

Return of Organization Exempt From Income Tax

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.
Information about Form 990 and its instructions is at www.irs.gov/form990

Department of the Treasury
Internal Revenue Service

A For the 2016 calendar year, or tax year beginning **2016**, and ending **20**

B Name change
 Name change
 Name change
 Extension of termination
 Amendment to 501(c)(3)
 Any other change

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

D Employer identification number **75-1000839**

E Telephone number **817-299-9629**

F Name and address of principal officer **MARON PERALES**
1145 W PIONEER LANE STE 4 ARLINGTON, TX 76013

G Gross receipts \$ **9,501,543**

H(a) Is this a group return for an unincorporated organization? Yes No
H(b) Are all assets held in trust? Yes No
H(c) Group exemption number

I Tax-exempt status 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: **WWW.AMYMCA.ORG**

K Form of organization: Corporation Trust Association Other **L** Year of formation: **M** State of legal domicile

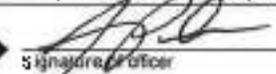
Part I Summary

| | | | | |
|--|---|---|----------------------------------|--------------------|
| 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 VII, line 1a) | 3 | 27 | |
| | 4 Number of independent voting members of the governing body (Part VII, line 1b) | 4 | 27 | |
| | 5 Total number of individuals employed in calendar year 2016 (Part V, line 2a) | 5 | 618 | |
| | 6 Total number of volunteers (estimate if necessary) | 6 | 1,083 | |
| | 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | -29,833 | |
| b Net unrelated business taxable income from Form 990-T, line 34 | 7b | -29,833 | | |
| Revenue | 8 Contributions and grants (Part VIII, line 1h) | Prior Year | Current Year | |
| | 9 Program service revenue (Part VIII, line 2g) | 516,861. | 690,395. | |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 6,018,805. | 3,166,811. | |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 8f, 8g, and 11e) | 36,045. | 161,570. | |
| | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 6,652,001. | 9,155,132. | |
| | Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 438,590. | 931,342. |
| | | 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) | 4,242,550. | 5,260,980. |
| | | 16a Professional fundraising fees (Part IX, column (A), line 11e) | 0. | 0. |
| b Total fundraising expenses (Part IX, column (D), line 25) | | 0. | 0. | |
| 17 Other expenses (Part IX, column (A), lines 11a-f (11-24e)) | | 3,539,575. | 3,764,433. | |
| 18 Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 25) | | 8,260,821. | 8,456,756. | |
| 19 Revenue less expenses - Subtract line 18 from line 12 | | 491,480. | 698,376. | |
| Net Assets or Fund Balances | | 20 Total assets (Part X, line 18) | Beginning of Current Year | End of Year |
| | 21 Total liabilities (Part X, line 26) | 12,984,556. | 12,839,233. | |
| | 22 Net assets or fund balances - Subtract line 21 from line 20 | 0,374,705. | 4,307,232. | |

Part II Signature Block

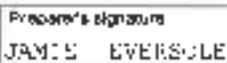
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer:  Date: **05-31-17**

Type or print name and title: **Maron Perales, CVO**

Preparer

Print/Type preparer's name: **JAMIE EVERSOLE** Preparer's signature:  Date: **05/24/2017** Check if self-employed PTIN: **DJ0939244**

Firm's name: **BDO USA, LLP** Firm's EIN: **13-3381590**

Firm's address: **6050 LAKEWAY SUITE 1000 DALLAS, TEXAS 75248** 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. Form **990** (2015)

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? Yes No
If "Yes," describe these new services on Schedule O.
- 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.
- 4 Describe the 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 \$ 1,230,000 including grants of \$ 0) (Revenue \$ 0))
 ATTACHMENT 1

4b (Code:) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0))
 ATTACHMENT 2

4c (Code:) (Expenses \$ 36,234 including grants of \$ 0) (Revenue \$ 0))
 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 MORE THAN 10 YEARS. 5 PROGRAMS, SUCH AS SPECIAL FRIENDS AND BRINGING COMMUNITY CAMERON ARE EXAMPLES OF HOW WE DELIVER TRAINING, RESOURCES, AND SUPPORT THAT EMPOWERS OUR NEIGHBORS TO EFFECT CHANGE, BRIDGE GAPS, AND OVERCOME OBSTACLES. IN 2016, WE ENGAGED YMCA MEMBERS, PARTICIPANTS, AND VOLUNTEERS IN ACTIVITIES THAT STRENGTHEN OUR COMMUNITY AND HAVE 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 \$ 1,266,234

