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Form **990**

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

2010

OMB No 1545-0047

Open to Public

Department of the Treasury

| of organization G MENS CHRISTIAN ASSOCIATION OF ND TEXAS Business As er and street (or P O box if mail is not delivered to street address) DX 954 r town, state or country, and ZIP + 4 ND, TX 79702 Name and address of principal officer ORGE FIERRO N BIG SPRING ST LAND, TX 79701 L(c)(3) | Room/suite (432 G Gross H(a) Is this a group return H(b) Are all affiliates income. | a list (see instructions) ion number ► | | | | |
|---|--|--|--|--|--|--|
| Business As er and street (or P O box if mail is not delivered to street address) ox 954 r town, state or country, and ZIP + 4 ND, TX 79702 Name and address of principal officer or RGE FIERRO N BIG SPRING ST LAND, TX 79701 L(c)(3) | Room/suite (432 G Gross H(a) Is this a group return H(b) Are all affiliates ind If "No," attach H(c) Group exempt | hone number) 682-2551 receipts \$ 3,555,686 for affiliates? Yes No cluded? Yes N a list (see instructions) ion number | | | | |
| er and street (or P O box if mail is not delivered to street address) ox 954 r town, state or country, and ZIP + 4 ND, TX 79702 Name and address of principal officer or RGE FIERRO N BIG SPRING ST LAND, TX 79701 L(c)(3) 501(c) () (insert no) 4947(a)(1) or 527 ca org oration Trust Association Other • | Room/suite (432 G Gross H(a) Is this a group return H(b) Are all affiliates ind If "No," attach H(c) Group exempt |) 682-2551 receipts \$ 3,555,686 for affiliates? | | | | |
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| RGE FIERRO N BIG SPRING ST LAND, TX 79701 (c) (3) 501(c) () (insert no) 4947(a)(1) or 527 ca org oration Trust Association Other the | H(b) Are all affiliates ind If "No," attach H(c) Group exempt | cluded? | | | | |
| RGE FIERRO N BIG SPRING ST LAND, TX 79701 (c) (3) 501(c) () (insert no) 4947(a)(1) or 527 ca org oration Trust Association Other the | H(b) Are all affiliates ind If "No," attach H(c) Group exempt | cluded? | | | | |
| L(c)(3) \[\sqrt{501(c)} \(\) \(\) (insert no \) \[\sqrt{4947(a)(1)} \text{ or } \sqrt{527} \] ca org oration \[\sqrt{Trust} \[\sqrt{Association} \[\sqrt{Other} \] the organization's mission or most significant activities | If "No," attach H(c) Group exempt | a list (see instructions) ion number ► | | | | |
| L(c)(3) \[\square 501(c) \(\) \(\) (insert no \) \[\square 4947(a)(1) \text{ or } \square 527 \] ca org oration \[\sum \text{Trust} \[\square \text{Association} \[\square \text{Other} \] the organization's mission or most significant activities | H(c) Group exempt | ion number ► | | | | |
| oration Trust Association Other ► the organization's mission or most significant activities | | | | | | |
| oration | L Year of formation 19 | 53 M State of legal domicile T | | | | |
| the organization's mission or most significant activities | L Year of formation 19 | 53 M State of legal domicile 1 | | | | |
| | | • | | | | |
| | | | | | | |
| 0 | | | | | | |
| | | | | | | |
| | | | | | | |
| | 250/ - 6-1- | | | | | |
| If the organization discontinued its operations or disposed of | more than 25% of its | 1 | | | | |
| | - | 3 1 | | | | |
| | | 4 1 | | | | |
| | | 5 17 | | | | |
| | - | 6 40 | | | | |
| | - | 7a | | | | |
| isiness taxable income nom Form 990-1, line 34 | Dries Vees | 7b | | | | |
| and grants (Part VIII June 1h) | | Current Year 721 484,20 | | | | |
| | | <u>'</u> | | | | |
| | | | | | | |
| 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | | | | | |
| | 33,0 | 000 | | | | |
| <u> </u> | 3,416,: | 194 3,555,68 | | | | |
| | | | | | | |
| | | | | | | |
| r compensation, employee benefits (Part IX, column (A), lines 5- | | 055 1,633,11 | | | | |
| undraising fees (Part IX, column (A), line 11e) | | 909 | | | | |
| | , | | | | | |
| | 1,662,0 | 050 1,675,56 | | | | |
| | | | | | | |
| | | | | | | |
| | Beginning of Curre | nt | | | | |
| | | " End of Year | | | | |
| Part Y June 16) | Year | End of Year | | | | |
| Part X, line 16) | 10,158,7 | 771 10,425,45 | | | | |
| Part X, line 16) | | 771 10,425,45 636 311,25 | | | | |
| p f f l u s / I n e e · I r t e i f i | findividuals employed in calendar year 2010 (Part V, line 2a). f volunteers (estimate if necessary) business revenue from Part VIII, column (C), line 12 susiness taxable income from Form 990-T, line 34 sand grants (Part VIII, line 1h) | pendent voting members of the governing body (Part VI, line 1b) | | | | |

| Form | n 990 (2010) | | | | | Page 2 |
|--------------|--|--|--|---|---|--|
| Par | | t of Program Servi edule O contains a resp | | | | |
| 1 | Briefly describe the | e organization's mission | | | | |
| <u>1 0 T</u> | PUT CHRISTIAN PR | INCIPLES INTO PRACT | TICE THROUGH I | PROGRAMS THAT I | BUILD HEALTHY SPIRIT, | MIND AND BODY FOR ALL |
| _ | D.J.M. | | | | | |
| 2 | the prior Form 990 | n undertake any significa or 990-EZ? | ant program servi | ces during the year | which were not listed on | ┌ Yes ┌ No |
| | If "Yes," describe tl | hese new services on Sc | hedule O | | | |
| 3 | services? | n cease conducting, or n | | hanges in how it cor | ducts, any program | ┌ Yes ┌ No |
| | If "Yes," describe tl | hese changes on Schedu | ıle O | | | |
| 4 | Section 501(c)(3) a | | ions and section 4 | 1947(a)(1) trusts aı | argest program services be re required to report the ar ervice reported | |
| 4a | (Code |) (Expenses \$ | 2,054,425 in | cluding grants of \$ |) (Revenue \$ |) |
| | this unity through med offer a lifelong progres continues to increase a to attract people of all support they need to i assistance for those w | lically-based programs that st ssion of health and fitness act as the renovation of the facilit ages, abilities, incomes, and improve their overall well-beil | ress proper exercise, ivities, experiences al y has been complete backgrounds by prov ng These membership No one is denied mei | nutrition, stress manage nd education, including p d and new programs inti iding a welcoming atmo p programs are offered a | ment, avoidance of drug and al- rograms for children, teens, fam oduced Membership is up over | |
| 4b | (Code |) (Expenses \$ | 657,952 in | cluding grants of \$ |) (Revenue \$ |) |
| | and bodies for all. The programs help youth of include infant care, pro- fitness programs and se employed, knowing the below cost on an abilit school campuses and | e purpose of the YMCA child ca develop moral and ethical beh e-school and school age care, youth in government program hat their children are thriving i by to pay basis During the sch | are programs is to fos lavior, self-esteem ar summer day camp a is In many instances, n a safe and developi ool year, over 325 sc summer, over 215 ch | ter growth and developr Id leadership Child care Ind holiday camps Teen YMCA programs make it mentally sound environm hool-aged children partic Indiren enrolled in the all | nent, not only in children, but in programs for children between of aged youth may participate in some possible for the parents of child ent. For parents who cannot af apated in after-school programs day child care program at Centi | weeks and 13 years of age ports, day camps, teen center and |
| 4c | (Code |) (Expenses \$ | 225,204 in | cluding grants of \$ |) (Revenue \$ |) |
| 76 | YOUTH & FAMILY PRO Y-Guides/Y-Princesses to learn from each oth individual skills is a ke parents are volunteer programs are part of t good health through re | GRAMS - The YMCA offers pro programs which provide chilo her and from their children in a y component as is the full and coaches and often siblings wa the Y's overall goal of building | ograms that encourag Iren and their families an enjoyable way You d equal participation o atch each others game a healthy spirit, mind tes teamwork, self-co | e the development of st s with activities that foste ith sports activities prom of all children in every ga es Participants in youth I and body In addition t | rong family ties and parent/child er understanding and companior ote an appreciation of one's ow ime Youth sports programs also sports build a foundation for life o providing specific swimming a | relationships Among these are the ship Parents have the opportunity in worth Developing each child's help strengthen family bonds as long healthy habits YMCA aquatics ind water safety skills, they promote in youth and family programs with |
| | | | | | | |
| 4d | Other program sei (Expenses \$ | rvices (Describe in Schr incl | edule O) uding grants of \$ | |) (Revenue \$ | 1 |
| | | | | | , (πονοπασ φ | , |
| <u>4e</u> | Total program ser | vice expensesF\$ | 2,937,581 | | | |

