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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

OMB No 1545-0047

Open to Public Inspection

<u>Δ</u> Fο	r the	2013 cale	endar year, or tax year beginning	09-01-2013 , 2013, and end	ing 08-31	-2014			
		applicable	C Name of organization YOUNG MENS CHRISTIAN ASSOCIATI		ing oo bi	1011	D Employ	er ident	ification number
Add	ress c	change	MIDLAND TEXAS Doing Business As				75-08 ⁻	71732	
Nar	ne cha	ange	Doing Dusiness As						
☐ Initi			Number and street (or P O box if ma P O BOX 954	all is not delivered to street address)	Room/suite	9	E Telephor	ne numbe	er
Ten							(432)	582-25	551
_		return	City or town, state or province, coun MIDLAND, TX 79702	try, and ZIP or foreign postal code					
App	licatio	n pending					G Gross re	ceipts \$ 4	4,518,360
			F Name and address of prind JOHN D WILKINSON	cipal officer			:his a group i ordinates?	return f	or ┌ Yes
			800 N BIG SPRING ST MIDLAND,TX 79701						
			MIDEAND, IX 73701				all subordin Iuded?	ates	ΓYes Γ No
r Tax	-exer	mpt status	▼ 501(c)(3)	nsert no)	27			a lıst (see instructions)
J W	ebsit	e:⊫ mid	landymca org			H(c) Gr	oup exempti	on num	ber ►
K Forn	n of o	rganization	Corporation Trust Association	Other 🕨		1	formation 195		itate of legal domicile TX
	rt I	_	mary	TO OTHER P		E rear or	Torrida 173	3 1113	nate of legal dofficie 178
	1	Briefly de	escribe the organization's missio	n or most significant activities					
		SEE SCH	IEDULE O						
Governance									
ē									
ove.	2	Check th	is box দ if the organization dis	continued its operations or di	sposed of	more than	25% of its	net ass	ets
	3	Number	of voting members of the governi	ng body (Part VI, line 1a) .				3	18
68	4	Number	of independent voting members o	f the governing body (Part VI,	line 1b)			4	18
Activities &	5	Total nur	mber of individuals employed in c	alendar year 2013 (Part V , Iır	ie 2a) .			5	230
AC!			mber of volunteers (estimate if ne					6	350
			elated business revenue from Pa lated business taxable income fr					7a	C
	D	Net unie	rated business taxable income in	om 1 om 3 90-1, me 34 .	• • •	1	ior Year	7b	Current Year
	8	Contril	butions and grants (Part VIII, lin	e1h)		<u> </u>	695,8	68	736,206
Jue	9		m service revenue (Part VIII, lir				3,680,0	88	3,748,976
Ravenue	10	Invest	ment income (Part VIII, column	(A), lines 3, 4, and 7d)			27,3	07	33,178
	11		revenue (Part VIII, column (A), l		•				0
	12		evenue—add lines 8 through 11				4,403,2	63	4,518,360
	13		and similar amounts paid (Part :						0
	14	Benefit	ts paid to or for members (Part I)	(, column (A), line 4)					0
80	15	Salarıe 5-10)	es, other compensation, employe	e benefits (Part IX, column (A), lines		1,952,0	25	2,360,577
Бхрепзея	16a	•	sional fundraising fees (Part IX,	column (A), line 11e)					0
e dx	ь		ndraising expenses (Part IX, column (D)						
ш	17		expenses (Part IX, column (A), li				1,921,5	95	1,991,149
	18		expenses Add lines 13-17 (mus				3,873,6		4,351,726
00	19	Reveni	ue less expenses Subtract line 1	.8 from line 12			529,6	_	166,634
5 Q4 10 C 0.5						Beginni	ng of Curren Year	nt	End of Year
Net Assets or Fund Balances	20	Total a	assets (Part X, line 16)				11,364,7	9 2	11,619,250
et A Fed I	21	Totall	iabilities (Part X, line 26)				374,8	83	397,385
	22		sets or fund balances Subtract I	ine 21 from line 20			10,989,9	09	11,221,865
Undei my kr	iowle	alties of p	ature Block perjury, I declare that I have exa pelief, it is true, correct, and com nowledge						
		*****	**			I	2015 02 22		
Sign		I	ture of officer				2015-03-23 Date		
Here			ge Fierro President						
			or print name and title						
D			rınt/Type preparer's name Marc Martın CPA	Preparer's signature	Dat	٦	HECKI* II I	PTIN P014287	23
Paid		er F	ırm's name 🕨 C Marc Martın CPA	•	I		rm's EIN 🕨		

Midland, TX 797021775

May the IRS discuss this return with the preparer shown above? (see instructions)

Firm's address > PO Box 1775

Use Only

Phone no (432) 685-0094

✓ Yes 厂No

art IV	Checklist of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	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		N o
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? <i>If "Yes," complete Schedule C, Part III</i>	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	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 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	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, line 10? 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
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
	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		N o
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
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 and XII	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 and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νo
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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	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? If "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 "Yes," complete Schedule G, Part II</i>	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 hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants or 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		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	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 through 24d and complete Schedule K. If "No," go to line 25a	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? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	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 IV			1
		28a		Νo
D	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Νo
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? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
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		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section $512(b)(13)$?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	Yes	