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)? If "Yes," complete Schedule A. | X | |
| 2 Is the organization required to complete Schedule B, Schedule of Contributors (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? If "Yes," complete Schedule C, Part 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? If "Yes," complete Schedule C, Part II. | | 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? If "Yes," complete Schedule C, Part III. | | 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? If "Yes," complete Schedule D, Part I. | | X |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II. | | X |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III. | | X |
| 9 Did the organization report an amount in Part X, line 21, 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? If "Yes," complete Schedule D, Part IV. | | X |
| 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quas-endowments? If "Yes," complete Schedule D, Part V. | | 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? If "Yes," complete Schedule D, Part VI. | 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? If "Yes," complete Schedule D, Part VII. | | 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? If "Yes," complete Schedule D, Part VIII. | | 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? If "Yes," complete Schedule D, Part IX. | | X |
| e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. | 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 FIF 48 (ASC 740)? If "Yes," complete Schedule D, Part X. | X | |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII. | X | |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional. | | X |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. | | 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? If "Yes," complete Schedule F, Parts I and IV. | | 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? If "Yes," complete Schedule F, Parts II and IV. | | 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? If "Yes," complete Schedule F, Parts III and IV. | | 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? If "Yes," complete Schedule G, Part 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 8e? If "Yes," complete Schedule G, Part II. | X | |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III. | | X |

Part IV Checklist of Required Schedules (continued)

| | Yes | No |
|---|-----|----|
| 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H. | | 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? If "Yes," complete Schedule I, Parts I and II. | | 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? If "Yes," complete Schedule I, Parts I and III. | 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? If "Yes," complete Schedule J. | X | |
| 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a. | | 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? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part II. | | X |
| 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III. | | 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? If "Yes," complete Schedule L, Part IV. | | X |
| b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. | | 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? If "Yes," complete Schedule L, Part IV. | | X |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. | | X |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. | | X |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. | | X |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II. | | X |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I. | | X |
| 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V line 1. | | 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)? If "Yes," complete Schedule R, Part V, line 2. | | |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2. | | X |
| 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI. | | X |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 18? 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 line number, description, sub-column, and Yes/No boxes. Includes sections for backup withholding, employees, unrelated business income, foreign accounts, prohibited tax shelter transactions, and contributions.

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 10a 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

Section A. Governing Body and Management

| | Yes | No |
|---|-------------------------------------|-------------------------------------|
| 1a Enter the number of voting members of the governing body at the end of the tax year 1a 27 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. | | |
| b Enter the number of voting members included in line 1a, above, who are independent 1b 27 | | |
| 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5 Did the organization become aware during the year of a significant diversion of the organization's assets? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6 Did the organization have members or stockholders? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | |
| a The governing body? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b Each committee with authority to act on behalf of the governing body? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 9 Is there any officer, director, trustee, or key employee listed in Part VII Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

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

| | Yes | No |
|--|-------------------------------------|-------------------------------------|
| 10a Did the organization have local chapters, branches, or affiliates? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b Describe in Schedule O the process, if any, used by the organization to review the Form 990. | | |
| 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 13 Did the organization have a written whistleblower policy? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 14 Did the organization have a written document retention and destruction policy? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | |
| a The organization's CEO, Executive Director, or top management official | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b Other officers or key employees of the organization | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) | | |
| 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law and take steps to safeguard the organization's exempt status with respect to such arrangements? | <input type="checkbox"/> | <input type="checkbox"/> |

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. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: _____