| | Part IV | Checklist | of Rec | uired | 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 | 1 | Yes | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 🕏 | 2 | Yes | |
| 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 | 3 | | No |
| 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 | 4 | Yes | |
| 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 | 5 | | No |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | No |
| 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 | 7 | | No |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | 8 | | No |
| 9 | Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV. | 9 | | No |
| 10 | Did the organization, directly or through a related organization, hold assets in term, permanent,or quasiendowments? If "Yes," complete Schedule D, Part V | 10 | Yes | |
| 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 | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI. | 11a | Yes | |
| 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. | 11b | | No |
| С | 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. | 11c | | No |
| 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. | 11d | | No |
| e | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. | 11e | Yes | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X. | 11f | Yes | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII | 12a | Yes | |
| 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, XII, and XIII is optional | 12b | | No |
| 13 | Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E | 13 | | No |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | No |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If</i> "Yes," complete Schedule F, Parts I and IV | 14b | | No |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Parts II and IV | 15 | | No |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV . | 16 | | No |
| 17 | Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," complete Schedule G, Part I (see instructions) | 17 | | No |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II | 18 | | No |
| 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 | 19 | | No |
| 20a | Did the organization operate one or more hospitals? If "Yes," complete Schedule H | 20a | | No |
| b | If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions) | 20b | | |

| 1 01111 | 990 (2010) | | | Page • |
|---------|---|-----|-----|--------|
| Par | t IV Checklist of Required Schedules (continued) | | | |
| 21 | Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | Νo |
| 22 | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | Νο |
| 23 | Did the organization answer "Yes" to Part VII, Section A, questions 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 | 23 | | No |
| 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-24d and complete Schedule K. If "No," go to line 25 | 24a | | No |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | Νo |
| 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? | 24c | | Νo |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | Νo |
| 25a | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | Νο |
| 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 | 25b | | No |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II | 26 | | No |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III | 27 | | No |
| 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) | | | |
| а | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part | | | |
| | <i>IV</i> | 28a | | Νo |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | No |
| 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 | 28c | | No |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | Νo |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | 30 | | No |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | Νο |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | 32 | | Νo |
| 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 | 33 | | Νο |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 | 34 | | No |
| 35 | Is any related organization a controlled entity within the meaning of section 512(b)(13)? | 35 | | No |
| а | 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 Yes Vo | | | |
| 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 | 36 | | Νο |
| 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 | 37 | | Νο |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O | 38 | Yes | |

Form 990 (2010)

Part V Statements Regarding Other IRS Filings and Tax Compliance

| | Check if Schedule O contains a response to any question in this Part V | | | | | |
|------|--|------------|-----|------------|--|--|
| | | | Yes | No | | |
| 1a | Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 7 | | | | | |
| b | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0 | | | | | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c | Yes | | | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return | | | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | Yes | | | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | 103 | | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | No | | |
| b | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | 3b | | Νο | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | No | | |
| Ь | If "Yes," enter the name of the foreign country | | | | | |
| | See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts | | | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | No | | |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | Νo | | |
| c | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | Νο | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? | 6a | | No | | |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | | No | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | | Νo | | |
| | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | Νo | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | | No | | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year 7d 0 | | | | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit | _ | | | | |
| | contract? | 7e 7f | | N o N o | | |
| | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 71 7g | | No | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a | 7h | | No | | |
| 8 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did | | | | | |
| | the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | 8 | | Νo | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | | | |
| а | Did the organization make any taxable distributions under section 4966? | 9a | | Νo | | |
| b | Did the organization make a distribution to a donor, donor advisor, or related person? | 9b | | Νo | | |
| 10 | Section 501(c)(7) organizations. Enter | | | | | |
| | Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club 10b | | | | | |
| U | facilities | | | | | |
| | Section 501(c)(12) organizations. Enter | | | | | |
| | Gross income from members or shareholders | | | | | |
| Ь | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) | - | | | | |
| | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | | | | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. |] | | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O | 13a | | Νο | | |
| | | | | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | | | | | |
| c | Enter the amount of reserves on hand | 1 | | | | |
| 4.4- | Did the erganization receive any nayments for indeer tanning convices during the tay year? | 4.4. | | NI - | | |
| | Did the organization receive any payments for indoor tanning services during the tax year? | 14a 14b | | N o | | |
| | 1. 10, has termed a form 120 to report these payments. If two, provide an explanation in schedule of 1. | | | 110 | | |

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

| Se | ection 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 | | | | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent | | | | | | |
| 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? | 2 | Yes | | | | |
| 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? | 3 | | Νο | | | |
| 4 | | | | | | | |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? . | 5 | | Νο | | | |
| 6 | Does the organization have members or stockholders? | 6 | | Νo | | | |
| 7a | Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? | 7a | | No | | | |
| ь | Are any decisions of the governing body subject to approval by members, stockholders, or other persons? | 7b | | Νο | | | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | | | | | |
| а | The governing body? | 8a | Yes | | | | |
| ь | Each committee with authority to act on behalf of the governing body? | 8b | Yes | | | | |
| 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 | 9 | | No | | | |
| Se | ection B. Policies (This Section B requests information about policies not required by the Internal | | | | | | |
| Re | evenue Code.) | | | | | | |
| | | | Yes | No | | | |
| | Does the organization have local chapters, branches, or affiliates? | 10a | | Νo | | | |
| b | If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? | 10b | | Νο | | | |
| 11a | Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? | 11a | Yes | | | | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990 | | | | | | |
| 12a | Does the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | Yes | | | | |
| b | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Yes | | | | |
| c | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done | 12c | Yes | | | | |
| 13 | Does the organization have a written whistleblower policy? | 13 | Yes | | | | |
| 14 | Does the organization have a written document retention and destruction policy? | 14 | Yes | | | | |
| 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? | | | | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | Yes | | | | |
| Ь | Other officers or key employees of the organization | 15b | | Νo | | | |
| | 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? | 16a | | No | | | |
| b | If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? | 4 | | | | | |
| C. | | 16b | | Νo | | | |
| <u>Se</u> 17 | List the States with which a copy of this Form 990 is required to be filed. | | | | | | |
| | Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) | | | | | | |
| 10 | (3)s only) available for public inspection. Indicate how you make these available. Check all that apply | | | | | | |

Own website 🔽 Another's website 🔽 Upon request

- Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization 🕨 YMCA-George Fierro

800 N BIG SPRING ST Midland, TX 79701 (432) 682-2551

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

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

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

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

- ◆ List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees 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 | Posi t | ((tion (hat a | che | | II | | (D) Reportable compensation from the | (E) Reportable compensation | (F) Estimated amount of other |
|--|---|-----------------------------------|-----------------------|---------|--------------|------------------------------|--------|---|---|--|
| | per week (describe hours for related organizations in Schedule O) | Individual trustee or director | Institutional Trustee | Officei | Key employee | Highest compensated employee | Former | organization (W- 2/1099-MISC) | from related organizations (W- 2/1099- MISC) | compensation from the organization and related organizations |
| (1) TOFFEE MCALISTER Director | 2 00 | х | | | | | | 0 | 0 | 0 |
| (2) TODD ROGERS Secretary | 2 00 | х | | х | | | | 0 | 0 | 0 |
| (3) STEVE BERRONES BOARD CHAIR | 2 00 | х | | х | | | | 0 | 0 | 0 |
| (4) SHARON HALL-HUNT Director | 2 00 | х | | | | | | 0 | 0 | 0 |
| (5) ROBERT GOTOVAC Director | 2 00 | х | | | | | | 0 | 0 | 0 |
| (6) LOUISA MUSSLEMAN FIKES Director | 2 00 | х | | | | | | 0 | 0 | 0 |
| (7) KEVIN A FOX Director | 2 00 | х | | | | | | 0 | 0 | 0 |
| (8) KATIE WALLACE JOYNER Director | 2 00 | х | | | | | | 0 | 0 | 0 |
| (9) JOHN D WILKINSON VICE CHAIR-FIN | 2 00 | х | | х | | | | 0 | 0 | 0 |
| (10) JACK HARPER PAST CHAIR | 2 00 | х | | х | | | | 0 | 0 | 0 |
| (11) GEORGE FIERRO Executive Direc | 40 00 | | | х | | | | 105,318 | 0 | 0 |
| (12) ERIN VAN EVERA-WELCH Director | 2 00 | х | | | | | | 0 | 0 | 0 |
| (13) EDWIN JACKSON BUSINESS MGR | 40 00 | | | х | | | | 47,079 | 0 | 0 |
| (14) DAVID SUTTER Director | 2 00 | х | | | | | | 0 | 0 | 0 |
| (15) DAVID G ROGERS Director | 2 00 | х | | | | | | 0 | 0 | 0 |
| (16) BRENDAN FIKES Director | 2 00 | х | | | | | | 0 | 0 | 0 |
| | • | - | | | • | • | | | | Form 000 (2010) |