Par		Statements Regarding Other IRS Filings and Tax Compliance				_
		Check if Schedule O contains a response or note to any line in this Part V	<u> </u>	. 	Yes	.] No
1a	Entert	the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a	12		103	110
		the number of Forms W-2G included in line 1a Enter-0- if not applicable 1b	0			
c	Did the	e organization comply with backup withholding rules for reportable payments to vendors and reportab	le			
2a		g (gambling) winnings to prize winners?		1 c	Yes	
	Tax St	tatements, filed for the calendar year ending with or within the year covered s return	230			
b		east one is reported on line 2a, did the organization file all required federal employment tax returns? If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		2b	Yes	
3a	Did the	e organization have unrelated business gross income of \$1,000 or more during the year?		3a		No
b	If "Yes	s," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		3b		Νo
4a	over, a	time during the calendar year, did the organization have an interest in, or a signature or other author is financial account in a foreign country (such as a bank account, securities account, or other financia nt)?		4a		No
b		s," enter the name of the foreign country				
		s, enter the name of the foreign country <u>F.</u> structions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accou	ınts			
5a	Was th	ne organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		No
		y taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	7			No
		s," to line 5a or 5b, did the organization file Form 8886-T?		5b		
	11 163	s, to line 3a of 3b, and the organization merorin 3000-1	'	5c		
	organı	the organization have annual gross receipts that are normally greater than \$100,000, and did the zation solicit any contributions?		6a		No
	were n	s," did the organization include with every solicitation an express statement that such contributions of tax deductible?	or gifts •	6b		
	_	izations that may receive deductible contributions under section 170(c).		_		l
	servic	e organization receive a payment in excess of \$75 made partly as a contribution and partly for goods es provided to the payor?		7a		No
		s," did the organization notify the donor of the value of the goods or services provided?		7b		
		e organization sell, exchange, or otherwise dispose of tangible personal property for which it was requ rm 8282?		7c		No
d	If"Yes	s," indicate the number of Forms 8282 filed during the year 7d	0			
e	Did the	e organization receive any funds, directly or indirectly, to pay premiums on a personal benefit				
		ct?		7e		No
		e organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		Νo
	require	organization received a contribution of qualified intellectual property, did the organization file Form 8 and the organization file		7g		Νo
	Form 1	organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization f LO98-C?		7h		Νo
	the su	oring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. pporting organization, or a donor advised fund maintained by a sponsoring organization, have excesses holdings at any time during the year?				
_				8		No
	•	oring organizations maintaining donor advised funds.		0-		N
		e organization make any taxable distributions under section 4966?	•	9a 9b		No No
		in 501(c)(7) organizations. Enter	•	96		110
		ion fees and capital contributions included on Part VIII, line 12 10a				
		receipts, included on Form 990, Part VIII, line 12, for public use of club				
L	Sectio	n 501(c)(12) organizations. Enter				
а	Gross	ıncome from members or shareholders				
b		income from other sources (Do not net amounts due or paid to other sources st amounts due or received from them)				
2a	Sectio	n 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	,	12a		No
b		s," enter the amount of tax-exempt interest received or accrued during the				
3	Sectio	n 501(c)(29) qualified nonprofit health insurance issuers.				
а		organization licensed to issue qualified health plans in more than one state? See the instructions for additional information the organization must report on Schedule O		13a		No
		the amount of reserves the organization is required to maintain by the states				
		the amount of reserves on hand				
4a	Did the	e organization receive any payments for indoor tanning services during the tax year?		14a		No
		s." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O		14b		

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

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

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			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
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		No
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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		Νο
6	Did the organization have members or stockholders?	6		No
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
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	
b	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 R	evenu	ie Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Νo
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		
b		120	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a	Yes Yes	
C				
c 13	rise to conflicts?	12b	Yes	
	rise to conflicts?	12b	Yes Yes	
13	rise to conflicts?	12b 12c 13	Yes Yes Yes	
13 14 15	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12b 12c 13	Yes Yes Yes	
13 14 15	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12b 12c 13 14	Yes Yes Yes Yes	No
13 14 15	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12b 12c 13 14	Yes Yes Yes Yes	No
13 14 15 a b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12b 12c 13 14	Yes Yes Yes Yes	No
13 14 15 a b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12b 12c 13 14 15a 15b	Yes Yes Yes Yes	
13 14 15 a b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12b 12c 13 14 15a 15b	Yes Yes Yes Yes	
13 14 15 a b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12b 12c 13 14 15a 15b	Yes Yes Yes Yes	

- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 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 or note to any line in this Part VII $\,\cdot\,\,$. $\,\cdot\,\,$

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter-0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, or 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) A verage hours per week (list any hours	more pers and	than on is	one bot	not box h ar or/tr	offic ustee	ess er	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	from the organization and related organizations
(1) STEVE BERRONES	1 00	Х		х				0	0	0
IMMED PASTCHAIR	0 00			L^				Ŭ.	Ŭ	
(2) ROBERT DENT	2 00	×						0	0	0
Director	0 00									
(3) TOFFEE MCALISTER	2 00	×		×				0	0	0
VICE CHAIR FIN	0 00									
(4) RUSSELL POTTER	2 00	x						0	0	0
Director (F) DYAN RECKHAM	0 00									
(5) RYAN PECKHAM	2 00	×						0	0	0
Director (6) HEATHER REED	0 00									
	2 00	x						0	0	a
Director (7) WESLEY STRAIN	0 00									
		x						0	0	0
Director (8) TODD ROGERS	0 00									
Director		x						0	0	σ
(9) MARY ANN BERRY	0 00									
Director	0 00	х						0	0	0
(10) KATIE WALLACE JOYNER	2 00									
Director	0 00	X						0	0	0
(11) JOHN D WILKINSON	2 00									
Chairman	0 00	X		X				0	0	O
(12) CHARLES TIGHE	2 00									
Director	0 00	X						0	0	0
(13) ANGELA DEAVER	2 00	<u> </u>								
Secretary	0 00	X		Х				0	0	0
(14) TASHA FINLEY SPORT	2 00	,,						_	_	_
Director	0 00	Х						0	0	0
(15) ERIN VAN EVERA-WELCH	2 00	х						0	0	0
Director	0 00							l	0	0
(16) DAVID GUERRERO	2 00	х						0	0	0
Director	0 00							o o	Ü	0
(17) DAVID WATKINS	2 00	×						0	0	0
Director	0 00	^								

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

	(A) Name and Title	(B) A verage hours per week (list any hours	more pers	than on is	one bot rect	note boo thai or/ti	chec k, unle n offic rustee	ess er	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F Estim amount comper from	nated of other nsation the
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organi and re organiz	lated
(18) 5	SHARON HALL-HUNT	2 00	х						0	(0
Direct		0 00	ļ			_						
	RICK STRANGE	2 00	x						0	(0
Directi	or GEORGE FIERRO	0 00 40 00										
Presid					×				136,654	(0
	EDWIN JACKSON	0 00 40 00										
	ESS MGR	0 00			Х				60,628	()	0
		+										
		+										
1b	Sub-Total						•					
C	Total from continuation sheets to Pa	t VII, Section A		•								
d							•		197,282			
2	Total number of individuals (including \$100,000 of reportable compensation				ed al	bove	e) who	rec	eived more than			
											Yes	No
3	Did the organization list any former of on line 1a? <i>If "Yes," complete Schedule</i>					nplo •		r hıg	hest compensate	d employee		l No
4	For any individual listed on line 1a, is organization and related organizations individual									om the		N. a
5	Did any person listed on line 1a receives		-						-			No No
	and a second of the second											
<u>Se</u>	Complete this table for your five higher	st compensated										
	compensation from the organization R	(A)	tion foi	the	cale	enda	ryear	end	1	(B)	(0	:)
CAMP	Name and BELL CONSTRUCTION 241 SPRING PARK DR AM	business address IDLAND TX 79705							REMODEL/RENO	on of services VATIONS	Compe	275,228
	Fotal number of independent contractor \$100,000 of compensation from the or		not lım	ıted t	o th	nose	listed	dabo	vve) who received	more than		