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 (for 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) GYNDIA PATTERSON CHAIRMAN | 5.00 3. | 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 WILLIAMS FACILITIES CHAIRMAN | 5.00 0. | X | | X | | | | 0. | 0. | 0. |
| (7) TEPHY GRINES BOARD RELATIONS CLERK | 5.00 0. | X | | X | | | | 0. | 0. | 0. |
| (8) BRUCE WHITE COOPER CLERK | 5.00 0. | X | | X | | | | 0. | 0. | 0. |
| (9) ANGEL HIASAMA MEMBER | 5.00 0. | X | | | | | | 0. | 0. | 0. |
| (10) AARON PERALES INCOME CHAIR | 5.00 0. | X | | X | | | | 0. | 0. | 0. |
| (11) KIM CRAWFORD MEMBER | 5.00 0. | X | | | | | | 0. | 0. | 0. |
| (12) BO DALBEIX MEMBER | 5.00 0. | X | | | | | | 0. | 0. | 0. |
| (13) TERRY FRENCH MEMBER | 5.00 0. | X | | | | | | 0. | 0. | 0. |
| (14) CHRIS CLARK 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 annual per week (or any fraction thereof) for all organizations during the year | (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 | Volunteer trustee or director | Officer | Key employee | Highest compensated employee | Former | | | |
| 15) LEN ORSOSTOWICZ ENDOWMENT CHAIR | 5.00 0. | X | | X | | | 0. | 0. | 0. | |
| 16) VAC REIDSON MEMBER | 5.00 0. | X | | | | | 0. | 0. | 0. | |
| 17) MARK CANNON NORTH CHAIR | 5.00 0. | X | | X | | | 0. | 0. | 0. | |
| 18) CRYSTAL MCGILL MEMBER | 5.00 0. | X | | | | | 0. | 0. | 0. | |
| 19) CHRIS BURGER MEMBER | 5.00 0. | X | | | | | 0. | 0. | 0. | |
| 20) CLAUDE CUNNINGHAM SECRETARY | 5.00 0. | X | | X | | | 0. | 0. | 0. | |
| 21) DR. BEAN SCOTT MEMBER | 5.00 0. | X | | | | | 0. | 0. | 0. | |
| 22) JAMES BAWTHORNE MEMBERSHIP/MARKETING CO-CHAIR | 5.00 0. | X | | X | | | 0. | 0. | 0. | |
| 23) JAMIE VACQUEZ MEMBER | 5.00 0. | X | | | | | 0. | 0. | 0. | |
| 24) ESTEBAN BLANCO CENTRAL CHAIR | 5.00 0. | X | | X | | | 0. | 0. | 0. | |
| 25) DON PROCTOR MEMBER | 5.00 0. | X | | | | | 0. | 0. | 0. | |
| 1b Sub-total | | | | | | | 0. | 0. | 0. | |
| c Total from continuation sheets to Part VII, Section A | | | | | | | 187,507. | 0. | 29,721. | |
| d Total (add lines 1b and 1c) | | | | | | | 187,507. | 0. | 29,721. | |

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? If "Yes," complete Schedule J for such individual | | X |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual | X | |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person | | X |

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (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 annual salary or fee (do not include amounts for honoraria or honorariums before listed year) | (C) Position (do not check more than one box, unless person holds an office and a director/trustee position) | | | | | | (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 |
|--|--|---|---------------------|---------|--------------|------------------------------|----------|--|---|---|
| | | Board member or director | Institution trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| 26) ERIC HARRY COOPER CHAIR | 5.00 0. | X | | X | | | | 0. | 0. | |
| 27) MEGAN FOLBERT MEMBER | 5.00 0. | X | | | | | 0. | 0. | 0. | |
| 28) ROBERTO AGUIRRE PRESIDENT & CEO | 50.00 0. | | | X | | | 167,507. | 0. | 29,421. | |
| 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 \$120,000 of reportable compensation from the organization: **1**

- 3** Did the organization list any former officer, director, or trustee, key employee or highest compensated employee on line 1a? If "Yes" complete Schedule J for such individual: **3**
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes" complete Schedule J for such individual: **4**
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person: **5**

| | Yes | No |
|---|-----|----|
| 3 | | X |
| 4 | X | |
| 5 | | X |

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. 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 to note to any line in this Part VIII.

Table with columns: (A) Total revenue, (B) Report or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512-514. Rows include Contributions, Gifts, Grants, Program Service Revenue, Investment Income, Rental Income, Sales of Assets, Fundraising Events, Gaming Activities, and Miscellaneous Revenue.

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 8b, 7b, 9b, 9c, 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. | 431,343. | 431,343. | | |
| 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. | 167,569. | 157,276. | 6,250. | 3,902. |
| 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4960(c)(3)(B). | 0. | | | |
| 7 Other salaries and wages. | 3,403,605. | 3,193,473. | 140,327. | 69,675. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions). | 135,919. | 166,266. | 6,430. | 3,173. |
| 9 Other employee benefits. | 720,345. | 203,486. | 7,286. | 3,569. |
| 10 Payroll taxes. | 273,513. | 260,506. | 3,047. | 4,420. |
| 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. | 9,055. | | 9,055. | |
| g Other (if line 11g amount exceeds 10% of its 25, report an amount for its 10% excess on Schedule O). | 0. | | | |
| 12 Advertising and promotion. | 254,745. | 246,643. | 3,097. | |
| 13 Office expenses. | 53,332. | 69,859. | 23,473. | |
| 14 Information technology. | 0. | | | |
| 15 Royalties. | 0. | | | |
| 16 Occupancy. | 800,803. | 825,744. | 54,805. | |
| 17 Travel. | 71,676. | 71,506. | 40. | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials. | 0. | | | |
| 19 Conferences, conventions, and meetings. | 64,453. | 42,313. | 16,935. | |
| 20 Interest. | 192,379. | 192,379. | | |
| 21 Payments to affiliates. | 123,543. | 123,543. | | |
| 22 Depreciation, depletion, and amortization. | 770,330. | 770,330. | | |
| 23 Insurance. | 1,539. | | 1,536. | |
| 24 Other expenses (include expenses not covered above (LHA miscellaneous expenses in line 24a if line 24a amount exceeds 10% of line 25, column (A) amount, list line 24a expenses on Schedule O): | | | | |
| a PROGRAM SERVICES | 769,642. | 775,647. | 23,760. | 10,271. |
| b CREDIT CARD FEES | 63,701. | | 63,951. | |
| c CONTRACT SERVICES | 339,557. | 176,404. | 30,620. | |
| d REPAIRS & MAINTENANCE | 163,438. | 145,537. | 17,901. | |
| e All other expenses | 51,134. | 47,136. | 3,998. | |
| 25 Total functional expenses. Add lines 1 through 24e. | 6,456,758. | 7,667,734. | 474,364. | 84,670. |
| 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 88-2 (ASC 950-720). | 0. | | | |