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

| per from the from related | | | | | | Estima amount o | ted fother | | | | |
|---|---|--|--|--|--|---|--|---|--|---|--|
| week (describe hours for related organizations in Schedule O) | Individual trustee or director | Institutional Trustee | Officei | Key employee | Highest compensated employee | Former | organization (W | organizations | s | from t organizati relate | he on and ed |
| 17) ANGELA DEAVER 2 00 X 0 | | | | | | 0 | | 0 | | | |
| (18) ALVIN COLLINS Director 2 00 X 0 | | | | | | 0 | | 0 | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
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| | | | | | Þ | | | | | | |
| | | | | | | + | 152,397 | | | | |
| - | | | | ted | above |) who | received more t | nan | | | |
| | | | | ey e | mploy | ee, o | r highest comper | sated employee | | Yes | No |
| on line 1a? If "Yes," complete Schedule J for such individual 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 | | | | | | | | | | | No |
| 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 | | No |
| tractors | | | | | | | | | | | |
| highest comper the organizatio | | ndep | ende | nt c | ontra | tors | that received mo | re than | | | |
| (A) ne and business add | dress | | | | | | De | (B) cription of services | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | A verage hours per week (describe hours for related organizations in Schedule O) 2 00 2 00 2 00 to Part VII, Sec uding but not lin sation from the mer officer, direct medule J for such La, is the sum or ations greater th receive or accru ation? If "Yes," tractors highest comper the organizatio (A) | A verage hours per week (describe hours for related organizations in Schedule O) 2 00 | A verage hours per week (describe hours for related organizations in Schedule O) | A verage hours per week (describe hours for related organizations in Schedule O) 2 00 | A verage hours per week (describe hours for related organizations in Schedule O) 2 00 | Average hours per week (describe hours for related organizations in Schedule O) 2 00 | A verage hours per week (describe hours for related organizations in Schedule O) 2 00 | Average hours per week (describe hours for related organizations in Schedule O) 2 00 | Average hours per week (describe hours for related organizations in Schedule O) Average hours for related organizations for hours for related organizations for hours for related organizations for hours for hours for for hours f | Average hours per week (describe hours for related organizations in Schedule O) 2 00 | Average hours per week (describe hours for related organizations for related organizations in string and the poly) of the poly |

2 Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 in compensation from the organization **>**0

| Part V | • | 010) Statement of Poyonus | | | | Pa | age 9 |
|---------------------------|---------------------------|--|---------------|--|---|---|---|
| art v | <u> </u> | Statement of Revenue | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenu exclude from tax under section 512, |
| | | | | | | | 512, 513, o 514 |
| and other similar amounts | b f d f e G | Federated campaigns | 127,398 | | | | |
| | h | Total. Add lines 1a-1f | Business Code | 484,201 | | | |
| Program Service Revenue | b c d d e f | Membership Dues & Assessments GROUP ACTIVITIES DAYCARE AND CHILD CARE All other program service revenue Total. Add lines 2a-2f | Business Code | 2,022,312 643,204 375,735 3,041,251 | 375,735 | | |
| | | Investment income (including dividends, interest | | 20.224 | | | 20.2 |
| | 4 ¹ | And other similar amounts) | (II) Personal | 30,234 0 0 | | | 30,2 |
| | c (| Less rental expenses Rental income or (loss) Net rental income or (loss) | | 0 | | | |
| | f t b l c | (i) Securities Gross amount from sales of assets other than inventory Less cost or other basis and sales expenses Gain or (loss) | (II) Other | 0 | | | |
| | 8a (| Net gain or (loss) | | | | | |
| | | Less direct expenses b Net income or (loss) from fundraising events • | | 0 | | | |
| | 9a (| Gross income from gaming activities See Part IV, line 19 . a Less direct expenses b Net income or (loss) from gaming activities | | 0 | | | |
| | b լ | Gross sales of inventory, less returns and allowances . a Less cost of goods sold b Net income or (loss) from sales of inventory ** | | 0 | | | |
| | 11a | Miscellaneous Revenue | Business Code | | | | |
| | ь с | | | | | | |
| | | All other revenue Total. Add lines 11a-11d | | 0 | | | |
| | 12 | Total revenue. See Instructions | | 3,555,686 | 3,041,251 | | 30,2 |

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

| А | Section $501(c)(3)$ and $501(c)(4)$ organizations mus Il other organizations must complete column (A) but are not required to c | | | (D). | |
|----------|---|-----------------------|------------------------------|-------------------------------------|-----------------------------------|
| Do n | ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to governments and organizations in the U S See Part IV, line 21 | 0 | | | |
| 2 | Grants and other assistance to individuals in the U.S. See Part IV, line 22 | 0 | | | |
| 3 | Grants and other assistance to governments, organizations, and individuals outside the U.S. 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 | 155,457 | 65,194 | 90,263 | |
| 6 | Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$ | 0 | | | |
| 7 | Other salaries and wages | 1,189,901 | 1,159,266 | 30,635 | _ |
| 8 | Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | 0 | | | |
| 9 | Other employee benefits | 183,461 | 146,206 | 37,255 | |
| 10 | Payroll taxes | 104,295 | 89,971 | 14,324 | |
| а | Fees for services (non-employees) Management | 0 | | | |
| b | Legal | 0 | | | |
| c | Accounting | 0 | | | |
| d | Lobbying | 0 | | | |
| е | Professional fundraising services See Part IV, line 17 | 0 | | | |
| f | Investment management fees | 0 | | | |
| g | Other | 0 | | | |
| 12 | Advertising and promotion | 54,642 | 50,608 | | 4,034 |
| 13 | Office expenses | 28,595 | 27,641 | | 954 |
| 14 | Information technology | 0 | | | |
| 15 | Royalties | 0 | | | |
| 16 | Occupancy | 470,220 | 463,688 | 6,532 | |
| 17 | Travel | 20,850 | 20,850 | | |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | 0 | | | |
| 19 | Conferences, conventions, and meetings | 0 | | | |
| 20 | Interest | 2,120 | | 2,120 | |
| 21 | Payments to affiliates | 66,240 | | 66,240 | |
| 22 | Depreciation, depletion, and amortization | 419,487 | 380,836 | 37,927 | 724 |
| 23 24 | Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O) | 0 | | | |
| а | TRAINING | 26,848 | 26,848 | | |
| ь | SCHOLARSHIPS | 174,521 | 174,521 | | |
| c | OTHER EXPENSES | 2,664 | 17.,,321 | 2,664 | |
| d | GROUP ACTIVITIES AND SUPPLIES | 252,525 | 252,525 | _,=31 | |
| e | CONTRACT SERVICES | 156,504 | 79,427 | 77,077 | |
| f | All other expenses | 350 | | 350 | |
| 25 | Total functional expenses. Add lines 1 through 24f | 3,308,680 | 2,937,581 | 365,387 | 5,712 |
| 26 | Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation | ,, | ,, | -, | -, |

Part X Balance Sheet (A) (B) Beginning of year End of year 206.423 249,204 1 1.539,422 2 1.131.341 9,963 5.049 3 4 0 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Λ 5 Schedule L . 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Assets 0 0 7 0 8 8 42,813 9 40,272 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete 12.568.362 10a Part VI of Schedule D 10b 4,404,104 ь Less accumulated depreciation 8,519,306 **10c** 8,164,258 248.925 427.249 11 11 12 0 12 Investments—other securities See Part IV, line 11 0 13 13 Investments—program-related See Part IV, line 11 . . 0 14 14 15 0 15 16 10,158,771 16 10,425,454 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 201,971 202.139 17 17 Accounts payable and accrued expenses . 18 18 88.682 102.053 19 19 20 20 Liabilities 21 21 Escrow or custodial account liability $Complete\ Part\ IV\ of\ Schedule\ D$. . 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 23 Secured mortgages and notes payable to unrelated third parties . . 24 24 Unsecured notes and loans payable to unrelated third parties 25 9.815 25 7,229 Other liabilities Complete Part X of Schedule D 26 300.636 26 311,253 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 9.609.200 9,841,108 Unrestricted net assets Temporarily restricted net assets 80,046 28 55,888 28 Fund 193,047 193,047 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34. 5 30 30 Capital stock or trust principal, or current funds Assets 31 Paid-in or capital surplus, or land, building or equipment fund 31 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 9,858,135 33 10,114,201 33 Total net assets or fund balances 34 Total liabilities and net assets/fund balances 10.158.771 10,425,454

| Ра | Check if Schedule O contains a response to any question in this Part XI | | | . [~ | |
|-----|---|----------|----|---------------------------------------|--------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | 3,5 | 555,68 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | 3,3 | 308,68 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | | | 247,00 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | | 9,8 | 358,13 |
| 5 | Other changes in net assets or fund balances (explain in Schedule O) | 5 | | · · · · · · · · · · · · · · · · · · · | 9,06 |
| 6 | Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) | 6 | | 10,1 | 14,20 |
| Pai | rt XII Financial Statements and Reporting | <u> </u> | | | |
| | Check if Schedule O contains a response to any question in this Part XII | | | ୮ | |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990 | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | No |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | Yes | |
| c | If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of 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 | | | | |
| | Schedule O | | 2c | Yes | |
| d | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were on a separate basis, consolidated basis, or both | ıssued | | | |
| | ▼ Separate basis | | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | ne | 3a | | No |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the | required | 3b | | Νo |