Part V			ule O contains a respon	se or note to any lu	ne in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
रु स्	1a	Federated cam	paigns 1a					
ran	b	Membership du	ies 1b					
٦	С	Fundraising eve	ents 1c					
iffs ar/	d	Related organiz	zations 1d					
% E	e	Government grant	s (contributions) 1e	67,662				
Contributions, Giffs, Grants and Other Similar Amounts	f	All other contribution	ons, gifts, grants, and 1f	668,544				
buti the		similar amounts no						
i di	g	1a-1f \$	ons included in lines					
Contand	h	Total. Add lines	s 1 a - 1 f		736,206			
<u> </u>				Business Code				
æ	2a	DAYCARE AND CH	ILD CARE		573,337	573,337		
æ	b	GROUP ACTIVITIES	5		769,821	769,821		
AC.e	С	Membership Dues	& Assessments		2,405,818	2,405,818		
<u> </u>	d							1
Program Serwoe Revenue	e	A II - 2 !						<u> </u>
į.	f	All other progra	am service revenue					
	g		s 2a-2f		3,748,976			
	3		ome (including dividend ar amounts)		33,178			33,178
	4		stment of tax-exempt bond p	- t	0			
	5	Royalties		•	0			
			(ı) Real	(II) Personal				
	6a b	Gross rents Less rental						
	_	expenses Rental income						
	C	or (loss)						
	d	Net rental inco	me or (loss)		0			
	7a	Gross amount from sales of assets other than inventory	(ı) Securities	(II) Other				
	Ь	Less cost or other basis and sales expenses						
	С	Gain or (loss)						
	d	Net gain or (los	ss)		0			
une	8a	events (not inc \$						
Other Revenue		See Part IV, lir	a					
돌	b c		penses b [(loss) from fundraising e	events -	0			
•		Gross income f	rom gaming activities ne 19	vents p				
	Ь	Less direct ex	penses b					
			· (loss) from gaming activ	rities	0			
	10a	Gross sales of returns and allo						
	ь	Less cost of g	oods sold b					
	С		(loss) from sales of inve	ntory 🛌	0			
		Miscellaneou	s Revenue	Business Code				
	11a							
	b							
	C	All other raws						
	d e		ue [s 11a-11d	🕨				+
					0			+
	12	iotai revenue.	See Instructions	· · · •	4,518,360	3,748,976		33,178

	,	
Part IX	Statement of Functional Expenses	
Section 50	1(c)(3) and $501(c)(4)$ organizations must complete all columns	All other organizations must complete column (A)

	Check if Schedule O contains a response or note to any line in this	Part IX		<u> </u>	
	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 United States See Part IV, line 21	0			
2	Grants and other assistance to individuals in the United States See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the United States 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	197,282	83,484	113,798	
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	1,736,489	1,662,572	73,917	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	276,624	227,185	49,439	
10	Payroll taxes	150,182	130,762	19,420	
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	0			
c	Accounting	0			
d	Lobbying	0			
e	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	0			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	0			
12	Advertising and promotion	78,890	75,992		2,898
13	Office expenses	27,635	26,471		1,164
14	Information technology	0			
15	Royalties	0			
16	Occupancy	575,780	562,774	13,006	
17	Travel	18,459	18,459		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	26		26	
21	Payments to affiliates	72,146		72,146	
22	Depreciation, depletion, and amortization	452,098	409,139	42,485	474
23	Insurance	0			
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	GROUP ACTIVITIES AND SUPPLIES	324,397	324,397		
b	CONTRACT SERVICES	224,253	131,407	92,846	
c	SCHOLARSHIPS	182,023	182,023		
d	TRAINING	20,386	20,386		
е	All other expenses	15,056	7,415	7,641	
25	Total functional expenses. Add lines 1 through 24e	4,351,726	3,862,466	484,724	4,536
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Pai	rt X	Balance Sheet Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	176,279	1	178,686
	2	Savings and temporary cash investments	2,820,203	2	2,381,440
	3	Pledges and grants receivable, net	9,720	3	9,532
	4	Accounts receivable, net		4	0
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		-	
Assets	6	Loans and other receivables from other disqualified persons (as defined under section $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and contributing employers and sponsoring organizations of section $501(c)(9)$ voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		5	0
et				6	0
82	7	Notes and loans receivable, net		7	0
**	8	Inventories for sale or use		8	0
	9	Prepaid expenses and deferred charges	51,572	9	65,195
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 14,134,852			
	Ь	Less accumulated depreciation 10b 5,758,398	7,776,568	10c	8,376,454
	11	Investments—publicly traded securities	530,450	11	607,943
	12	Investments—other securities See Part IV, line 11		12	0
	13	Investments—program-related See Part IV, line 11		13	0
	14	Intangible assets		14	0
	15	Other assets See Part IV, line 11		15	0
	16	Total assets. Add lines 1 through 15 (must equal line 34)	11,364,792	16	11,619,250
	17	Accounts payable and accrued expenses	272,338	17	308,651
	18	Grants payable		18	_
	19	Deferred revenue	101,399	19	88,734
	20	Tax-exempt bond liabilities		20	
φ.	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilitie	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
qе		persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	_
	24	Unsecured notes and loans payable to unrelated third parties		24	_
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule			
		D	1,146		007.005
	26	Total liabilities. Add lines 17 through 25	374,883	26	397,385
d) d)		Organizations that follow SFAS 117 (ASC 958), check here ▶ ▽ and complete lines 27 through 29, and lines 33 and 34.			
ĕ	27	Unrestricted net assets	10,666,407	27	10,848,785
<u>න</u>	28	Temporarily restricted net assets	129,355	28	178,933
<u> </u>	29	Permanently restricted net assets	194,147	29	194,147
Ĭ	2	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and	10-1,1-17		104,147
or Fund Balance		complete lines 30 through 34.			
9	30	Capital stock or trust principal, or current funds		30	
र्षे	31	Paid-in or capital surplus, or land, building or equipment fund		31	
Assets	32	Retained earnings, endowment, accumulated income, or other funds		32	
Šet	33	Total net assets or fund balances	10,989,909	33	11,221,865
Z	34	Total liabilities and net assets/fund balances	11,364,792	34	11,619,250