Part X Balance Sheet

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

| | | (A) | | (B) | |
|------------------------------------|--|---|-------------|-------------|-------------|
| | | Beginning of year | | End of year | |
| Assets | 1 | Cash - non-interest-bearing | 2,217,720. | 1 | 2,777,027. |
| | 2 | Savings and temporary cash investments | 0. | 2 | 0. |
| | 3 | Pledges and grants receivable - net | 66,206. | 3 | 114,902. |
| | 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)(3) 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 | 63,100. | 9 | 32,950. |
| | 10a | Land, buildings, and equipment - cost or other basis. Complete Part VI of Schedule D | 16,561,080. | 10a | |
| | 10b | Less: accumulated depreciation | 7,588,720. | 10b | |
| | 10c | | 8,972,360. | 10c | 8,992,560. |
| | 11 | Investments - publicly traded securities | 800,302. | 11 | 816,781. |
| | 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 | 31,888. | 15 | 84,440. | |
| 16 | Total assets. Add lines 1 through *5 (must equal line 34) | 12,984,556. | 16 | 12,939,210. | |
| Liabilities | 17 | Accounts payable and accrued expenses | 401,952. | 17 | 791,778. |
| | 18 | Grants payable | 0. | 18 | 0. |
| | 19 | Deferred revenue | 145,364. | 19 | 167,768. |
| | 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 | 3,347,695. | 23 | 3,457,333. |
| | 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 | 400,704. | 25 | 709,753. |
| | 26 | Total liabilities. Add lines 17 through 25 | 5,374,705. | 26 | 4,997,232. |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 968), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34 | | | | |
| | 27 | Unrestricted net assets | 7,572,243. | 27 | 8,241,998. |
| | 28 | Temporarily restricted net assets | 37,608. | 28 | 0. |
| | 29 | Permanently restricted net assets | 0. | 29 | 0. |
| | Organizations that do not follow SFAS 117 (ASC 968), 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 | 7,609,851. | 33 | 8,241,998. |
| | 34 | Total liabilities and net assets/fund balances. | 13,984,556. | 34 | 12,939,210. |

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 | 9,159,152. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 3,499,798. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 569,354. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 7,609,851. |
| 5 | Net unrealized gains (losses) on investments | 5 | -66,227. |
| 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 | 8,241,898. |

Part XII Financial Statements and Reporting

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

| | Yes | No |
|--|-----|----|
| 1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other" explain in Schedule O. | | |
| 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | X |
| 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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | X | |
| 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. | X | |
| 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | | X |
| 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. | | |

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Complete if the organization is a section 501(c)(2) organization or a section 4847(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

Name of the organization: **PROTECTION-MANAGERIAL AREA YOUNG MEN'S CHRISTIAN ASSOCIATION**

Employer identification number:
75-1030639

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)(vii). (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 attainability 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:
 - g Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-10 above) (see instructions) | (iv) Is the organization (a) a governmental organization? | | (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) 2016

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: Calendar year (or fiscal year beginning in), (a) 2012, (b) 2013, (c) 2014, (d) 2015, (e) 2016, (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 (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 1, column (f); 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2012, (b) 2013, (c) 2014, (d) 2015, (e) 2016, (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, whether or not the business is regularly carried on; 10 Other income (Do not include gain or loss from the sale of capital assets (Explain in Part VI)); 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 2 columns: Description, and Percentage. Rows include: 14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)); 15 Public support percentage from 2015 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2016; 16b 33 1/3% support test - 2015; 17a 10%-facts-and-circumstances test - 2016; 17b 10%-facts-and-circumstances test - 2015; 18 Private foundation.