DLN: 93493083007022

OMB No 1545-0047

Inspection

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

YOUNG MENS CHRISTIAN ASSOCIATION OF

Department of the Treasury Internal Revenue Service

MIDLAND TEXAS

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

Public Charity Status and Public Support

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

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

Employer identification number 75-0871732

| 5 | _ | | | ty, and state erated for the benefit | | | | | | | d | | | | |
|--------|------------------------------|--|--|--|--|---|--|---|---|-------------------------------|-------------------------------|---------------|---------|--|--|
| 3 | ' | | | A)(iv). (Complete Pa | | or univers | ity owned or o | perated by | a governmen | itai uiiit | describ | eu III | | | |
| 6 | Г | | | local government or | · · | al unit des | cribed in secti | on 170(b)(| 1)(A)(v). | | | | | | |
| 7 | Ë | An orga describ | nization tha | at normally receives | a substantia | | | | | from the | genera | public | 2 | | |
| | _ | | | A)(vi) (Complete Pa | - | A M (C | | | | | | | | | |
| 9 | ' | | • | described in section It normally receives | | | • | - | ubutions mai | mborchi | n foos o | nd aro | | | |
| 9 | 1* | _ | | it normally receives ities related to its ex | | | | | | | | _ | 55 | | |
| | | | | oss investment incor | • | - | | | , , | | | | | | |
| | | | _ | anızatıon after June | | | | • | | tuxyiic | iii busiii | C 33C3 | | | |
| 10 | Г | | | janized and operated | | | | | | | | | | | |
| 11 | Ė | | | janized and operated | | | | | | to carry | out the | purpo | ses of | | |
| | | one or r | more publicl | y supported organizations the type of supported by Type II | ations descri orting organi | ıbed ın sec ı <u>za</u> tıon and | tion 509(a)(1) | or section s 11e thro | 1509(a)(2) S ugh 11h | ee sect | | a)(3). | . Check | | |
| e | Γ | other th | - | ox, I certify that the on managers and oth | - | | | | | | • | | | | |
| f | | If the o check t | rganization his box | received a written de | | | | | | III sup | porting (| organız | zation, | | |
| f g | | If the o check t Since A | rganization his box | received a written de | | | | | | III sup | porting | organiz | zation, | | |
| | | If the o check t Since A followin | rganization his box .ugust 17, 2 g persons? | | zatıon accep | oted any gif | t or contribution | on from any | y of the | · | porting (| Yes | No | | |
| | | If the o check t Since A followin (i) a pe | rganization his box ugust 17, 2 g persons? rson who di | 006, has the organi | zation accep | oted any gif er alone or | t or contribution | on from any | y of the | · | porting o | | | | |
| | | If the o check t Since A followin (i) a pe and (iii) | rganization his box ugust 17, 2 g persons? rson who di below, the | 1006, has the organi | zation accep ontrols, eithe e the suppor | oted any gif er alone or ted organiz | t or contribution | on from any | y of the | · | | | | | |
| | | If the o check t Since A followin (i) a pe and (III) (ii) a fa | rganization his box ugust 17, 2 g persons? rson who di i below, the mily membe | cooe, has the organi rectly or indirectly co governing body of th | zation accep ontrols, eithe e the suppor oed in (i) abo | oted any gif er alone or ted organiz ove? | t or contribution together with partion? | on from any | y of the | · | 11g(i) | Yes | | | |
| | | If the o check t Since A followin (i) a pe and (iii) a fa (iii) a 3 | rganization his box ugust 17, 2 g persons? rson who di below, the mily membe 5% control | cood, has the organi rectly or indirectly co governing body of the er of a person describ | zation accep ontrols, eithe e the suppor ped in (i) abo n described i | oted any gif er alone or rted organiz ove? in (i) or (ii) | t or contribution together with partion? above? | on from any | y of the | · | 11g(i) 11g(ii) | Yes | | | |
| g h | (i) Name uppo ganız | If the o check to Since A followin (i) a pe and (iii) a fa (iii) a 3 Provide | rganization his box ugust 17, 2 g persons? rson who di below, the mily membe 5% control | rectly or indirectly or governing body of the rofa person describled entity of a person g information about (iii) Type of organization (described on lines 1-9 above or IRC section | zation accep ontrols, eithe e the suppor ped in (i) abo n described i | er alone or rted organiz ove? in (i) or (ii) ed organiza e ion in ted in | t or contribution together with partion? above? | on from any persons de tify the ion in | y of the | i) he ation in | 11g(i) 11g(ii) 11g(iii) | Yes | | | |
| g h | Name uppo | If the o check to Since A followin (i) a pe and (iii) a fa (iii) a 3 Provide | rganization his box ugust 17, 2 g persons? rson who di below, the mily membe 5% control the followir | rectly or indirectly cogoverning body of the rof a person describled entity of a person g information about (iii) Type of organization (described on lines 1-9 above | zation accepontrols, either the supported in (i) about the supported in (iv) Is the organization (i) list your gove | er alone or rted organiz ove? in (i) or (ii) ed organiza e ion in ted in | t or contribution together with production? above? tion(s) (v) Did you not organizat col (i) of | on from any persons de tify the ion in | y of the scribed in (ii (vi Is t organiza col (i) or | i) he ation in | 11g(i) 11g(ii) 11g(iii) | Yes | No No | | |
| g h | Name uppo | If the o check to Since A followin (i) a pe and (iii) a fa (iii) a 3 Provide | rganization his box ugust 17, 2 g persons? rson who di below, the mily membe 5% control the followir | rectly or indirectly or governing body of the rof a person describled entity of a person g information about (iii) Type of organization (described on lines 1- 9 above or IRC section (see | zation acceptontrols, either the supported t | er alone or ted organiz ove? in (i) or (ii) ed organiza e ion in ted in | t or contribution together with pration? above? tion(s) (v) Did you not organizat col (i) of suppor | tify the | y of the scribed in (ii (vi Is t organize col (i) or in the | i) he ation in rganized U S ? | 11g(i) 11g(ii) 11g(iii) | Yes | No No | | |
| g h | Name uppo | If the o check to Since A followin (i) a pe and (iii) a fa (iii) a 3 Provide | rganization his box ugust 17, 2 g persons? rson who di below, the mily membe 5% control the followir | rectly or indirectly or governing body of the rof a person describled entity of a person g information about (iii) Type of organization (described on lines 1- 9 above or IRC section (see | zation acceptontrols, either the supported t | er alone or ted organiz ove? in (i) or (ii) ed organiza e ion in ted in | t or contribution together with pration? above? tion(s) (v) Did you not organizat col (i) of suppor | tify the | y of the scribed in (ii (vi Is t organize col (i) or in the | i) he ation in rganized U S ? | 11g(i) 11g(ii) 11g(iii) | Yes | No No | | |
| g h | Name uppo | If the o check to Since A followin (i) a pe and (iii) a fa (iii) a 3 Provide | rganization his box ugust 17, 2 g persons? rson who di below, the mily membe 5% control the followir | rectly or indirectly or governing body of the rof a person describled entity of a person g information about (iii) Type of organization (described on lines 1- 9 above or IRC section (see | zation acceptontrols, either the supported t | er alone or ted organiz ove? in (i) or (ii) ed organiza e ion in ted in | t or contribution together with pration? above? tion(s) (v) Did you not organizat col (i) of suppor | tify the | y of the scribed in (ii (vi Is t organize col (i) or in the | i) he ation in rganized U S ? | 11g(i) 11g(ii) 11g(iii) | Yes | No No | | |
| g h | Name uppo | If the o check to Since A followin (i) a pe and (iii) a fa (iii) a 3 Provide | rganization his box ugust 17, 2 g persons? rson who di below, the mily membe 5% control the followir | rectly or indirectly or governing body of the rof a person describled entity of a person g information about (iii) Type of organization (described on lines 1- 9 above or IRC section (see | zation acceptontrols, either the supported t | er alone or ted organiz ove? in (i) or (ii) ed organiza e ion in ted in | t or contribution together with pration? above? tion(s) (v) Did you not organizat col (i) of suppor | tify the | y of the scribed in (ii (vi Is t organize col (i) or in the | i) he ation in rganized U S ? | 11g(i) 11g(ii) 11g(iii) | Yes | No No | | |

