

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2010 calendar year, or tax year beginning **11/01/10**, and ending **10/31/11**

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization **YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER OKLAHOMA CITY**
 Doing Business As **YMCA OF GREATER OKLAHOMA CITY**
 Number and street (or P.O. box if mail is not delivered to street address) **500 N BROADWAY** Room/suite **500**
 City or town, state or country, and ZIP + 4 **OKLAHOMA CITY OK 73102-6208**

D Employer identification number **73-0579270**

E Telephone number **405-297-7720**

F Name and address of principal officer:
MICHAEL S. GRADY
500 N BROADWAY, STE 500
OKLAHOMA CITY OK 73102

G Gross receipts\$ **21,658,330**

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If "No," attach a list. (see instructions)

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

J Website: ▶ **YMCAOKC.ORG**

H(c) Group exemption number ▶ **N/A**

K Form of organization: Corporation Trust Association Other ▶ **L** Year of formation: **1889** **M** State of legal domicile: **OK**

Part I Summary

| | | | |
|---|--|---------------------------|-------------------|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O | | |
| | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | | |
| | 3 Number of voting members of the governing body (Part VI, line 1a) | 3 | 40 |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 39 |
| | 5 Total number of individuals employed in calendar year 2010 (Part V, line 2a) | 5 | 1266 |
| | 6 Total number of volunteers (estimate if necessary) | 6 | 4200 |
| | 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | |
| b Net unrelated business taxable income from Form 990-T, line 34 | 7b | 0 | |
| Revenue | 8 Contributions and grants (Part VIII, line 1h) | Prior Year | Current Year |
| | 9 Program service revenue (Part VIII, line 2g) | 1,648,372 | 1,526,914 |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 15,437,692 | 16,308,245 |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 176,571 | 280,055 |
| | 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) | -78,297 | 14,954 |
| Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) | 17,184,338 | 18,130,168 |
| | 14 Benefits paid to or for members (Part IX, column (A), line 4) | 16,925 | 23,950 |
| | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | 9,082,880 | 9,282,866 |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) | | |
| | b Total fundraising expenses (Part IX, column (D), line 25) ▶ 575,583 | | |
| | 17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f) | 8,877,934 | 9,040,354 |
| | 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) | 17,977,739 | 18,347,170 |
| 19 Revenue less expenses. Subtract line 18 from line 12 | -793,401 | -217,002 | |
| Net Assets or Fund Balances | 20 Total assets (Part X, line 16) | Beginning of Current Year | End of Year |
| | 21 Total liabilities (Part X, line 26) | 37,100,939 | 35,877,789 |
| | 22 Net assets or fund balances. Subtract line 21 from line 20 | 7,089,828 | 6,167,715 |
| | | 30,011,111 | 29,710,074 |

Part II Signature Block

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

Sign Here

Signature of officer: **DONALD R HARRIS** Date: _____
 Type or print name and title: **VP AND CFO**

Paid Preparer Use Only

Print/Type preparer's name: **MARK R. DYER** Preparer's signature: _____ Date: _____
 Check if self-employed PTIN: **P00177237**

Firm's name ▶ **COLE & REED, P.C.** Firm's EIN ▶ **73-1312422**
 Firm's address ▶ **531 COUCH DR OKLAHOMA CITY, OK 73102-2251** Phone no. **405-239-7961**

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

SEE SCHEDULE O

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

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ **7,547,421** including grants of\$) (Revenue \$ **8,953,640**)

HEALTHY LIVING: BEING HEALTHY MEANS MORE THAN SIMPLY BEING PHYSICALLY ACTIVE. IT'S ABOUT MAINTAINING A BALANCED SPIRIT, MIND AND BODY THROUGH A WIDE ARRAY OF GROUP EXERCISE CLASSES FROM WATER AEROBICS TO CYCLING. THE Y IS A PLACE WHERE YOU CAN WORK TOWARD THAT BALANCE BY CHALLENGING YOURSELF TO LEARN A NEW SKILL OR HOBBY, FOSTERING CONNECTIONS WITH FRIENDS THROUGH OUR LIFELONG LEARNING PROGRAMS, OR BRINGING YOUR LOVED ONES CLOSER TOGETHER THROUGH OUR MANY FAMILY-CENTERED ACTIVITIES. AT THE Y, IT'S NOT ABOUT THE ACTIVITY YOU CHOOSE AS MUCH AS IT IS ABOUT THE BENEFITS OF LIVING HEALTHIER ON THE INSIDE AS WELL AS THE OUTSIDE. SERVING FAMILIES HAS ALWAYS BEEN AT THE HEART OF THE Y. WE ARE A PLACE WHERE THEY CAN FIND RESPITE FROM SOCIAL, ECONOMIC AND EDUCATIONAL CHALLENGES, AND LEARN HOW TO OVERCOME