Part III Support Schedule for Organizations Described in Section 508(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) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
|---|-----------|-----------|-----------|-----------|-----------|------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 67,471 | 84,352 | 106,774 | 9,266 | 111,263 | 4,811,126 |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished at any activity that is related to the organization's tax-exempt purpose | 6,711,361 | 6,821,127 | 7,111,216 | 5,225,517 | 8,414,471 | 34,314,108 |
| 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 | 8,398,832 | 7,665,479 | 8,217,990 | 6,491,777 | 9,525,734 | 39,141,234 |
| 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.) | | | | | | 39,141,234 |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
|---|-----------|-----------|-----------|-----------|-----------|------------|
| 9 Amounts from line 6 | 8,398,832 | 7,665,479 | 8,217,990 | 6,491,777 | 9,525,734 | 39,311,234 |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 0 | 0 | 89,231 | 81,798 | 216,964 | 417,984 |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | 0 |
| c Add lines 10a and 10b | 26,713 | 111,189 | 109,462 | 111,791 | 216,964 | 697,712 |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | 78,151 | 80,121 | 10,369 | 47,421 | 21,961 | 215,152 |
| 12 Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part VII.) | 111 | 15,712 | 11,864 | 15,475 | 25,861 | 12,643 |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | 8,473,807 | 7,872,491 | 8,349,626 | 6,646,473 | 9,773,520 | 39,941,916 |
| 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. ▶ <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | |
|--|-----------|--------|
| 16 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)) | 16 | 27.22% |
| 18 Public support percentage from 2015 Schedule A, Part III, line 15 | 18 | 37.65% |

Section D. Computation of Investment Income Percentage

| | | |
|---|-----------|-------|
| 17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)) | 17 | 2.21% |
| 18 Investment income percentage from 2015 Schedule A, Part III, line 17 | 18 | 1.63% |

- 19a** 33 1/3% support tests - 2016. 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? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. | | |
| 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). | | |
| 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. | | |
| b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination. | | |
| c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. | | |
| 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below. | | |
| b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. | | |
| c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. | | |
| 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's governing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document). | | |
| b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | | |
| c Substitutions only. Was the substitution the result of an event beyond the organization's control? | | |
| 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI . | | |
| 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). | | |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). | | |
| 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4945 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI . | | |
| b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI . | | |
| c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI . | | |
| 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below. | | |
| b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.) | | |

Part IV Supporting Organizations (continued)

| | | 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? | 11a | |
| b | A family member of a person described in (a) above? | 11b | |
| c | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide details in Part VI. | 11c | |

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? 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. | 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? 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. | 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)? 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). | 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? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). | 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? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. | 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? If "Yes," mention 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. | 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? 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. | 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? Provide details in Part VI. | 3a | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. | 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 | <input type="checkbox"/> 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 alternative supported organizations to which the organization is responsive (provide details in Part VI). See instructions. | |
| 9 | Distributable amount for 2016 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-2016 | (iii) Distributable Amount for 2016 |
|---|---|-----------------------------|--|---|
| 1 | Distributable amount for 2016 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2016 (reasonable cause required explain in Part VI). See instructions. | | | |
| 3 | Excess distributions carryover, if any, to 2016: | | | |
| a | | | | |
| b | | | | |
| c | From 2013, | | | |
| d | From 2014, | | | |
| e | From 2015, | | | |
| f | Total of lines 3a through e | | | |
| g | Applied to underdistributions of prior years | | | |
| h | Applied to 2016 distributable amount | | | |
| i | Carryover from 2011 not applied (see instructions) | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 | Distributions for 2016 from Section D, line 7: \$ | | | |
| a | Applied to underdistributions of prior years | | | |
| b | Applied to 2016 distributable amount | | | |
| c | Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 | Remaining underdistributions for years prior to 2016, 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 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. | | | |
| 7 | Excess distributions carry over to 2017. Add lines 3j and 4c. | | | |
| 8 | Breakdown of line 7: | | | |
| a | | | | |
| b | Excess from 2013, | | | |
| c | Excess from 2014, | | | |
| d | Excess from 2015, | | | |
| e | Excess from 2016, | | | |

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 B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

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

OMB No. 1545-0047

2016

Name of the organization

WELINGTON-MANSFIELD AREA YOUNG MEN'S
CHRISTIAN ASSOCIATION

Employer identification number

75-1000134

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(2) (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 ASSOCIATIONEmployer identification number
75-1000339**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. 1305 ASCENSION BLVD ARLINGTON, TX 76008 | \$ 6,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 2 | IN THE ZONE P.O. BOX 940365 PLANO, TX 75094 | \$ 15,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 3 | COMMUNITY FILIATION OF NORTH TEXAS 306 W. 7TH ST. SUITE 1040 FORT WORTH, TX 76102 | \$ 15,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 4 | WILLIAM HOWIE 4622 LAKE FORELL 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 3901 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 | GLYNDA PATTERSON 2507 MARQUIS CIRCLE E. ARLINGTON, TX 76014 | \$ 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-CARPENTERS AREA YOUNG MEN'S CHRISTIAN ASSOCIATION | Employer identification number | 75-100833 |
|----------------------|---|--------------------------------|-----------|