Par	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		4,5	518,360
2	Total expenses (must equal Part IX, column (A), line 25)	2		4,3	351,726
3	Revenue less expenses Subtract line 2 from line 1	3		1	.66,634
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		10,9	89,909
5	Net unrealized gains (losses) on investments	5		<u> </u>	65,322
6	Donated services and use of facilities	6			<u>.</u>
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		11,2	221,865
Par	t XIII Financial Statements and Reporting			-	
	Check if Schedule O contains a response or note to any line in this Part XII				. Г
				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		Νo
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revie a separate basis, consolidated basis, or both	wed o	n		
	Separate basis Consolidated basis Both consolidated and separate basis]
Ь	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separasis, consolidated basis, or both	rate			
	▼ Separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversign audit, review, or compilation of its financial statements and selection of an independent accountant?	nt of tl	ne 2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	n			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?	е	За		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

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As Filed Data -

DLN: 93493082001095

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

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

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

2013

Open to Public Inspection

	G MENS IND TEX	S CHRISTIAN ASSOCIATION OF (AS	75-0871732					
Pa	rt I	Reason for Public Charity Status (All organizations must complete this pair	rt.) See instruct	tions.				
The	organı	zation is not a private foundation because it is (For lines 1 through 11, check only one box)					
1	Γ	A church, convention of churches, or association of churches described in section 170(b)((1)(A)(i).					
2	\vdash	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)						
3	Γ	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A	ı)(iii).					
4	Γ	A medical research organization operated in conjunction with a hospital described in section hospital's name, city, and state	on 170(b)(1)(A)(iii). Entei	the			
5	Γ	An organization operated for the benefit of a college or university owned or operated by a g	overnmental unit	describe	d ın			
		section 170(b)(1)(A)(iv). (Complete Part II)						
6	Г	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).					
7	_	An organization that normally receives a substantial part of its support from a government described in section 170(b)(1)(A)(vi). (Complete Part II)	al unit or from the	e general	public			
8	<u> </u>	A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)		_				
9	<u>~</u>							
		receipts from activities related to its exempt functions—subject to certain exceptions, and	• •					
		its support from gross investment income and unrelated business taxable income (less se		om busine	sses			
	_	acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part I	•					
10	<u> </u>	An organization organized and operated exclusively to test for public safety See section 5						
11	Γ	An organization organized and operated exclusively for the benefit of, to perform the functione or more publicly supported organizations described in section 509(a)(1) or section 500 the box that describes the type of supporting organization and complete lines 11e through a Type I b Type II c Type III - Functionally integrated d Type	9(a)(2) See sect 11h	ion 509(a	a)(3). (Check		
e	Γ	By checking this box, I certify that the organization is not controlled directly or indirectly other than foundation managers and other than one or more publicly supported organization section 509(a)(2)						
f		If the organization received a written determination from the IRS that it is a Type I, Type I check this box	I, or Type III sup	oporting o	rganız	ation,		
g		Since August $17,2006$, has the organization accepted any gift or contribution from any of following persons?	the	_				
		(i) A person who directly or indirectly controls, either alone or together with persons described to the control of the contro	rıbed ın (ıı)		Yes	No		
		and (III) below, the governing body of the supported organization?		11g(i)				
		(ii) A family member of a person described in (i) above?		11g(ii)				
		(iii) A 35% controlled entity of a person described in (i) or (ii) above?		11g(iii)				
h		Provide the following information about the supported organization(s)						

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see	organization in to		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the US?		(vii) A mount of monetary support
		instructions))	Yes	No	Yes	No	Yes	No	
Total									

Sch	edule A (Form 990 or 990-EZ) 2013						Page 2
Pa	(Complete only if you o	hecked the bo	x on line 5, 7,	or 8 of Part I o	r if the organiza	ation failed	to qualify under
_	Part III. If the organiza ection A. Public Support	tion fails to qu	alify under the	tests listed bel	low, please con	iplete Part .	.111.)
	endar year (or fiscal year beginning	(-) 2000	(1-) 2010	(-) 2011	(4) 2012	(-) 201	(5) T. I.
	in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 201:	3 (f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not include any "unusual						
	grants ")						
2	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its						
3	behalf The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly supported organization) included on						
	line 1 that exceeds 2% of the						
	amount shown on line 11, column						
	(f)						
6	Public support. Subtract line 5 from line 4						
S	ection B. Total Support	I	<u> </u>		I		I
	endar year (or fiscal year beginning	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	in) ►	(a) 2009	(b) 2010	(6) 2011	(u) 2012	(e) 2013	(I) I otal
7	A mounts from line 4						
8	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties						
	and income from similar						
	sources						
9	Net income from unrelated						
	business activities, whether or not the business is regularly carried						
	on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV)						
11	Total support (Add lines 7 through 10)						
12	Gross receipts from related activities	es, etc (see inst	ructions)	•		12	1
13	First five years. If the Form 990 is t	for the organizati	on's first, second	l, thırd, fourth, or	fifth tax year as a	501(c)(3) o	rganızatıon, check
	this box and stop here				<u> </u>	<u></u>	<u></u>
	ection C. Computation of Pub			4.4 1 (5)			
14	Public support percentage for 2013			11, column (f))		14	
15	Public support percentage for 2012	· ·	•			15	_
16a	33 1/3% support test—2013. If the condition have				line 14 is 33 1/3%	or more, che	ck this box
b	and stop here. The organization qua 33 1/3% support test—2012. If the				and line 15 is 33	8 1/3% or more	
	box and stop here. The organization				, 10 00	. 40.001111011	► F
17a	10%-facts-and-circumstances test-	-2013. If the org	anızatıon dıd not	check a box on lı			
	is 10% or more, and if the organizat						
	in Part IV how the organization mee	ts the "facts-and	d-circumstances'	test The organ	ızatıon qualıfıes a	s a publicly s	
Ь	organization 10%-facts-and-circumstances test-	-2012 . If the ora	anization did not	check a hov on li	ne 13 16a 16b	or 17a and L	▶ 厂
	15 is 10% or more, and if the organ						
	Explain in Part IV how the organizat						ublicly
	supported organization				4-71		▶ □
18	Private foundation. If the organizat instructions	ion aid not check	k a box on line 13	, 16a, 16b, 1/a,	or 1/p, check thi	s pox and se	e ▶□
							г,