4b (Code:) (Expenses \$ **7,384,004** including grants of\$ **2,000**) (Revenue \$ **6,961,146**)

YOUTH DEVELOPMENT: WE BELIEVE THE VALUES AND SKILLS LEARNED EARLY ON ARE VITAL BUILDING BLOCKS FOR LIFE. BECAUSE OF THE Y, MORE YOUNG PEOPLE IN NEIGHBORHOODS AROUND OUR COMMUNITY ARE TAKING A GREATER INTEREST IN LEARNING AND MAKING SMARTER LIFE CHOICES. AT THE Y, CHILDREN AND TEENS LEARN VALUES AND POSITIVE BEHAVIORS, AND CAN EXPLORE THEIR UNIQUE TALENTS AND INTERESTS, HELPING THEM REALIZE THEIR POTENTIAL. THAT MAKES FOR CONFIDENT KIDS TODAY AND CONTRIBUTING AND ENGAGED ADULTS TOMORROW. THE Y MAKES SURE THAT EVERY CHILD HAS AN OPPORTUNITY TO ENVISION AND PURSUE A POSITIVE FUTURE, AND TO TAKE AN ACTIVE ROLE IN STRENGTHENING HIS OR HER COMMUNITY, THROUGH PROGRAMS LIKE OUR CHILD DEVELOPMENT CENTER OR BEFORE-AND-AFTER SCHOOL PROGRAMS AND OTHERS LIKE YMCA YOUTH IN GOVERNMENT AND Y

4c (Code:) (Expenses \$ **618,223** including grants of\$ **21,950**) (Revenue \$ **393,459**)

SOCIAL RESPONSIBILITY: AS A LEADING NOT-FOR-PROFIT COMMITTED TO STRENGTHENING COMMUNITY THROUGH YOUTH DEVELOPMENT, HEALTHY LIVING AND SOCIAL RESPONSIBILITY, THE Y WAS CREATED IN RESPONSE TO SOCIAL CHALLENGES AND REMAINS TO THIS DAY A LIFELINE IN COMMUNITIES AROUND THE WORLD. THE Y UNDERSTANDS THE CHALLENGES THAT KEEP INDIVIDUALS FROM REACHING THEIR FULL POTENTIAL AND RESPONDS WITH SERVICES AND SUPPORT WHICH HELP PEOPLE TO BE SELF-RELIANT, PRODUCTIVE AND CONNECTED TO THE COMMUNITY. EACH Y RESPONDS TO THE UNIQUE ISSUES INFLUENCING THE COMMUNITY AND PROVIDES SUPPORT THROUGH SERVICES FOCUSED ON CRITICAL AREAS, SUCH AS CHILD WELFARE, COMMUNITY HEALTH, QUALITY OF LIFE OR FAMILY SERVICES. TO BRING ABOUT MEANINGFUL CHANGE, INDIVIDUALS NEED ONGOING ENCOURAGEMENT AND TOOLS. WE'RE HERE DAY-

4d Other program services. (Describe in Schedule O.)

(Expenses \$ including grants of\$) (Revenue \$)

4e Total program service expenses ► **15,549,648**

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

| | | Yes | No |
|------------|--|-----|----|
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | | |
| 1b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | | |
| 1c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | | |
| 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 | | |
| 2b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions) | X | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | | X |
| 3b | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | | |
| 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)? | | X |
| 4b | 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? | | X |
| 5b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | X |
| 5c | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | | |
| 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? | | X |
| 6b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | |
| 7a | 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? | X | |
| 7b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | X | |
| 7c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | X |
| 7d | If "Yes," indicate the number of Forms 8282 filed during the year | | |
| 7e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | X |
| 7f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | X |
| 7g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | X | |
| 7h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | X | |
| 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? | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | |
| 9a | Did the organization make any taxable distributions under section 4966? | | |
| 9b | Did the organization make a distribution to a donor, donor advisor, or related person? | | |
| 10 | Section 501(c)(7) organizations. Enter: | | |
| 10a | Initiation fees and capital contributions included on Part VIII, line 12 | | |
| 10b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | |
| 11 | Section 501(c)(12) organizations. Enter: | | |
| 11a | Gross income from members or shareholders | | |
| 11b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | | |
| 12b | 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. | | |
| 13a | 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. | | |
| 13b | 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 | | |
| 13c | Enter the amount of reserves on hand | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | | X |
| 14b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | | |

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

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

Section A. Governing Body and Management

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

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

| | | Yes | No |
|------------|--|-------------------------------------|-------------------------------------|
| 10a | Does the organization have local chapters, branches, or affiliates? | <input checked="" type="checkbox"/> | |
| 10b | 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? | <input checked="" type="checkbox"/> | |
| 11a | Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? | <input checked="" type="checkbox"/> | |
| 11b | 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 | <input checked="" type="checkbox"/> | |
| 12b | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | <input checked="" type="checkbox"/> | |
| 12c | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done | <input checked="" type="checkbox"/> | |
| 13 | Does the organization have a written whistleblower policy? | <input checked="" type="checkbox"/> | |
| 14 | Does the organization have a written document retention and destruction policy? | <input checked="" type="checkbox"/> | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | |
| 15a | The organization's CEO, Executive Director, or top management official | <input checked="" type="checkbox"/> | |
| 15b | Other officers or key employees of the organization | <input checked="" type="checkbox"/> | |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.) | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | | <input checked="" type="checkbox"/> |
| 16b | 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? | | |

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **▶ OK**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **▶ DONALD R HARRIS, VP & CFO 500 N BROADWAY, STE 500 OKLAHOMA CITY OK 73102-6298 405-297-7720**

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

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

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

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

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

Check this box if neither the organization nor any related organizations compensated any current officer, director, or trustee.

| (A) Name and Title | (B) Average hours per week (describe hours for related organizations in Schedule O) | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) DAVID R HARLOW BOARD MEMBER | 1.00 | X | | | | | 0 | 0 | 0 | |
| (2) DAVID THOMPSON CHAIRMAN | 5.00 | X | | | | | 0 | 0 | 0 | |
| (3) FORD PRICE CHAIRMAN ELECT | 5.00 | X | | | | | 0 | 0 | 0 | |
| (4) LEE SYMCOX BOARD MEMBER | 1.00 | X | | | | | 0 | 0 | 0 | |
| (5) DAVID HOUSTON BOARD MEMBER | 1.00 | X | | | | | 0 | 0 | 0 | |
| (6) ELBY BEAL BOARD MEMBER | 1.00 | X | | | | | 0 | 0 | 0 | |
| (7) MARK BEFFORT BOARD MEMBER | 1.00 | X | | | | | 0 | 0 | 0 | |
| (8) ALFRED BRANCH BOARD MEMBER | 1.00 | X | | | | | 0 | 0 | 0 | |
| (9) RICHARD L CLEMENTS BOARD MEMBER | 1.00 | X | | | | | 0 | 0 | 0 | |
| (10) SEAN CUMMINGS BOARD MEMBER | 1.00 | X | | | | | 0 | 0 | 0 | |
| (11) WALT DUNCAN IV BOARD MEMBER | 1.00 | X | | | | | 0 | 0 | 0 | |
| (12) TRICIA EVEREST SECRETARY | 3.00 | X | | | | | 0 | 0 | 0 | |
| (13) JAMES FARRIS BOARD MEMBER | 1.00 | X | | | | | 0 | 0 | 0 | |
| (14) MARK W FUNKE BOARD MEMBER | 1.00 | X | | | | | 0 | 0 | 0 | |
| (15) JIM GEBHART BOARD MEMBER | 1.00 | X | | | | | 0 | 0 | 0 | |
| (16) JENNIFER GRIGSBY BOARD MEMBER | 1.00 | X | | | | | 0 | 0 | 0 | |