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 | 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.) |
| 8 | NATIONAL CHRISTIAN FOUNDATION NORTH TEXAS 340 THOUSAND OAKS DRIVE ADDICKS, TX 76104 | \$ 6,500. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 9 | AMERICA'S CHARITIES 14150 NEWBROOK DRIVE, SUITE 110 CHARLISLY, VA 20151 | \$ 5,147. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 10 | MILKINSON SONIC GROUP 4911 S W GREEN OAKS BLVD ARLINGTON, TX 76017 | \$ 5,655. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 11 | FIRST BANK TEXAS 4701 AIRPORT FREEWAY BEDFORD, TX 76021 | \$ 5,500. | Person <input checked="" 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 **WILMINGTON-MARSHFIELD AREA YOUNG MEN'S CHRISTIAN ASSOCIATION**

Employer identification number
02-000435

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 |
|---------------------|---|--|-------------------|
| | | \$ _____ | _____ |
| | | \$ _____ | _____ |
| | | \$ _____ | _____ |
| | | \$ _____ | _____ |
| | | \$ _____ | _____ |
| | | \$ _____ | _____ |
| | | \$ _____ | _____ |
| | | \$ _____ | _____ |
| | | \$ _____ | _____ |

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

Employer identification number 75-1007033

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

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization **AP INGHAM-MANSFIELD PRES YOUNG MEN'S CHRISTIAN ASSOCIATION**

Employer identification number
00-1100858

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.

| | (a) Donor advised funds | (b) Funds and other accounts |
|---|-------------------------|--|
| 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? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Part II Conservation Easements.

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

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

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

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

| | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (b) | 2c |
| d Number of conservation easements included in (c) acquired after 8/17/08, and not on a historic structure listed in the National Register | 2d |

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, 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(g) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

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

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

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

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII, the text of the footnote to its financial statements that describes these items.
- 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 in Form 990, Part VIII, line 1 ▶ \$ _____
- (ii) Assets included in Form 990, Part X ▶ \$ _____
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
- a Revenue included in 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) 2016

JSP
05/12/16 1:00

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

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

- 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21 for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

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

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

- 2 Provide the estimated percentage of the 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:
- | | Yes | No |
|-----------------------------|-------|--------|
| (i) unrelated organizations | 3a(i) | 3a(ii) |
| (ii) related organizations | 3a(i) | 3a(ii) |
- b If "Yes" on line 3a(i) are the related organizations listed as required on Schedule R?
- 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.

| Descriptor of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | 1,125,630. | | 1,125,630. |
| b Buildings | | 12,176,665. | 7,562,720. | 4,587,945. |
| c Leasehold improvements | | 11,703. | | 11,703. |
| d Equipment | | 3,187,276. | | 3,187,276. |
| e Other | | | | |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) | | | | 8,902,554. |

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.

| (a) Description of liability | (b) Book value |
|---|----------------|
| (1) Federal income taxes | |
| (2) INTEREST RATE SWAP LIABILITY | 176,807. |
| (3) CAPITAL LEASE OBLIGATION | 532,840. |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B), line 25.) ▶ | 709,647. |

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, 2016, THE YMCA HAS NO UNCERTAIN TAX POSITIONS THAT QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS AT DECEMBER 31, 2016. THE YMCA'S TAX YEARS 2015 AND THEREAFTER REMAIN SUBJECT TO EXAMINATION FOR FEDERAL TAX PURPOSES.

PART XI, LINE 2D

| | |
|----------------------------|-----------|
| RENTAL EXPENSES | \$ 63,815 |
| INVESTMENT MANAGEMENT FEES | \$ 19,055 |

PART XII, LINE 2D

| | |
|----------------------------|-----------|
| RENTAL EXPENSES | \$ 63,815 |
| INVESTMENT MANAGEMENT FEES | \$ 19,055 |

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$10,000 on Form 990-EZ line 18.

▶ Attach to Form 990 or Form 990-EZ

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

DMS No. 1545-0047

2016

Open to Public Inspection

Name of the organization **ARLINGTON-MANSFIELD AREA YOUTH HOME**
CHRISTIAN ASSOCIATION

Employer identification number
75-100838

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- | | |
|---|--|
| <input type="checkbox"/> a Mail solicitations | <input type="checkbox"/> e Solicitation of non-government grants |
| <input type="checkbox"/> b Internet and email solicitations | <input type="checkbox"/> f Solicitation of government grants |
| <input type="checkbox"/> c Phone solicitations | <input type="checkbox"/> g Special fundraising events |
| <input type="checkbox"/> d In-person solicitations | |

- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VIII) or entity in connection with professional fundraising services? Yes No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

| 1 | (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? | | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organizer |
|----|---|---------------|--|----|-----------------------------------|---|--|
| | | | Yes | No | | | |
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| 9 | | | | | | | |
| 10 | | | | | | | |

Total ▶

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 5b. List events with gross receipts greater than \$5,000.

| | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events |
|--|---|--|--------------------------------------|-------------------------------|--|
| | | WINTER STAY <small>(event type)</small> | OTHER <small>(event type)</small> | <small>(total number)</small> | <small>(add col. (a) through col. (c))</small> |
| Revenue | 1 Gross receipts | 15,475. | 8,746. | | 24,221. |
| | 2 Less: Contributions | | | | |
| | 3 Gross income (line 1 minus line 2) | 15,475. | 8,746. | | 24,221. |
| 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) ▶ | | | | 24,221. | |

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 5a.

| | | (a) Bingo | (b) Pull tab/redemption or 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: _____

10 a Were any of the organization's gaming licenses revoked, suspended or term rated 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

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

Department of the Treasury
Internal Revenue Service

Name of the organization: **CHRISTIAN ASSOCIATION**
ART. THATCHER-NANETTE D AREA YOUNG MEN'S

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number:
73-1000939

2016
Open to Public Inspection

OMB No. 1545-0047

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantee's 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. Yes No

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) EIN (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|---------|-------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (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.

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) Number of subrecipients (do not separate units) | (f) Description of non-cash assistance |
|---|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| 1 | PROGRAM EXPENSES | 6,171 | 31,162 | | | |
| 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 PROGRESSES OF PROGRAM PARTICIPATION AND REGISTRATION DOCUMENTATION.

**SCHEDULE J
(Form 990)**

Compensation Information

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 29.

▶ Attach to Form 990

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization: **ARLINGTON HANDEDOWN AREA YOUNG MEN'S**

Employer identification number:

CHARITABLE ASSOCIATION

1-1001831

Part I Questions Regarding Compensation

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

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef) |

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

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

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? **4a**
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b**
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c**

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

- a** The organization? **5a**
- b** Any related organization? **5b**
- If "Yes" on line 5a or 5b, describe in Part III.

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

- a** The organization? **6a**
- b** Any related organization? **6b**
- If "Yes" on line 6a or 6b, describe in Part III.

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

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

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

| | Yes | No |
|----|-----|-------------------------------------|
| 1a | | |
| 1b | | |
| 2 | | |
| 3 | | |
| 4a | | <input checked="" type="checkbox"/> |
| 4b | | <input checked="" type="checkbox"/> |
| 4c | | <input checked="" type="checkbox"/> |
| 5a | | <input checked="" type="checkbox"/> |
| 5b | | <input checked="" type="checkbox"/> |
| 6a | | <input checked="" type="checkbox"/> |
| 6b | | <input checked="" type="checkbox"/> |
| 7 | | <input checked="" type="checkbox"/> |
| 8 | | <input checked="" type="checkbox"/> |
| 9 | | |

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

Schedule J (Form 990) 2016

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

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

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

| | (A) Name and Title | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nonexcess benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (E) reported as deferred on prior Form 990 |
|----|------------------------------------|--|-------------------------------------|-------------------------------------|--|------------------------|---------------------------------|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| | ROBERTO AGUIRRE PRESIDENT & CEO | 1,671,507. | 0. | 0. | 23,195. | 5,578. | 1,700,280. | 0. |
| 1 | | | | | | | | |
| 2 | | | | | | | | |
| 3 | | | | | | | | |
| 4 | | | | | | | | |
| 5 | | | | | | | | |
| 6 | | | | | | | | |
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| 10 | | | | | | | | |
| 11 | | | | | | | | |
| 12 | | | | | | | | |
| 13 | | | | | | | | |
| 14 | | | | | | | | |
| 15 | | | | | | | | |
| 16 | | | | | | | | |

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

**SCHEDULE O
(Form 990 or 990-EZ)**

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

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Employer identification number:
75-1001638

PART III, LINE 4A

STRENGTH OF - 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 ILLMENTS, SUCH
AS ARTHRITIS, CANCER, AND HEART DISEASE WILL FIND YMCA PROGRAMS THAT CAN
MEET THEIR NEEDS. FATHER/CHILD PROGRAMS STR-NOTHERN PAP-KING AND
KOLA BONDLEP-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
FILLATES, 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 INXIA CYCLING, AERONICS, BOOT CAMP, KICKBOXING,
SPIN, JAZZ, 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
ONCE-A-MONTH PROGRAMS THAT MEET THE NEEDS OF SENIOR MEMBERS AND
PARTICIPANTS. THEY ENJOY SEMINARS WITH INFORMATIVE SPEAKERS, LUNCHEONS,
PARTIES, SENIOR PLAY DAY, MOVIES, AND DAY TRIPS. SENIORS ARE INVOLVED IN

| | |
|---|--|
| Name of the organization ARLINGTON-MANSFIELD AREA YOUNG MEN'S CHRISTIAN ASSOCIATION | Employer identification number 75-1002839 |
|---|--|