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. Public Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	2,589,615	2,506,513	2,866,190	3,217,383	3,142,024	14,321,725
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	802,879	1,018,939	1,060,377	1,158,573	1,343,158	5,383,926
3	Gross receipts from activities that are not an unrelated trade or business under section 513						0
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0
6	Total. Add lines 1 through 5	3,392,494	3,525,452	3,926,567	4,375,956	4,485,182	19,705,651
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
c	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)						19,705,651
	ction B. Total Support		<u> </u>			T	
cale	ndar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	A mounts from line 6	3,392,494	3,525,452	3,926,567	4,375,956	4,485,182	19,705,651
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties and income from similar sources	23,700	30,234	24,737	27,307	33,178	139,156
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after						0
	June 30, 1975						
c	June 30, 1975 Add lines 10a and 10b	23,700	30,234	24,737	27,307	33,178	139,156
c 11	•	23,700	30,234	24,737	27,307	33,178	139,156
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the	23,700	30,234	24,737	27,307	33,178	
11	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,	23,700 3,416,194	30,234	3,951,304	27,307 4,403,263	33,178 4,518,360	0
11	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 the	3,416,194	3,555,686	3,951,304	4,403,263	4,518,360	0 19,844,807
11 12 13 14	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)	3,416,194 For the organization	3,555,686 on's first, second,	3,951,304	4,403,263	4,518,360	0 0 19,844,807 Ization,
11 12 13 14	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 to check this box and stop here	3,416,194 For the organization	3,555,686 on's first, second,	3,951,304 third, fourth, or f	4,403,263	4,518,360	0 0 19,844,807 Ization,
11 12 13 14 Se 15	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 a check this box and stop here	3,416,194 For the organization lic Support Pe (line 8, column (3,555,686 on's first, second, ercentage f) divided by line	3,951,304 third, fourth, or f	4,403,263	4,518,360 501(c)(3) organ	0 19,844,807 Ization, ▶☐
11 12 13 14 Se 15 16 Se	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 to check this box and stop here ction C. Computation of Pub Public support percentage from 201 Ction D. Computation of Inventor	3,416,194 For the organization lic Support Performance (line 8, column (1) 2 Schedule A, Pa	3,555,686 on's first, second, ercentage f) divided by line art III, line 15 me Percentag	3,951,304 third, fourth, or fi 13, column (f))	4,403,263 fth tax year as a	4,518,360 501(c)(3) organ	19,844,807 Ization, 99 300 % 99 300 %
11 12 13 14 Se 15 16 Se 17	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 a check this box and stop here ction C. Computation of Pub Public support percentage for 2013 Public support percentage from 201 ction D. Computation of Inventore in the support in the sup	3,416,194 For the organization Iic Support Per (line 8, column (2 Schedule A, Par 2 Stment Incomposition (2 Incomposition (3,416,194	3,555,686 on's first, second, ercentage f) divided by line art III, line 15 me Percentage	3,951,304 third, fourth, or fi	4,403,263 fth tax year as a	4,518,360 501(c)(3) organ	0 19,844,807 Ization, P 99 300 %
112 12 13 14 See 15 16 See 17 18	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 to check this box and stop here ction C. Computation of Pub Public support percentage from 201 Ction D. Computation of Inventor	3,416,194 For the organization Iic Support Period (line 8, column (1) 2 Schedule A, Parestment Incompany (1) 2013 (line 10 c, company (1) 2012 Schedule A	3,555,686 on's first, second, ercentage f) divided by line art III, line 15 me Percentag olumn (f) divided b	3,951,304 third, fourth, or fi 13, column (f)) Je oy line 13, column	4,403,263 fth tax year as a	4,518,360 501(c)(3) organ 15 16	99 300 % 99 300 % 0 700 % 0 700 %

33 1/3% support tests—2012. 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

Part IV	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).					
		Facts And Circumstances Test				
Retu	ırn Reference	Explanation				
		Schodulo A / Form 0	000 er 000 E7) 201			

Schedule A (Form 990 or 990-EZ) 2013

DLN: 93493082001095

OMB No 1545-0047

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

Open to Public Inspection

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

- 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

- ◆ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

• 3	Section 501(c)(4), (5), or (6) orga	anizations Complete Part III			
	me of the organization JNG MENS CHRISTIAN ASSOCIATION OF	=		Employer i	dentification number
	DLAND TEXAS			75-08717	32
Par	t I-A Complete if the or	ganization is exempt under	section 501(c) or is a section 5	27 organization.
1	Provide a description of the org	ganızatıon's dırect and ındırect politı	cal campaign act	ıvıtıes ın Part IV	
2	Political expenditures	•		.	\$
3	V olunteer hours				1
	-	ganization is exempt under			
1		e tax incurred by the organization un			+ \$
2	Enter the amount of any excise	e tax incurred by organization manag	ers under section	n 4955	* \$
3	If the organization incurred a s	section 4955 tax, did it file Form 472	20 for this year?		「Yes ▼ No
4a	Was a correction made?				┌ Yes ┌ No
ь	If "Yes," describe in Part IV				
Par	•	ganization is exempt under		•	501(c)(3).
1		ended by the filing organization for se	·		\$
2	Enter the amount of the filing o exempt function activities	organization's funds contributed to ot	ther organizations	s for section 527	\$
3	Total exempt function expendi	tures Add lines 1 and 2 Enter here	and on Form 112	0-POL, line 17b	÷
4	Did the filing organization file F	Form 1120-POL for this year?			Yes No
5	organization made payments f amount of political contribution	nd employer identification number (E For each organization listed, enter th ns received that were promptly and d political action committee (PAC) If	e amount paid fro Iirectly delivered	om the filing organization to a separate political o	n's funds Also enter the organization, such as a
	(a) Name	(b) Address	(c) EIN	(d) A mount paid fro filing organization's funds If none, enter	contributions received
			-	-	

