TOTAL COMPENSATION			<u>0.</u>