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.)

| | dider rate III. If the | organización i | ans to quanty t | maci die tests | iisted below, pie | case complet | c raic III. |
|----------|---|---------------------|--------------------|---------------------|----------------------|-------------------|----------------|
| S | ection A. Public Support | | _ | | | | |
| Cale | endar year (or fiscal year beginning in) | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received (Do not | | | | | | |
| | ınclude any "unusual | | | | | | |
| | grants ") | | | | | | |
| 2 | Tax revenues levied for the | | | | | | |
| | organization's benefit and either | | | | | | |
| | paid to or expended on its | | | | | | |
| _ | behalf | | | | | | |
| 3 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| | 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 11, column | | | | | | |
| | (f) | | | | | | |
| 6 | Public Support. Subtract line 5 from | | | | | | |
| Ü | line 4 | | | | | | |
| S | ection B. Total Support | 1 | | | | I | |
| | endar year (or fiscal year beginning | | | | | | |
| Cur | in) ► | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
| 7 | A mounts from line 4 | | | | | | |
| 8 | Gross income from interest, | | | | | | |
| 0 | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties | | | | | | |
| | and income from similar | | | | | | |
| | sources | | | | | | |
| 9 | Net income from unrelated | | | | | | |
| - | business activities, whether or | | | | | | |
| | not the business is regularly | | | | | | |
| | carried on | | | | | | |
| 10 | Other income Do not include gain | | | | | | |
| | or loss from the sale of capital | | | | | | |
| | assets (Explain in Part IV) | | | | | | |
| 11 | Total support (Add lines 7 | | | | | | |
| | through 10) | | | | | | |
| 12 | Gross receipts from related activities | es, etc (See inst | ructions) | | | 12 | |
| 13 | First Five Years If the Form 990 is f | or the organization | on's first, second | , third, fourth, or | fifth tax year as a | 501(c)(3) orga | nızatıon, |
| | check this box and stop here | _ | r | | • | . , . , - | ▶ ┌॔ |
| | | | | | | | |
| S | ection C. Computation of Pub | lic Support P | ercentage | | | | |
| 14 | Public Support Percentage for 2010 | (lıne 6 column (| f) divided by line | 11 column (f)) | | 14 | |
| 15 | Public Support Percentage for 2009 | Schedule A Par | rt II line 14 | | | 15 | |
| | | | | | | | |
| 16a | 33 1/3% support test—2010. If the | | | | line 14 is 33 1/3% | or more, chec | |
| | and stop here. The organization qua | • | | | | 2.2.4.204 | ▶ [|
| b | 33 1/3% support test—2009. If the | | | | oa, and line 15 is : | 1/3% or mor | . - |
| 17- | box and stop here. The organization | | | | 12 16 1C | handler - 4.4 | ▶ |
| r/a | 10%-facts-and-circumstances test- | | | | | | ın. |
| | is 10% or more, and if the organization made | | | • | | | |
| | in Part IV how the organization mee | is the facts and | circumstances" | test ine organiz | acion quanifies as | a publicly supp | orted F |
| L | organization 10%-facts-and-circumstances test- | _2000 Ifthe era | anization did not | chack a hay an lu | no 13 165 166 5 | or 17a and line | F1 |
| ט | 15 is 10% or more, and if the organ | | | | | | |
| | Explain in Part IV how the organizat | | | • | | <u>-</u> | clv |
| | supported organization | aon meets the 16 | aces and circuitis | tances test life | . organization qual | iiiies as a publi | LIY ▶ |
| 18 | Private Foundation If the organizati | on did not check | a box on line 13 | . 16a. 16b. 17a o | r 17b. check this | box and see | - 1 |
| | instructions | a.a not eneck | | , , 0 0 , 7 0 0 | . 2. 2, 511558 61115 | | ▶ □ |

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

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

| | ction A Dublic Current | • | | | | | |
|--|--|--|--|---|--------------------------------|------------------------------|--|
| | ction A. Public Support ndar year (or fiscal year beginning | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
| 1 | ın) ► Gıfts, grants, contributions, and | | | | | | |
| - | membership fees received (Do no include any "unusual grants") | 1,270,852 | 2,048,551 | 2,611,981 | 2,589,615 | 2,506,513 | 11,027,51 |
| 2 | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished i any activity that is related to the | n 681,250 | 851,473 | 887,868 | 802,879 | 1,018,939 | 4,242,40 |
| | organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities tha are not an unrelated trade or business under section 513 | | | | | | |
| 4 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 | The value of services or facilities furnished by a governmental unit to the organization without | | | | | | |
| _ | charge | 1,952,102 | 2,900,024 | 3,499,849 | 3,392,494 | 3,525,452 | 15,269,92 |
| 6 7a | Total. Add lines 1 through 5 A mounts included on lines 1, 2, and 3 received from disqualified | 1,332,102 | 2,300,024 | 3,455,045 | 3,332,434 | 3,323,432 | 13,203,32 |
| b | persons A mounts included on lines 2 and received from other than | 3 | | | | | |
| | disqualified persons that exceed the greater of \$5,000 or 1% of th amount on line 13 for the year | e | | | | | |
| 8 | Add lines 7a and 7b Public Support (Subtract line 7c from line 6) | | | | | | 15,269,92 |
| | ction B. Total Support | | | | | | |
| Cale | ndar year (or fiscal year beginning in) | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
| 9 | A mounts from line 6 | 1,952,102 | 2,900,024 | 3,499,849 | 3,392,494 | 3,525,452 | 15,269,92 |
| 10a | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 141,937 | 64,116 | 26,534 | 23,700 | 30,234 | 286,52 |
| b | Unrelated business taxable income (less section 511 taxes) | | | | | | |
| | from businesses acquired after June 30, 1975 | | | | | | |
| c | June 30, 1975 Add lines 10a and 10b | 141,937 | 64,116 | 26,534 | 23,700 | 30,234 | 286,52 |
| c 11 | June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the | 141,937 | 64,116 | 26,534 | 23,700 | 30,234 | 286,52 |
| | June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part | 141,937 | 2,250 | 26,534 | 23,700 | 30,234 | 286,52 2,25 |
| 11 | June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of | 2,094,039 | | 26,534 3,526,383 | 23,700 3,416,194 | 30,234 | |
| 11 | June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, | 2,094,039 | 2,250 2,966,390 | 3,526,383 | 3,416,194 | 3,555,686 | 2,25 15,558,69 |
| 11 12 13 14 | June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is | 2,094,039 for the organization | 2,250 2,966,390 on's first, second, | 3,526,383 | 3,416,194 | 3,555,686 | 2,25 15,558,69) organization, |
| 11 12 13 14 | June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is check this box and stop here ction C. Computation of Pu Public Support Percentage for 201 | 2,094,039 for the organization blic Support Pe | 2,250 2,966,390 on's first, second, ercentage f) divided by line | 3,526,383 third, fourth, or fi | 3,416,194 | 3,555,686 | 2,25 15,558,69) organization, |
| 11 12 13 14 | June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is check this box and stop here ction C. Computation of Pu | 2,094,039 for the organization blic Support Pe | 2,250 2,966,390 on's first, second, ercentage f) divided by line | 3,526,383 third, fourth, or fi | 3,416,194 | 3,555,686 section501(c)(3 | 2,25 15,558,69.) organization, ▶┌ |
| 11 12 13 14 Se 15 16 | June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is check this box and stop here ction C. Computation of Pu Public Support Percentage for 200 Public support percentage from 200 ction D. Computation of Inventor in the support in th | 2,094,039 for the organization plic Support Period (Inne 8 column (109 Schedule A , Paragraphy) | 2,250 2,966,390 on's first, second, ercentage f) divided by line : art III, line 15 me Percentage | 3,526,383 third, fourth, or fi | 3,416,194 fth tax year as a | 3,555,686 section501(c)(3 | 2,25 15,558,69) organization, •••••••••••••••••••••••••••••••••••• |
| 11 12 13 14 Se 15 16 Se 17 | June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is check this box and stop here ction C. Computation of Pu Public Support Percentage for 200 Public support percentage from 200 ction D. Computation of Inv Investment income percentage for | 2,094,039 for the organization blic Support Period (Inne 8 column (109 Schedule A , Pariod (109 Schedule A) Pariod (10 | 2,250 2,966,390 on's first, second, ercentage f) divided by line : art III, line 15 me Percentage lumn (f) divided b | 3,526,383 third, fourth, or fi | 3,416,194 fth tax year as a | 3,555,686 section501(c)(3 | 2,25 15,558,69) organization, P 98 140 % 96 850 % |
| 11 12 13 14 Se 15 16 Se 17 18 | June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is check this box and stop here ction C. Computation of Pu Public Support Percentage for 200 Public support percentage from 200 ction D. Computation of Inventor in the support in th | 2,094,039 for the organization blic Support Period 0 (line 8 column (1009 Schedule A, Paragraphic Period) vestment Inco 2010 (line 10 c column 2009 Schedule A) | 2,250 2,966,390 on's first, second, ercentage f) divided by line : art III, line 15 me Percentag lumn (f) divided b | 3,526,383 third, fourth, or fi 1.3 column (f)) 1.8 y line 1.3 column | 3,416,194 fth tax year as a | 3,555,686 section501(c)(3 | 2,25 15,558,69) organization, P 98 140 % 96 850 % |

more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported ►V organization

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

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

| Schedule A (Fo | orm 990 or 990-EZ) 2010 | Pag |
|----------------|---|-----|
| Part IV | Supplemental Information. Supplemental Information. Complete this required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. additional information. (See instructions). | • |

| Facts And | Circumstances | Test |
|-----------|---------------|------|
| | | |
| | | |
| | | |
| | | |

Schedule A (Form 990 or 990-EZ) 2010

efile GRAPHIC print - DO NOT PROCESS As Filed Data -

DLN: 93493083007022

OMB No 1545-0047

Open to Public Inspection

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities For Organizations Exempt From Income Tax Under section 501(c) and section 527

► Complete if the organization is described below.