Sch	hedule C (Form 990 or 990-EZ) 2013					Page 2
P	art II-A Complete if the organization	is exempt under	section 501(c)(3) and file	ed Form 5768	
_	under section 501(h)).		Link in Donk IV an			a adduces FIN
٠.	Check ► If the filing organization belongs to a expenses, and share of excess lobb		list in Part IV ea	ch amiliated gro	up members nam	e, address, EIN,
3	Check ► ☐ If the filing organization checked bo		ol" provisions app	ly		
			l.)		(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public o	ppinion (grass roots lob	bying)			
b	ther exempt purpose expenditures (add lines 1c and 1d) obbying nontaxable amount Enter the amount from the following table in both olumns f the amount on line 1e, column (a) or (b) is: ot over \$500,000 20% of the amount on line 1e ver \$500,000 but not over \$1,000,000 ver \$1,000,000 but not over \$1,000,000 ver \$1,500,000 but not over \$1,500,000 ver \$1,500,000 but not over \$1,500,000 ver \$1,500,000 but not over \$1,500,000 ver \$1,500,000 but not over \$1,500,000					
c	Total lobbying expenditures (add lines 1a and 1	b)				
d	Other exempt purpose expenditures					
e	Total exempt purpose expenditures (add lines 1	c and 1d)				
Pala labcdef	Lobbying nontaxable amount Enter the amount to	from the following table	ın both			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontax	able amount is:			
	Not over \$500,000	20% of the amount on lir	ne 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,0	00		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000	,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,0	000		
	Over \$17,000,000	\$1,000,000				
		1.6				
_		•				
	Subtract line 1g from line 1a If zero or less, ent			_		1
	Subtract line 1f from line 1c If zero or less, ente			L		1
j	If there is an amount other than zero on either lii section 4911 tax for this year?	ne 1h or line 1ı, did the	organization file	Form 4720 repo	orting	┌ Yes ┌ No
	(Some organizations that made a columns below. See t	he instructions fo	ection do not r lines 2a thre	have to con ough 2f on p		ne five
	Lobbying Exp	enditures During	4-Year Avera	ging Period	1	1
	Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots nontaxable amount					

e Grassroots ceiling amount (150% of line 2d, column (e))

Grassroots lobbying expenditures

Pa		ation is exempt under section 501(c)(3) and has Non under section 501(h)).	ТОГ				age s
			(;	a)		(b)	
ror e activ		ow, provide in Part IV a detailed description of the lobbying	Yes	No	А	moun	ıt
1		n attempt to influence foreign, national, state or local ence public opinion on a legislative matter or referendum,					
а	Volunteers?			No			
b	Paid staff or management (include compe	nsation in expenses reported on lines 1c through 1i)?		Νo			
C	Media advertisements?			Νo			
d	Mailings to members, legislators, or the p	-		Νo			
e	Publications, or published or broadcast s	F		No			
f	Grants to other organizations for lobbying	`````		No			
g		s, government officials, or a legislative body?		No			
h :		entions, speeches, lectures, or any similar means?		No			
	Other activities? Total Add lines 1c through 1:	-		No			
j 2a	-	inization to be not described in section 501(c)(3)?		l No			
za b	If "Yes," enter the amount of any tax incu	 		140			
c		irred by organization managers under section 4912					
d		n 4912 tax, did it file Form 4720 for this year?		No			
		ation is exempt under section 501(c)(4), section 5	501(c		or se	ctio	n
	501(c)(6).			,,-,,-			
				_		Yes	No
1	Were substantially all (90% or more) due			L	1		
2	Did the organization make only in-house			<u> </u>	2		
3		obbying and political expenditures from the prior year?			3		
Pa		ation is exempt under section 501(c)(4), section 5 a) BOTH Part III-A, lines 1 and 2, are answered " ."					
1	Dues, assessments and similar amounts		1				
2	Section 162(e) nondeductible lobbying at expenses for which the section 527(f) ta	nd political expenditures (do not include amounts of political x was paid).					
а	Current year		2a				
Ь	Carryover from last year		2b				
C	Total		2c				
3		33(e)(1)(A) notices of nondeductible section 162(e) dues	3				
4		ne 2c exceeds the amount on line 3, what portion of the excess to the reasonable estimate of nondeductible lobbying and	4				
5	Taxable amount of lobbying and political	expenditures (see instructions)	5				
P	art IV Supplemental Information	on					
	ovide the descriptions required for Part I-A, rt II-B, line 1 Also, complete this part for a	, line 1 , Part l-B, line 4 , Part l-C , line 5 , Part II-A (affiliated grou ny additional information	ıp lıst),	Part II	-A, III	ne 2,	and
	Return Reference	Explanation					
	cription In Texas and focus and pro- being fo local YN	CA of Midland is a member of the Texas Alliance of YMCAs, which is The primary focus is to develop a statewide legislative/advocates the alliances' efforts. The alliance retains a lobbyist to monito actively positions YMCAs as leaders in the development of child are all and family strengthening. An annual statewide public policy MCA leadership on issues. During in-session years, local YMCAs gislators to educate them of their YMCA work in the respective constants.	r legis ren and confer s are ei	enda to plation at d youth, ence is ncourag	priorit ffectir healt held t	ize is ng YM th and to edu	sues CAs I well Icate

201124416 3 (1 31111 333 31 333 12) 2313	Return Reference Explanation		
Part IV Supplemental Information	on <i>(continued)</i>		
Return Reference	Explanation		
l			