VOLUNTEERING FOR THE STRONG COMMUNITY CAMPAIGN, TASTE OF ARLINGTON 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 2016, WE REACHED OUT TO OUR COMMUNITY TO IMPROVE THE HEALTH AND WELL-BEING FOR A NUMBER OF OUR YOUTH PARTICIPANTS IN THE Y'S YOUTH & WELLNESS PROGRAM, 127 ADULTS WERE ENROLLED IN OUR YMCA'S DIABETES PREVENTION PROGRAM, 2,163 SENIORS TOOK PART IN OUR ACTIVE OLDER ADULT PROGRAM.

PART III, LINE 45

SCHEDULE O - YOUTH DEVELOPMENT: YMCA YOUTH DEVELOPMENT PROGRAMS ARE DESIGNED TO NURTURE THE DEVELOPMENT OF YOUTH AND FAMILIES. 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 AFTER-SCHOOL 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 CAREFULLY EMPLOYED, KNOWING THAT THEIR CHILDREN ARE THRIVING IN A SAFE, SUPPORTIVE ENVIRONMENT. YMCA SUMMER DAY CAMP PROVIDES A FUN AND SAFE ENVIRONMENT FOR KIDS DURING WARM, HOT SUMMER MONTHS WHEN THEY MAY BE

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| Name of the organization ARLINGTON-MANSFIELD AREA YOUNG MEN'S CHRISTIAN ASSOCIATION | Employer identification number 75-1007853 |
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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, TENNIS, TRACK, 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 2016, WE SERVED 1,489 CHILDREN IN BEFORE- AND AFTER-SCHOOL PROGRAMS, 848 CHILDREN IN SUMMER DAY CAMP, AND 9,293 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, CPS HEALTH NETWORK, COOK CHILDREN'S 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

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PART VII. 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 \$300,000 ANNUALLY TO PROVIDE FINANCIAL ASSISTANCE TO ENSURE THAT EVERYONE CAN PARTICIPATE IN OUR Y WITHOUT REGARD TO THEIR ABILITY TO PAY. IN 2018, WE SERVED 126,000 FREE MEALS TO CHILDREN IN OUR CHILD CARE PROGRAMS, PROVIDED 98 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 AID & MISC, AND DONATED \$2,445 AND TWO TRUCK LOADS 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.

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

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COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY.

PART VI, SECTION E, 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-E 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.

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 35,000 PEOPLE IN OUR COMMUNITY ARE RECEIVING SUPPORT, GUIDANCE, AND

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| Name of the organization ARLINGTON-MANASSAS AREA YOUNG MEN'S CHRISTIAN ASSOCIATION | Employer identification number 72-1001630 |
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ATTACHMENT 1 (CONT'D)

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 RACES, BACKGROUNDS, ABILITIES, AND INCOME LEVELS. IN 2016, WE PROVIDED \$246,299 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 2FORM 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 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 INCLUDE BEFORE- AND AFTER-SCHOOL, CHILD CARE, SUMMER DAY CAMP, ENRICHMENT CAMPS, YOUTH SPORTS, TEEN AND TWENTY LEADERSHIP COUNCILS, SWIMMING INSTRUCTION, COMPETITIVE SWIMMING

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ATTACHMENT 2 (CONTINUED)

AND YOUTH WELFARE. EXPENSES INCLUDE SUBSIDIES AND DIRECT FINANCIAL ASSISTANCE THAT MAKE PARTICIPATION POSSIBLE FOR 25 PERCENT OF THE YOUNG PEOPLE WE ENGAGE. FOR ADDITIONAL DETAILS REGARDING THESE CRITICAL PROGRAMS AND THEIR IMPACT, SEE SCHEDULE O.

ATTACHMENT 3

990, 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 -C BOX 91005 CHICAGO, IL 60693 | EMPLOYEE BENEFITS | 213,343. |
| YMCA RETIREMENT FUND P.O. BOX 35551 NEWARK, NJ 07195 | EMPLOYEE 401K | 239,272. |
| PHYSICO 7701 LEGACY DR PLANO, TX 75024 | CHILD CARE MEALS | 220,721. |
| INCENTIVE BRANDS 6011 50. SUITE 100 PLANO, TX 75073 | SPORTS SUPPLIES | 172,419. |
| JOHNSON HEALTH TECH NA INC 1630 LANDMARK DR COTTAGE GROVE, WI 53527 | EQUIPMENT | 169,312. |