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

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities),

- ◆ Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

| If th | e organization answered "Ye | t have NOT filed Form 5768 (elections," to Form 990, Part IV, Line 5 (| | | • |
|------------|---|--|---|--|---|
| N a YOU | ection 501(c)(4), (5), or (6) organions me of the organization JNG MENS CHRISTIAN ASSOCIATION OF DLAND TEXAS | • | | | tification number |
| | | ganization is exempt unde | r section 501/ | 75-0871732 | organization |
| | - | | | | organization. |
| 1 | · | ganızatıon's dırect and ındırect pol | itical campaign act | tivities in Part IV | |
| 2 | Political expenditures | | | • | \$ |
| 3 | V olunteer hours | | | | |
| Par | t I-B Complete if the or | ganization is exempt unde | r section 501(| c)(3). | |
| 1 | Enter the amount of any excise | e tax incurred by the organization i | under section 495! | 5 • | \$ |
| 2 | Enter the amount of any excise | e tax incurred by organization man | agers under sectio | n 4955 🕨 | \$ |
| 3 | | section 4955 tax, did it file Form 4 | | | Yes ✓ No |
| 4a | Was a correction made? | | | | ☐ Yes ✓ No |
| ь | If "Yes," describe in Part IV | | | | |
| Par | | ganization is exempt unde | r section 501(| c) except section 501 | L(c)(3). |
| 1 | Enter the amount directly expe | ended by the filing organization for | section 527 exem | pt function activities 🕨 | \$ |
| 2 | Enter the amount of the filing o | organization's funds contributed to | other organization | s for section 527 ▶ | \$ |
| 3 | Total exempt function expendi | tures Add lines 1 and 2 Enter he | re and on Form 112 | 20-POL, line 17b | _ |
| 4 | Did the filing organization file i | | | , | Yes No |
| 5 | organization made payments f amount of political contribution | nd employer identification number For each organization listed, enter ns received that were promptly and political action committee (PAC) | the amount paid fro d directly delivered | om the filing organization's f to a separate political orga | unds Also enter the nization, such as a |
| | (a) Name | (b) Address | (c) EIN | (d) A mount paid from filing organization's funds If none, enter -0- | (e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0- |
| | | | | | |
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| Sc | hedule C (Form 990 or 990-EZ) 2010 | | | | | | Page 2 |
|------------|---|----------|----------------------|------------------------|--------------|---|--|
| P | art II-A Complete if the organization under section 501(h)). | is ex | cempt under | section 501(c |)(3) and fi | led Form 5768 | |
| A B | Check If the filing organization belongs to a Check If the filing organization checked bo | | | " provisions apply | / | | |
| | Limits on Lobbying E (The term "expenditures" means a | | |) | | (a) Filing Organization's Totals | (b) Affiliated Group Totals |
| <u>1</u> a | Total lobbying expenditures to influence public o | pinion | (grass roots lob | oyıng) | | | |
| b | Total lobbying expenditures to influence a legisl | atıve b | ody (direct lobby | ıng) | | | |
| c | Total lobbying expenditures (add lines 1a and 1 | b) | | | | | |
| d | Other exempt purpose expenditures | | | | | | |
| е | Total exempt purpose expenditures (add lines 1 | c and : | Ld) | | | | |
| f | Lobbying nontaxable amount Enter the amount columns | from th | e following table | ın both | | | |
| | If the amount on line 1e, column (a) or (b) is: | The | lobbying nontaxa | ble amount is: | | | |
| | Not over \$500,000 | 20% | of the amount on lin | e 1e | | | |
| | Over \$500,000 but not over \$1,000,000 | \$100 | ,000 plus 15% of the | excess over \$500,00 | 0 | | |
| | Over \$1,000,000 but not over \$1,500,000 | \$175 | ,000 plus 10% of the | excess over \$1,000,0 | 000 | | |
| | Over \$1,500,000 but not over \$17,000,000 | \$225 | ,000 plus 5% of the | excess over \$1,500,00 | 00 | | |
| | Over \$17,000,000 | \$1,00 | 00,000 | | | | |
| | Grassroots nontaxable amount (enter 25% of lir | ne 1 f) | | | | | |
| _ | Subtract line 1g from line 1a If zero or less, ent | - | | | | | |
| i | Subtract line 1f from line 1c If zero or less, ente | er - 0 - | | | | | |
| j | If there is an amount other than zero on either li section 4911 tax for this year? | ne 1h d | or line 11, did the | organization file F | orm 4720 rep | orting | ┌ Yes ┌ No |
| | 4-Year Av (Some organizations that made a columns below. See t | secti | on 501(h) ele | | havè to co | | ne five |
| | Lobbying Exp | endit | ures During 4 | l-Year Averag | jing Period | | |
| | Calendar year (or fiscal year | | | | | | |

| | Lobbying Expenditures During 4-Year Averaging Period | | | | | | | | |
|----|--|-----------------|-----------------|-----------------|-----------------|------------------|--|--|--|
| | Calendar year (or fiscal year beginning in) | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) Total | | | |
| 2a | Lobbying non-taxable amount | | | | | | | | |
| b | Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | | | | |
| С | Total lobbying expenditures | | | | | | | | |
| d | Grassroots non-taxable amount | | | | | | | | |
| e | Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | | | | |
| f | Grassroots lobbying expenditures | | | | | | | | |

| Dort II. D | Complete if the organization is exempt under section E01(a)(2) and has NOT filed form E769 |
|------------|--|
| Lair TT-D | Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 |
| | (election under section 501(h)). |

| | | (a | 1) | (b) |
|----|--|-------|----|---------|
| | | Yes | No | A mount |
| 1 | During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of | | | |
| а | Volunteers? | | Νo | |
| b | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | Νo | |
| c | Media advertisements? | | Νo | |
| d | Mailings to members, legislators, or the public? | | Νo | |
| е | Publications, or published or broadcast statements? | | Νo | |
| f | Grants to other organizations for lobbying purposes? | | Νo | |
| g | Direct contact with legislators, their staffs, government officials, or a legislative body? | | Νo | |
| h | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | Νo | |
| i | Other activities? If "Yes," describe in Part IV | | Νo | |
| j | Total lines 1c through 1: | | | |
| 2a | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | Νo | |
| b | If "Yes," enter the amount of any tax incurred under section 4912 | | | |
| c | If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | |
| d | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | Νo | |
| | | E04/- | | |

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

| | | | Yes | No |
|---|--|---|-----|----|
| 1 | Were substantially all (90% or more) dues received nondeductible by members? | 1 | | |
| 2 | Did the organization make only in-house lobbying expenditures of \$2,000 or less? | 2 | | |
| 3 | Did the organization agree to carryover lobbying and political expenditures from the prior year? | 3 | | |

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes". 1 Dues, assessments and similar amounts from members

| 2 | Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). | | |
|---|--|----|--|
| а | Current year | 2a | |
| b | Carryover from last year | 2b | |
| c | Total | 2c | |
| 3 | Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | 3 | |
| 4 | If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? | 4 | |
| 5 | Taxable amount of lobbying and political expenditures (see instructions) | 5 | |

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

| Ident if ier | Return Reference | Explanat ion |
|--------------------|--|--|
| Part II-B, Line 11 | Part II-B, Line 11 - Other Activities Description | The YMCA of Midland is a member of the Texas Alliance of YMCAs, which is comprised of all YMCAs in Texas. The primary focus is to develop a statewide legislative/advocacy agenda to prioritize issues and focus the alliances' efforts. The alliance retains a lobbyist to monitor legislation affecting YMCAs and proactively positions YMCAs as leaders in the development of children and youth, health and well being for all and family strengthening. An annual statewide public policy conference is held to educate local YMCA leadership on issues. During insession years, local YMCAs are encouraged to visit with their legislators to educate them of their YMCA work in the respective communities. |