Schedule D (Form 990) 2013

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493082001095

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ► Attach to Form 990. ► See separate instructions. ► Information about Schedule D (Form 990) Open to Public

tema	l Revenue Service	and its instruct	ions is at <u>www.irs.gov/form990</u> .		Inspe	ction
	me of the organi			Employe	r identification numl	oer
	JNG MENS CHRISTIA DLAND TEXAS	AN ASSOCIATION OF		75-087:	1732	
Pa	rt I Organ	izations Maintaining Donor Adv	vised Funds or Other Similar Fo			ete ıf the
	organiz	zation answered "Yes" to Form 990	í	1		
	T. 4-1	h - u d - f u	(a) Donor advised funds	(b)	Funds and other acco	ounts
	Total number a	•				
<u>.</u>		tributions to (during year) its from (during year)				
,		e at end of year				
		zation inform all donors and donor adviso		ar advisad		
,	funds are the o	rganızatıon's property, subject to the or	ganization's exclusive legal control?		☐ Yes	┌ No
j	used only for c	zation inform all grantees, donors, and donated haritable purposes and not for the benefermissible private benefit?			rpose Yes	┌ No
Pa	rt III Conse	rvation Easements. Complete ıf	the organization answered "Yes" t	o Form 99	0, Part IV, line 7.	
2	Preservation Protection Preservation Complete lines	conservation easements held by the orgon of land for public use (e g , recreation of natural habitat on of open space s 2a through 2d if the organization held a he last day of the tax year	or education) Preservation of an Preservation of a G	certified his	toric structure	1
		To last day of the tax year			Held at the End of th	e Year
а	Total number o	of conservation easements		2a		
b	Total acreage	restricted by conservation easements		2b		
c	Number of con	servation easements on a certified histo	oric structure included in (a)	2c		
d		servation easements included in (c) acq ure listed in the National Register	uired after 8/17/06, and not on a	2d		
3	Number of con	servation easements modified, transferr	ed, released, extinguished, or terminate	d by the or	ganızatıon durıng	
	the tax year 🛌					
ŀ	Number of stat	es where property subject to conservati	ion easement is located 🗠			
5		nization have a written policy regarding t f the conservation easements it holds?	the periodic monitoring, inspection, hand	dling of viol	ations, and Yes	┌ No
5	Staff and volun	teer hours devoted to monitoring, inspe	cting, and enforcing conservation easer	nents durın	g the year	
	A mount of exp	——— enses incurred in monitoring, inspecting	and enforcing conservation easements	s during the	vear	
,	► \$	enses meanea in momeoring, inspecting	, and emoreing conservation casements	s during the	. yeur	
3		uservation easement reported on line 2(o' ('0(h)(4)(B)(ii)?	d) above satisfy the requirements of sec	tion 170(h)(4)(B)(I)	┌ No
)	balance sheet,	escribe how the organization reports cor and include, if applicable, the text of the on's accounting for conservation easeme	e footnote to the organization's financial			
ar		izations Maintaining Collection ete if the organization answered "Y		or Other	Similar Assets.	
la	If the organizat works of art, hi	tion elected, as permitted under SFAS 1 storical treasures, or other similar asse e, in Part XIII, the text of the footnote t	16 (ASC 958), not to report in its rever ts held for public exhibition, education,	or research	ı ın furtherance of pu	
b	works of art, hi	tion elected, as permitted under SFAS 1 storical treasures, or other similar asse le the following amounts relating to thes	ts held for public exhibition, education,			blic
	(i) Revenues I	ncluded in Form 990, Part VIII, line 1			► \$	
	(ii) Assets incl	luded in Form 990, Part X			<u> </u>	
<u> </u>		tion received or held works of art, histor	ıcal treasures, or other sımılar assets fo	or financial	gain, provide the	
-		nts required to be reported under SFAS			_	

Revenues included in Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

Part	•••• Organizations Maintaining Co	llections of Art,	, Hist	<u>tori</u>	<u>cal Tr</u>	eası	ires, or O	the	r Similar Ass	ets (c	ontınued)
3	Using the organization's acquisition, access collection items (check all that apply)	on, and other record	ds, ch	ecka	any of t	he foll	owing that a	re a	significant use	of its	
а	Public exhibition		d	Γ	Loan	orexc	hange progr	ams			
b	Scholarly research		e	Γ	Other	=					
С	Preservation for future generations										
4	Provide a description of the organization's co Part XIII	ollections and explai	n how	they	y furthe	r the o	organızatıon	's ex	empt purpose ın		
5	During the year, did the organization solicit of										
Dar	assets to be sold to raise funds rather than to the sold to raise funds rather than to the sold to the								<u> </u>	Yes	No_
T.C.II	Part IV, line 9, or reported an an						ii aliswele	a i	es to rolling:	,,,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterme	dıary	for c	ontrıbu	tions	or other ass	ets r		Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I and complete the	follow	ıng t	able		_				
							-	_	Amo	ount	
C	Beginning balance							1c			
d	Additions during the year						-	1d			
e •	Distributions during the year						-	1e			
f	Ending balance	000 5	24-					1f		- ,,	
2a	Did the organization include an amount on Fo	orm 990, Part X, line	217						ı	Yes	□ No
ь	If "Yes," explain the arrangement in Part XII										
Pa	rt V Endowment Funds. Complete	f the organization (a)Current year		were Prior y						A) Four v	ears back
1a	Beginning of year balance	530,460	(5)		457,989	<i>D</i> (c)	427,259		248,935	C) our y	rears back
ь	Contributions				26,100				162,500		16,777
c	Net investment earnings, gains, and losses	77,493			46,371		30,730		15,824		
d	Grants or scholarships										
е	Other expenditures for facilities and programs										
f	Administrative expenses										248,935
g	End of year balance	607,953			530,460		457,989		427,259		248,935
2	Provide the estimated percentage of the curi	· · · · · · · · · · · · · · · · · · ·	e (line	e 1g,	, colum	n (a))	held as				
а	board designated or quasi-endowment	39 000 %									
b	Permanent endowment ► 32 000 %										
C	Temporarily restricted endowment ► 29 0 The percentages in lines 2a, 2b, and 2c show)00 % uld equal 100%									
3a	Are there endowment funds not in the posses	ssion of the organiza	ition t	hat a	are helo	d and a	admınıstered	for	the		T
	organization by (i) unrelated organizations								3a(i	Yes	No No
	(ii) related organizations		• .						3a(ii		No
ь	If "Yes" to 3a(II), are the related organization		on S	- ched	ule R?	٠			3b		No
4	Describe in Part XIII the intended uses of th	e organization's end	dowme	ent fu	unds						
Par	t VI Land, Buildings, and Equipme 11a. See Form 990, Part X, line 1		he or	gan	ızatıor	n ansv	wered 'Yes	' to	Form 990, Par	t IV, I	ine
	Description of property				Cost or s (invest		(b)Cost or o basis (othe		(c) Accumulated depreciation	(d) B	ook value
1a	Land						1,144	,309		1	1,144,309
	Buildings						10,758		4,245,879	1	6,512,169
c	Leasehold improvements										
d I	Equipment						1,840	,474	1,512,519		327,955
	Other							,021			392,021
Tota	I. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part X	(, colui	mn (l	B), line	10(c).,)		🛌		8,376,454
									Schedule D	(Form 9	990) 2013