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

| (A) Name and Title | (B) Average hours per week (describe hours for related organizations in Schedule O) | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (17) J PATRICK HARE BOARD MEMBER | 1.00 | X | | | | | | 0 | 0 | 0 |
| (18) ED HEINEN BOARD MEMBER | 1.00 | X | | | | | | 0 | 0 | 0 |
| (19) JOE HODGES BOARD MEMBER | 1.00 | X | | | | | | 0 | 0 | 0 |
| (20) RHONDA HOOPER BOARD MEMBER | 1.00 | X | | | | | | 0 | 0 | 0 |
| (21) CHRIS KENNEY BOARD MEMBER | 1.00 | X | | | | | | 0 | 0 | 0 |
| (22) FRANK RUDOLPH BOARD MEMBER | 1.00 | X | | | | | | 0 | 0 | 0 |
| (23) TOM KUPIEC BOARD MEMBER | 1.00 | X | | | | | | 0 | 0 | 0 |
| (24) KELLI MASTERS BOARD MEMBER | 1.00 | X | | | | | | 0 | 0 | 0 |
| (25) MARK MCCUBBIN BOARD MEMBER | 1.00 | X | | | | | | 0 | 0 | 0 |
| (26) RICK MCCUNE TREASURER | 3.00 | X | | | | | | 0 | 0 | 0 |
| (27) CAPLE SPENCE BOARD MEMBER | 1.00 | X | | | | | | 0 | 0 | 0 |
| (28) P MARK MOORE BOARD MEMBER | 1.00 | X | | | | | | 0 | 0 | 0 |
| 1b Sub-total | | | | | | | | | | |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | 458,860 | | 85,762 |
| d Total (add lines 1b and 1c) | | | | | | | | 458,860 | | 85,762 |

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

| | Yes | No |
|---|----------|----------|
| 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual | | X |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual | X | |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person | | X |

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

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

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

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

| (A) Name and Title | (B) Average hours per week (describe hours for related organizations in Schedule O) | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (17) RICHARD NIX BOARD MEMBER | 1.00 | X | | | | | 0 | 0 | 0 | |
| (18) CATHY O'CONNOR BOARD MEMBER | 1.00 | X | | | | | 0 | 0 | 0 | |
| (19) MARGARET FREEDER BOARD MEMBER | 1.00 | X | | | | | 0 | 0 | 0 | |
| (20) SEAN TRAUSCHKE BOARD MEMBER | 1.00 | X | | | | | 0 | 0 | 0 | |
| (21) ED SANCHEZ BOARD MEMBER | 1.00 | X | | | | | 0 | 0 | 0 | |
| (22) LORI TYLER BOARD MEMBER | 1.00 | X | | | | | 0 | 0 | 0 | |
| (23) BILL SNIPES BOARD MEMBER | 1.00 | X | | | | | 0 | 0 | 0 | |
| (24) DOUG STUSSI BOARD MEMBER | 1.00 | X | | | | | 0 | 0 | 0 | |
| (25) JACK TALLEY VICE CHAIRMAN | 5.00 | X | | | | | 0 | 0 | 0 | |
| (26) RANDY THURMAN BOARD MEMBER | 1.00 | X | | | | | 0 | 0 | 0 | |
| (27) GENA TIMBERMAN BOARD MEMBER | 1.00 | X | | | | | 0 | 0 | 0 | |
| (28) G RAINEY WILLIAMS, JR. BOARD MEMBER | 1.00 | X | | | | | 0 | 0 | 0 | |
| 1b Sub-total | | | | | | | | | | |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | | | |
| d Total (add lines 1b and 1c) | | | | | | | | | | |

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

| | Yes | No |
|---|-----|----|
| 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual | | |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual | | |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person | | |