DLN: 93493083007022

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

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

Supplemental Financial Statements

Open to Public

| ternal f | Revenue Service | ► Attach to Fo | orm 990. 🕨 See separate instructions. | | | Inspec | tion | | | |
|----------|---|--|---|------------|---------------------|------------|-----------|--|--|--|
| | e of the organi | | | Emplo | yer identificat | tion numb | er | | | |
| | AND TEXAS | AN ASSOCIATION OF | | 75-08 | 371732 | | | | | |
| Par | | | dvised Funds or Other Similar Fu | | | Comple | te if the | | | |
| | organiz | zation answered "Yes" to Form 99 | | | | | | | | |
| | | | (a) Donor advised funds | (b |) Funds and ot | her accou | nts | | | |
| | Total number a | · | | | | | | | | |
| | | tributions to (during year) | | | | | | | | |
| | | nts from (during year) | | | | | | | | |
| | | e at end of year | | | | | | | | |
| | - | | sors in writing that the assets held in done organization's exclusive legal control? | or advis | ed | ☐ Yes | ☐ No | | | |
| 6 | used only for c | <u> </u> | donor advisors in writing that grant funds efit of the donor or donor advisor, or for an | • | purpose | ┌ Yes | ┌ No | | | |
| Par | tIII Conse | rvation Easements. Complete | ıf the organızatıon answered "Yes" to | Form | 990, Part IV | , lıne 7. | | | | |
| 1 | Preservati Protection Preservati Complete lines | conservation easements held by the or ion of land for public use (e g , recreation i of natural habitat ion of open space s 2a–2d if the organization held a qualion the last day of the tax year | | ertified | historic struct | • | a | | | |
| | | | | | Held at the | End of the | Year | | | |
| а | | of conservation easements | _ | 2a | | | | | | |
| | _ | restricted by conservation easements | | 2b | | | | | | |
| _ | | servation easements on a certified his | ` ′ | 2c | | | | | | |
| d | Number of cons | servation easements included in (c) ac | equired after 8/17/06 | 2d | | | | | | |
| | | servation easements modified, transfe ar 🛌 | rred, released, extinguished, or terminate | d by the | organization o | during | | | | |
| 4 | Number of stat | es where property subject to conserva | ation easement is located ► | | | | | | | |
| 5 | | nization have a written policy regarding f the conservation easements it holds? | the periodic monitoring, inspection, hand | lling of v | iolations, and | ☐ Yes | ┌ No | | | |
| 6 | Staff and volun | teer hours devoted to monitoring, insp | ecting and enforcing conservation easem | ents dur | ing the year 🕨 | - | | | | |
| 7 | A mount of exp | enses incurred in monitoring, inspectir | ng, and enforcing conservation easements | during | the year 🟲 🖇 🗕 | | | | | |
| 8 | | servation easement reported on line 2) and 170(h)(4)(B)(ii)? | (d) above satisfy the requirements of sec | tıon | | ☐ Yes | ┌ No | | | |
| 9 | balance sheet, | - | onservation easements in its revenue and he footnote to the organization's financial nents | • | • | | | | | |
| Part | | izations Maintaining Collectio ete if the organization answered " | ns of Art, Historical Treasures, o 'Yes" to Form 990, Part IV, line 8. | or Oth | er Similar <i>I</i> | Assets. | | | | |
| 1a | art, historical t | reasures, or other similar assets held | 116, not to report in its revenue stateme for public exhibition, education or researc ancial statements that describes these it | h ın furt | | | e, | | | |
| b | historical treas | · · | 116, to report in its revenue statement a public exhibition, education, or research ir | | | • | | | | |
| | (i) Revenues II | ncluded in Form 990, Part VIII, line 1 | | | ► \$ | | | | | |
| | (ii) Assets incl | luded in Form 990, Part X | | | ► \$ | | | | | |
| _ | If the organizat | • | orical treasures, or other similar assets fo S 116 relating to these items | r financı | | | | | | |
| а | | | | | ▶- \$ | | | | | |

Assets included in Form 990, Part X

| Par | Organizations Maintaining Co | llections of Art | t, His | torio | cal Trea | sures, or (| <u>)the</u> | <u>r Similar</u> | Asse | ts (cc | ntınued) |
|-----------------|--|----------------------|-------------|---------|-------------|----------------------------|-------------|-------------------------|----------|---------------|---------------------------------|
| 3 | Using the organization's accession and othe items (check all that apply) | r records, check an | y of th | e foll | owing tha | t are a sıgnıfıc | ant u | ise of its co | lection | 1 | |
| а | Public exhibition | | d | Γ | Loan or e | exchange prog | rams | | | | |
| b | Scholarly research | | e | Γ | Other | | | | | | |
| c | Preservation for future generations | | | | | | | | | | |
| 4 | Provide a description of the organization's co | ollections and expla | aın hov | vthev | further t | he organizatioi | ı's ex | kempt purpo | se in | | |
| - | Part XIV | | | , | | | | | | | |
| 5 | During the year, did the organization solicit | | | | | | | nılar | _ | | |
| Do | assets to be sold to raise funds rather than to the sold to raise funds rather than to the sold to the | | | | | | | 'ac" ta Far | | Yes | │ No |
| Fell | Escrow and Custodial Arrang Part IV, line 9, or reported an ar | | | | | | u i | es to roi | 111 990 | , | |
| 1a | Is the organization an agent, trustee, custod included on Form 990, Part X? | | | | | | ets | not | Г | Yes | ┌ No |
| b | If "Yes," explain the arrangement in Part XI | V and complete the | follow | ıng ta | ble | _ | | | | | |
| | | | | | | - | | | A mou | nt | |
| С | Beginning balance | | | | | | 1c | | | | |
| d | Additions during the year | | | | | | 1d | | | | |
| е | Distributions during the year | | | | | _ | 1e | | | | |
| f | Ending balance | | | | | | 1 f | | | | |
| 2a | Did the organization include an amount on F | orm 990, Part X, lın | e 21? | | | | | | \sqcap | Yes | ┌ No |
| b | If "Yes," explain the arrangement in Part XI\ | / | | | | | | | | | |
| Pa | rt V Endowment Funds. Complete | | | | | | | | | | |
| | | (a)Current Year | (b) | Prior Y | | c)Two Years Back | _ | Three Years E | ack (e | Four Y | ears Back |
| 1a | Beginning of year balance | 248,935 | | | 232,158 | 253,8: | .0 | | | | |
| b | Contributions | 162,500 | | | | | _ | | _ | | |
| С | Investment earnings or losses | 15,824 | | | 16,777 | -21,6 | 52 | | _ | | |
| d | Grants or scholarships | | | | | | - | | _ | | |
| е | Other expenditures for facilities and programs | | | | | | | | | | |
| f | Administrative expenses | | | | | | | | | | |
| q | End of year balance | 427,259 | | : | 248,935 | 232,1 | 58 | | | | |
| 2 | Provide the estimated percentage of the yea | r end balance held | as | | I | | | | | | |
| a | Board designated or quasi-endowment | 36 000 % | | | | | | | | | |
| ь | Permanent endowment 45 000 % | | | | | | | | | | |
| | 10.000 % | | | | | | | | | | |
| c 3a | Term endowment ► 19 000 % Are there endowment funds not in the posse | ccion of the organiz | ation ! | ·hat a | ro hold ar | nd administers | d for | the. | | | |
| Ja | organization by | ssion of the organiz | ation | .iiat a | re neiu ai | iu auiiiiiistere | u ioi | tile | | Yes | No |
| | (i) unrelated organizations | | | | | | | | 3a(i) | | Νo |
| | (ii) related organizations | | | | | | | [| 3a(ii) | | Νo |
| b | If "Yes" to 3a(II), are the related organization | • | | | | | | | 3b | | Νo |
| 4 | Describe in Part XIV the intended uses of th | | | | | | | | | | |
| Par | t VI Investments—Land, Building | s, and Equipme | nt. S | ee Fo | orm 990 | <u>, Part X, line</u> T | 10. | | | | |
| | Description of investment | | | | Cost or oth | | | (c) Accumu depreciat | | (d) Bo | ok value |
| | | | | + | | | | | | | |
| 1a | Land | | • | | | 90 | 9,301 | | | | 909,301 |
| | Land | | | | | 90 10,20 | | | 17,821 | | |
| b I | | | | | | | | | 17,821 | | |
| b | Buildings | | · · · | | | 10,20 | | 3,34 | 66,283 | | 909,301 6,856,962 397,995 |
| b c d | Buildings | | | | | 10,20 | 4,783 | 3,34 | | | 6,856,962 |