See Form 990, Part X, line 12. (a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)	(2)2001. Turus	Cost or end-of-year market value
(1) Financial derivatives		
(2)Closely-held equity interests Other		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	F	
Part VIII Investments—Program Related. C	omplete if the organizati	ion answered 'Yes' to Form 990, Part IV, line 11c.
See Form 990, Part X, line 13. (a) Description of investment	(b) Book value	(c) Method of valuation
(a) Description of investment	(b) Book value	Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	+	
Part IX Other Assets. Complete if the organization		
(a) Descr	ription	(b) Book value
		<u> </u>
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1		
Part X Other Liabilities. Complete if the organization of the organization of the property	anization answered 'Yes'	to Form 990, Part IV, line 11e or 11f. See
1 (a) Description of liability	(b) Book value	
Federal income taxes		
		-
		_
		-
		4
		-
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)		†
Total. (Column (b) must equal rount 990, Part A, coll b) line 25 7		

Раг	the organization answered 'Yes' to Form 990, Part IV, line 12a.	рег к	leturn Complete if
1	Total revenue, gains, and other support per audited financial statements	1	4,583,682
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII).............. 2d		
e	Add lines 2a through 2d	2e	65,322
3	Subtract line 2e from line 1	3	4,518,360
4	Amounts 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 XIII)		
C	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	4,518,360
Part	Reconciliation of Expenses per Audited Financial Statements With Expense	s per	Return. Complete
1	If the organization answered 'Yes' to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements	1	4,351,726
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	<u> </u>	7,331,720
a	Donated services and use of facilities		
b	Prior year adjustments	┨	
c	Other losses	1	
d	Other (Describe in Part XIII)	1	
e	Add lines 2a through 2d		
3	Subtract line 2e from line 1	3	4,351,726
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	<u> </u>	7,331,720
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII) 4b	1	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	4,351,726
	XIII Supplemental Information		1,331,720
Prov Part	vide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2 V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to mation		de any additional
	Return Reference Explanation		
	/, Line 4 Intended uses of the wment fund DIRECTORS	ETION	N OF BOARD OF
Part X	THE ASSOCIATION HAS ADOPTED THE PROVISIONS OF FASB ASOR REQUIRES THAT A TAX POSITION BE RECOGNIZED OR DERECOGNIKELY THAN NOT'THRESHOLD THIS APPLIES TO POSITIONS TATAKEN IN A TAX RETURN THE ASSOCIATION DOES NOT BELIEVE	KEN O	BASED ON A 'MORE R EXPECTED TO BE

STATEMENTS INCLUDE ANY UNCERTAIN TAX POSITIONS

	·	i ago e				
Part XIII	Part XIII Supplemental Information (continued)					
Return Reference		Explanation				
_						
_						
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Schedule D (Form 990) 2013

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Open to Public Inspection

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service

SCHEDULE 0

(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.

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

Name of the organization YOUNG MENS CHRISTIAN ASSOCIATION OF MIDLAND TEXAS

Employer identification number

75-0871732

990 Schedule O. Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 11b Form 990 Review Process	
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 PRESIDENT WHO SUMMARIZES ANY POTENTIAL CONFLICTS AND REPORTS TO THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS TOGETHER THE PRESIDENT AND EXECUTIVE COMMITTEE DETERMINE WHAT ACTIONS IF ANY NEED TO BE TAKEN AND MONITO RITHE POTENTIAL CONFLICTS AS CONSIDERED NECESSARY
Form 990, Part VI, Line 15a Compensation Review & Approval Process - CEO, Top Management	CEO SUBMITS LIST OF ACCOMPLISHMENTS TO BOARD CHAIR EXECUTIVE COMMITTEE MEETS TO REVIEW PA ST YEAR ACCOMPLISHMENTS AND DISCUSS OVERALL PERFORMANCE AND MAKES RECOMMENDATION OF SALARY ADJUSTMENT, IF ANY, BASED ON COMPARABILITY DATA FOR SIMILAR SIZED Y MCA'S AND SIMILAR TYPE S OF ORGANIZATIONS IF ANY FULL BOARD OF DIRECTORS REVIEW AND APPROVE OR MODIFY THE RECOMM ENDATION FROM THE EXECUTIVE COMMITTEE UPON APPROVAL BY THE BOARD, THE BOARD CHAIRMAN MEET S ONE ON ONE WITH THE CEO TO DISCUSS SALARY ADJUSTMENT, AND ANY NEEDED IMPROVEMENT PLANS A ND GOALS FOR THE COMING YEAR
Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	GOVERNING DOCUMENTS, POLICIES AND FINANCIAL STATEMENTS ARE MADE AVAILABLE ON A REQUEST BY REQUEST BASIS
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 FOST ERING 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 NEIGH BORS THAT'S WHY, AT THEY, STRENGTHENING COMMUNITY IS OUR CAUSE EVERY DAY, WE WORK SIDE BY SIDE WITH OUR NEIGHBORS TO MAKE SURE THAT EVERYONE, REGARDLESS OF AGE, INCOME OR BACKGR OUND, HAS THE OPPORTUNITY TO LEARN, GROW AND THRIVE SIGNIFICANT PROGRAM ACTIVITIES INCLUD E YOUTH AND FAMILY PROGRAMS THAT ENCOURAGE DEVELOPMENT OF STRONG FAMILY TIES AND PARENT-CH ILD 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 LI FESTYLE PROGRAMS ARE MEDICALLY BASED AND STRESS PROPER EXERCISE, NUTRITION, AVOIDANCE OF D RUG AND ALCOHOL ABUSE AND EDUCATION ALL PERSONS ARE WELCOME AT OUR YMCA, REGARDLESS OF AB ILITY TO PAY AS WE PROVIDE FINANCIAL ASSISTANCE TO THOSE WHO QUALIFY OUR Y IS DEDICATED T O BUILDING HEALTHY, CONFIDENT, CONNECTED AND SECURE CHILDREN, FAMILIES AND COMMUNITIES