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

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

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

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

| (A) Name and Title | (B) Average hours per week (describe hours for related organizations in Schedule O) | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|--|-----------------------|---------|--------------|------------------------------|----------------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (17) TED CLAY COUNCIL REP | 3.00 | X | | | | | 0 | 0 | 0 | |
| (18) JASON BELL COUNCIL REP | 3.00 | X | | | | | 0 | 0 | 0 | |
| (19) KEVIN CALABRESE COUNCIL REP | 3.00 | X | | | | | 0 | 0 | 0 | |
| (20) KODI FISHER COUNCIL REP | 3.00 | X | | | | | 0 | 0 | 0 | |
| (21) HUGH KILLBLANE COUNCIL REP | 3.00 | X | | | | | 0 | 0 | 0 | |
| (22) MIKE MOSLEY COUNCIL REP | 3.00 | X | | | | | 0 | 0 | 0 | |
| (23) SARA KERSEY COUNCIL REP | 3.00 | X | | | | | 0 | 0 | 0 | |
| (24) MATT PAGUE COUNCIL REP | 3.00 | X | | | | | 0 | 0 | 0 | |
| (25) MICHAEL S. GRADY PRESIDENT & CEO | 50.00 | | | X | | | 198,961 | 0 | 34,194 | |
| (26) KELLY KAY VP & COO | 50.00 | | | X | | | 96,424 | 0 | 25,699 | |
| (27) DONALD R. HARRIS VP & CFO | 50.00 | | | X | | | 95,684 | 0 | 11,675 | |
| (28) LONNIE L. COURTRIGHT VP PROPERTY | 50.00 | | | X | | | 67,791 | 0 | 14,194 | |
| 1b Sub-total | | | | | | | 458,860 | | 85,762 | |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | | | |
| d Total (add lines 1b and 1c) | | | | | | | | | | |

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

| | Yes | No |
|---|-----|----|
| 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual | 3 | |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual | 4 | |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person | 5 | |

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

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

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

Part VIII Statement of Revenue

| | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 | |
|--|--|--------------------------------|----------------------|--|---|---|--|
| Contributions, gifts, grants and other similar amounts | 1a Federated campaigns | 1a 202,000 | | | | | |
| | b Membership dues | 1b | | | | | |
| | c Fundraising events | 1c 37,054 | | | | | |
| | d Related organizations | 1d | | | | | |
| | e Government grants (contributions) | 1e 9,000 | | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f 1,278,860 | | | | | |
| | g Noncash contributions included in lines 1a-1f: \$ | 2,806 | | | | | |
| | h Total. Add lines 1a-1f | | 1,526,914 | | | | |
| Program Service Revenue | 2a HEALTHY LIVING | Busn. Code 900099 | 8,953,640 | 8,953,640 | | | |
| | b YOUTH DEVELOPMENT | 900099 | 6,961,146 | 6,961,146 | | | |
| | c SOCIAL RESPONSIBILITY | 900099 | 393,459 | 393,459 | | | |
| | d | | | | | | |
| | e | | | | | | |
| | f All other program service revenue | | | | | | |
| | g Total. Add lines 2a-2f | | 16,308,245 | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | 211,639 | | | 211,639 | |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | | |
| | 5 Royalties | | 27,578 | | | 27,578 | |
| | 6a Gross Rents | (i) Real | 141,951 | | | | |
| | | (ii) Personal | | | | | |
| | b Less: rental exps. | 220,351 | | | | | |
| | c Rental inc. or (loss) | -78,400 | | | | | |
| | d Net rental income or (loss) | | -78,400 | | | -78,400 | |
| | 7a Gross amount from sales of assets other than inventory | (i) Securities | 3,159,585 | | | | |
| | | (ii) Other | 5,000 | | | | |
| | b Less: cost or other basis & sales exps. | 3,055,068 | 41,101 | | | | |
| | c Gain or (loss) | 104,517 | -36,101 | | | | |
| | d Net gain or (loss) | | 68,416 | | | 68,416 | |
| | 8a Gross income from fundraising events (not including \$ 37,054 of contributions reported on line 1c). See Part IV, line 18 | a | 48,839 | | | | |
| | | b Less: direct expenses | 46,564 | | | | |
| c Net income or (loss) from fundraising events | | | 2,275 | | | 2,275 | |
| 9a Gross income from gaming activities. See Part IV, line 19 | a | | | | | | |
| | b Less: direct expenses | | | | | | |
| | c Net income or (loss) from gaming activities | | | | | | |
| 10a Gross sales of inventory, less returns and allowances | a | 228,579 | | | | | |
| | b Less: cost of goods sold | 165,078 | | | | | |
| | c Net income or (loss) from sales of inventory | | 63,501 | | | 63,501 | |
| Miscellaneous Revenue | | Busn. Code | | | | | |
| 11a | | | | | | | |
| b | | | | | | | |
| c | | | | | | | |
| d All other revenue | | | | | | | |
| e Total. Add lines 11a-11d | | | | | | | |
| 12 Total revenue. See instructions. | | | 18,130,168 | 16,308,245 | 0 | 295,009 | |