| Part VII Investments—Other Securities. See | Form 990, Part X, line 1 | |
|--|--------------------------|--|
| (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 | | Cost of end-of-year market value |
| (2)Closely-held equity interests | | |
| Other | | |
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| | • | |
| Part VIII Investments—Program Related. Se | e Form 990, Part X, line | |
| (a) Description of investment type | (b) Book value | (c) Method of valuation Cost or end-of-year market value |
| | | Cost of end-of-year market value |
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| | | |
| Total. (Column (b) should equal Form 990, Part X, col (B) line 13) | | |
| Part IX Other Assets. See Form 990, Part X, III | | |
| (a) Descri | | (b) Book value |
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| Total. (Column (b) should equal Form 990, Part X, col.(B) line 3 | 15.) | |
| Part X Other Liabilities. See Form 990, Part > | | |
| 1 (a) Description of Liability | (b) A mount | |
| Federal Income Taxes | | |
| CAPITAL LEASE OBLIGATIONS | 7,229 | |
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| | | |
| Total. (Column (b) should equal Form 990, Part X, col (B) line 25) | 7,229 | |

| Par | TEXIT Reconciliation of Change in Net Assets from Form 990 to Financial Statemen | nts | |
|------|---|-------|-----------|
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | 1 | 3,555,686 |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 2 | 3,308,680 |
| 3 | Excess or (deficit) for the year Subtract line 2 from line 1 | 3 | 247,006 |
| 4 | Net unrealized gains (losses) on investments | 4 | 9,060 |
| 5 | Donated services and use of facilities | 5 | |
| 6 | Investment expenses | 6 | |
| 7 | Prior period adjustments | 7 | |
| 8 | Other (Describe in Part XIV) | 8 | |
| 9 | Total adjustments (net) Add lines 4 - 8 | 9 | 9,060 |
| 10 | Excess or (deficit) for the year per financial statements Combine lines 3 and 9 | 10 | 256,066 |
| Par | t XII Reconciliation of Revenue per Audited Financial Statements With Revenue | er Re | eturn |
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 3,564,746 |
| 2 | A mounts included on line 1 but not on Form 990, Part VIII, line 12 | | |
| а | Net unrealized gains on investments 2a 9,060 | | |
| Ь | Donated services and use of facilities | | |
| c | Recoveries of prior year grants | | |
| d | Other (Describe in Part XIV) 2d | | |
| e | Add lines 2a through 2d | 2e | 9,060 |
| 3 | Subtract line 2e from line 1 | 3 | 3,555,686 |
| 4 | A mounts included on Form 990, Part VIII, line 12, but not on line 1 | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b . 4a | | |
| b | Other (Describe in Part XIV) 4b | | |
| c | Add lines 4a and 4b | 4c | |
| 5 | Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) | 5 | 3,555,686 |
| Part | XIII Reconciliation of Expenses per Audited Financial Statements With Expenses | per | Return |
| 1 | Total expenses and losses per audited financial statements | 1 | 3,308,680 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | - | |
| a | Donated services and use of facilities | | |
| ь | Prior year adjustments | | |
| c | Other losses | | |
| d | Other (Describe in Part XIV) 2d | | |
| e | Add lines 2a through 2d | 2e | |
| 3 | Subtract line 2e from line 1 | 3 | 3,308,680 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | H | 3,300,000 |
| a | Investment expenses not included on Form 990, Part VIII, line 7b 4a | | |
| b | Other (Describe in Part XIV) 4b | | |
| c | Add lines 4a and 4b | 4c | |
| 5 | Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18) | 5 | 3,308,680 |
| - | rt XIV Supplemental Information | | 2,333,300 |

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

| Ident if ier | Return Reference | Explanation |
|--------------|------------------|--|
| Part X | | THE ASSOCIATION HAS ADOPTED THE PROVISIONS OF FASB ASC 740-10-25, WHICH REQUIRES THAT A TAX POSITION BE RECOGNIZED OR DERECOGNIZED BASED ON A 'MORE LIKELY THAN NOT' THRESHOLD THIS APPLIES TO POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN THE ASSOCIATION DOES NOT BELIEVE ITS FINANCIAL STATEMENTS INCLUDE ANY UNCERTAIN TAX POSITIONS |
| · | 1 | ENDOWMENT EARNINGS TO BE USED FOR OPERATIONS AT DISCRETION OF BOARD OF DIRECTORS |

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493083007022

OMB No 1545-0047

2010

Open to Public Inspection

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

Form 990 or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

Name of the organization
YOUNG MENS CHRISTIAN ASSOCIATION OF
MIDLAND TEXAS

Employer identification number

75-0871732

| ldentifier Return Reference | Explanation | | | | |
|--|--|--|--|--|--|
| FROM 990, PART I, LN 1 - SIG ACTIVITIES | THE YMCA OF MIDLAND TEXAS IS AN ASSOCIATION OF MEN, WOMEN AND CHILDREN JOINED TOGETHER BY A SHARED COMMITTMENT TO NURTURING THE POTENTIAL OF KIDS, PROMOTING HEALTHY LIVING AND FOSTERING A SENSE OF SOCIAL RESPONSIBILITY. WE BELIEVE THAT LASTING PERSONAL AND SOCIAL CHANGE CAN ONLY COME ABOUT WHEN WE WORK TOGETHER TO INVEST IN OUR KIDS, OUR HEALTH AND OUR NEIGHBORS. THAT'S WHY, AT THE Y, STRENGTHENING COMMUNITY IS OUR CAUSE. EVERY DAY, WE WORK SIDE BY SIDE WITH OUR NEIGHBORS TO MAKE SURE THAT EVERY ONE, REGARDLESS OF AGE, INCOME OR BACKGROUND, HAS THE OPPORTUNITY TO LEARN, GROW AND THRIVE. SIGNIFICANT PROGRAM ACTIVITIES INCLUDE YOUTH AND FAMILY PROGRAMS THAT ENCOURAGE DEVELOPMENT OF STRONG FAMILY TIES AND PARENT-CHILD. RELATIONSHIPS YMCA CHILD CARE PROGRAMS FOSTER GROWTH AND DEVELOPMENT IN CHILDREN AND HELP YOUTH DEVELOP MORAL AND ETHICAL BEHAVIOR, SELF ESTEEM AND LEADERSHIP. YMCA HEALTHY LIFESTYLE PROGRAMS ARE MEDICALLY BASED AND STRESS PROPER EXERCISE, NUTRITION, AVOIDANCE OF DRUG AND ALCOHOL ABUSE AND EDUCATION. ALL PERSONS ARE WELCOME AT OUR YMCA, REGARDLESS OF ABILITY TO PAY AS WE PROVIDE FINANCIAL ASSISTANCE TO THOSE WHO QUALIFY. OUR Y IS DEDICATED TO BUILDING HEALTHY, CONFIDENT, CONNECTED AND SECURE CHILDREN, FAMILIES AND COMMUNITIES. | | | | |

| ldentifier | Return Reference | Explanation |
|-------------------------------|------------------|---|
| Form 990, Part VI, Line 19 | | GOVERNING DOCUMENTS, POLICIES AND FINANCIAL STATEMENTS ARE MADE AVAILABLE ON A REQUEST BY REQUEST BASIS |

| ldentifier | Return Reference | Explanation |
|-----------------------------------|--|--|
| Form 990, Part VI, Line 12c | Form 990, Part VI, Line 12c Explanation of Monitoring and Enforcement of Conflicts | ANNUALLY, EACH DIRECTOR, OFFICER, KEY VOLUNTEER AND MANAGEMENT EMPLOYEE COMPLETES A CONFLICT OF INTEREST QUESTIONNAIRE AND RETURNS IT TO THE EXECUTIVE DIRECTOR WHO SUMMARIZES ANY POTENTIAL CONFLICTS AND REPORTS TO THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS TOGETHER THE EXECUTIVE DIRECTOR AND EXECUTIVE COMMITTEE DETERMINE WHAT ACTIONS IF ANY NEED TO BE TAKEN AND MONITOR THE POTENTIAL CONFLICTS AS CONSIDERED NECESSARY |

| ldentifier | Return Reference | Explanation |
|-------------------------------|--|--|
| Form 990, Part VI, Line 11 | Form 990, Part VI, Line 11 Form 990 Review Process | ONCE THE FORM 990 IS COMPLETE, IT WILL BE REVIEWED WITH THE FINANCE COMMITTEE THE BOARD WILL BE PROVIDED A COPY OF THE FORM 990 AND THE FINANCE COMMITTEE WILL REVIEW THE FORM 990 WITH THE BOARD OF DIRECTORS BEFORE IT IS FILED WITH THE IRS |

| ldentifier | Return Reference | Explanation |
|------------------------------|---|---|
| Form 990, Part VI, Line 2 | Form 990, Part VI, Line 2 Description of Business or Family Relationship of Officers, Directors, Et | DIRECTOR LOUISA MUSSELMAN FIKES AND DIRECTOR BRENDAN FIKES ARE MARRIED |