Part IX Statement of Functional Expenses

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 | 20,950 | 20,950 | | |
| 2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 | | | | |
| 3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 | 3,000 | 3,000 | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 491,657 | | 491,657 | |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | 7,159,749 | 6,507,743 | 451,798 | 200,208 |
| 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | 460,018 | 361,280 | 90,938 | 7,800 |
| 9 Other employee benefits | 462,421 | 358,636 | 75,666 | 28,119 |
| 10 Payroll taxes | 709,021 | 616,484 | 74,360 | 18,177 |
| 11 Fees for services (non-employees): | | | | |
| a Management | | | | |
| b Legal | 1,565 | | 1,565 | |
| c Accounting | 31,529 | | 31,529 | |
| d Lobbying | 21,834 | | 21,834 | |
| e Professional fundraising services. See Part IV, line 7 | | | | |
| f Investment management fees | | | | |
| g Other | 291,667 | 284,991 | 6,676 | |
| 12 Advertising and promotion | 329,009 | 223,559 | 38,636 | 66,814 |
| 13 Office expenses | 1,196,401 | 1,124,753 | 31,354 | 40,294 |
| 14 Information technology | 296,354 | | 296,354 | |
| 15 Royalties | | | | |
| 16 Occupancy | 2,955,891 | 2,756,890 | 96,740 | 102,261 |
| 17 Travel | 452,841 | 356,478 | 81,810 | 14,553 |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 142,537 | 86,566 | 51,104 | 4,867 |
| 20 Interest | 248,391 | 242,096 | | 6,295 |
| 21 Payments to affiliates | 201,058 | | 201,058 | |
| 22 Depreciation, depletion, and amortization | 1,157,771 | 1,044,046 | 68,846 | 44,879 |
| 23 Insurance | 387,806 | 364,697 | 125 | 22,984 |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.) | | | | |
| a EQUIPMENT COSTS | 1,210,080 | 1,118,443 | 76,588 | 15,049 |
| b MISCELLANEOUS EXPENSES | 79,386 | 61,395 | 17,306 | 685 |
| c ORGANIZATION DUES | 36,234 | 17,641 | 15,995 | 2,598 |
| d | | | | |
| e | | | | |
| f All other expenses | | | | |
| 25 Total functional expenses. Add lines 1 through 24f | 18,347,170 | 15,549,648 | 2,221,939 | 575,583 |
| 26 Joint costs. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation | | | | |

Part X Balance Sheet

| | | (A) | | (B) |
|------------------------------------|--|---|----------------|-------------|
| | | Beginning of year | | End of year |
| Assets | 1 | Cash—non-interest bearing | | 1 |
| | 2 | Savings and temporary cash investments | 2,755,899 | 2 |
| | 3 | Pledges and grants receivable, net | 281,685 | 3 |
| | 4 | Accounts receivable, net | 184,865 | 4 |
| | 5 | Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | | 5 |
| | 6 | Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) | | 6 |
| | 7 | Notes and loans receivable, net | | 7 |
| | 8 | Inventories for sale or use | 49,013 | 8 |
| | 9 | Prepaid expenses and deferred charges | 840,801 | 9 |
| | 10a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 41,617,888 | |
| | b | Less: accumulated depreciation | 10b 15,858,825 | 10c |
| | 11 | Investments—publicly traded securities | 6,056,000 | 11 |
| | 12 | Investments—other securities. See Part IV, line 11 | 300,000 | 12 |
| | 13 | Investments—program-related. See Part IV, line 11 | | 13 |
| | 14 | Intangible assets | | 14 |
| | 15 | Other assets. See Part IV, line 11 | | 15 |
| 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 37,100,939 | 16 | |
| Liabilities | 17 | Accounts payable and accrued expenses | 1,649,897 | 17 |
| | 18 | Grants payable | | 18 |
| | 19 | Deferred revenue | 464,295 | 19 |
| | 20 | Tax-exempt bond liabilities | 4,546,285 | 20 |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 |
| | 22 | Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | | 22 |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | 23 |
| | 24 | Unsecured notes and loans payable to unrelated third parties | 429,351 | 24 |
| | 25 | Other liabilities. Complete Part X of Schedule D | | 25 |
| | 26 | Total liabilities. Add lines 17 through 25 | 7,089,828 | 26 |
| Net Assets or Fund Balances | Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | |
| | 27 | Unrestricted net assets | 22,983,882 | 27 |
| | 28 | Temporarily restricted net assets | 3,137,275 | 28 |
| | 29 | Permanently restricted net assets | 3,889,954 | 29 |
| | Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34. | | | |
| | 30 | Capital stock or trust principal, or current funds | | 30 |
| | 31 | Paid-in or capital surplus, or land, building, or equipment fund | | 31 |
| | 32 | Retained earnings, endowment, accumulated income, or other funds | | 32 |
| | 33 | Total net assets or fund balances | 30,011,111 | 33 |
| 34 | Total liabilities and net assets/fund balances | 37,100,939 | 34 | |

Part XI Reconciliation of Net Assets

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

| | | | |
|----------|--|----------|-------------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 18,130,168 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 18,347,170 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | -217,002 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 30,011,111 |
| 5 | Other changes in net assets or fund balances (explain in Schedule O) | 5 | -84,035 |
| 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 | 29,710,074 |

Part XII Financial Statements and Reporting

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

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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

Name of the organization **YOUNG MEN'S CHRISTIAN ASSOCIATION
OF GREATER OKLAHOMA CITY**

Employer identification number
73-0579270

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III—Functionally integrated
 - d Type III—Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

| | Yes | No |
|----------|-----|----|
| 11g(i) | | |
| 11g(ii) | | |
| 11g(iii) | | |

h Provide the following information about the supported organization(s).

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

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

Schedule A (Form 990 or 990-EZ) 2010

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1 through 3 | | | | | | |
| 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 | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 7 Amounts from line 4 | | | | | | |
| 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, etc. (see instructions) 12

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

Section C. Computation of Public Support Percentage

| | | |
|--|----|---|
| 14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) | 14 | % |
| 15 Public support percentage from 2009 Schedule A, Part II, line 14 | 15 | % |

16a 33 1/3% support test—2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

b 33 1/3% support test—2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

17a 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ►

b 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ►

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ►

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
|---|------------|------------|------------|------------|------------|------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 2,057,595 | 1,520,689 | 1,720,003 | 1,648,372 | 1,526,914 | 8,473,573 |
| 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 | 14,864,235 | 15,668,260 | 15,819,093 | 15,620,497 | 16,536,824 | 78,508,909 |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | 5,000 | 12,400 | 15,000 | 67,500 | 90,000 | 189,900 |
| 6 Total. Add lines 1 through 5 | 16,926,830 | 17,201,349 | 17,554,096 | 17,336,369 | 18,153,738 | 87,172,382 |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support (Subtract line 7c from line 6.) | | | | | | 87,172,382 |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
|---|------------|------------|------------|------------|------------|------------|
| 9 Amounts from line 6 | 16,926,830 | 17,201,349 | 17,554,096 | 17,336,369 | 18,153,738 | 87,172,382 |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 521,673 | 492,259 | 398,160 | 308,317 | 381,168 | 2,101,577 |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | 521,673 | 492,259 | 398,160 | 308,317 | 381,168 | 2,101,577 |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | 17,448,503 | 17,693,608 | 17,952,256 | 17,644,686 | 18,534,906 | 89,273,959 |
| 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | |
|--|-----------|--------|
| 15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)) | 15 | 97.65% |
| 16 Public support percentage from 2009 Schedule A, Part III, line 15 | 16 | 97.60% |

Section D. Computation of Investment Income Percentage

| | | |
|--|-----------|----|
| 17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)) | 17 | 2% |
| 18 Investment income percentage from 2009 Schedule A, Part III, line 17 | 18 | 2% |

- 19a 33 1/3% support tests—2010.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶
- b 33 1/3% support tests—2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶

Part IV Supplemental Information. Complete this part to 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).

Dotted lines for supplemental information.

Schedule of Contributors

2010

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

| | |
|---|---|
| Name of the organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER OKLAHOMA CITY | Employer identification number 73-0579270 |
|---|---|

Organization type (check one):

- Filers of: Section:
- Form 990 or 990-EZ 501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

- For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$

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

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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), 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 35a (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization **YOUNG MEN'S CHRISTIAN ASSOCIATION
OF GREATER OKLAHOMA CITY**

Employer identification number
73-0579270

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ▶ \$ _____
- 3 Volunteer hours _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds. If none, enter -0- | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0- |
|----------|-------------|---------|--|---|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |

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

Schedule C (Form 990 or 990-EZ) 2010

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**A** Check if the filing organization belongs to an affiliated group.**B** Check if the filing organization checked box A and "limited control" provisions apply.

| Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) | | (a) Filing organization's totals | (b) Affiliated group totals | | | | | | | | | | | | |
|---|--|---|--|--------------------|-------------------------------|---|--|---|--|--|---|-------------------|--------------|--|--|
| 1a Total lobbying expenditures to influence public opinion (grass roots lobbying) | | | | | | | | | | | | | | | |
| b Total lobbying expenditures to influence a legislative body (direct lobbying) | | 21,834 | | | | | | | | | | | | | |
| c Total lobbying expenditures (add lines 1a and 1b) | | 21,834 | | | | | | | | | | | | | |
| d Other exempt purpose expenditures | | 18,325,336 | | | | | | | | | | | | | |
| e Total exempt purpose expenditures (add lines 1c and 1d) | | 18,347,170 | | | | | | | | | | | | | |
| f Lobbying nontaxable amount. Enter the amount from the following table in both columns. | | 1,000,000 | | | | | | | | | | | | | |
| <table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table> | | If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e. | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | Over \$17,000,000 | \$1,000,000. | | |
| If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | | | | | | | | | | | | | | |
| Not over \$500,000 | 20% of the amount on line 1e. | | | | | | | | | | | | | | |
| Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | | | | | | | | | | | | | | |
| Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | | | | | | | | | | | | | | |
| Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | | | | | | | | | | | | | | |
| Over \$17,000,000 | \$1,000,000. | | | | | | | | | | | | | | |
| g Grassroots nontaxable amount (enter 25% of line 1f) | | 250,000 | | | | | | | | | | | | | |
| h Subtract line 1g from line 1a. If zero or less, enter -0- | | 0 | | | | | | | | | | | | | |
| i Subtract line 1f from line 1c. If zero or less, enter -0- | | 0 | | | | | | | | | | | | | |
| j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | |

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

| 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 nontaxable amount | 1,000,000 | 1,000,000 | 1,000,000 | 1,000,000 | 4,000,000 |
| b Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | 6,000,000 |
| c Total lobbying expenditures | 12,990 | 12,960 | 13,644 | 21,834 | 61,428 |
| d Grassroots nontaxable amount | 250,000 | 250,000 | 250,000 | 250,000 | 1,000,000 |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | 1,500,000 |
| f Grassroots lobbying expenditures | | | 1,000 | | 1,000 |

Schedule C (Form 990 or 990-EZ) 2010

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

Table with 3 main columns: Question, (a) Yes/No, and (b) Amount. Rows include questions about influencing legislation, volunteers, staff, media, mailings, publications, grants, direct contact, rallies, and other activities.

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

Table with 3 main columns: Question, Yes, and No. Rows include questions about dues being nondeductible, lobbying expenditures, and carryover lobbying.

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."

Table with 3 main columns: Question, Yes, and No. Rows include questions about dues, lobbying expenditures (current and carryover), aggregate amount, and taxable amount.

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.

Series of horizontal dotted lines for providing supplemental information.

Part IV Supplemental Information (continued)

[Area for supplemental information with horizontal dotted lines for writing.]

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990. See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization: YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER OKLAHOMA CITY
Employer identification number: 73-0579270

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

Table with 3 columns: Question number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

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

Questions 1-9 regarding conservation easements. Includes checkboxes for various purposes and a table for 'Held at the End of the Tax Year' with rows 2a-2d.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Questions 1a-1b and 2 regarding collections of art and historical treasures. Includes fields for revenues and assets.

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange programs
- e** Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

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

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

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

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

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

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

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

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

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | 6,320,027 | 5,560,427 | 4,805,447 | | |
| b Contributions | 14,537 | 58,009 | 224,145 | | |
| c Net investment earnings, gains, and losses | 219,960 | 941,811 | 791,921 | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | 259,925 | 240,220 | 261,086 | | |
| f Administrative expenses | | | | | |
| g End of year balance | 6,294,599 | 6,320,027 | 5,560,427 | | |

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

- a** Board designated or quasi-endowment ▶ **9.41 %**
- b** Permanent endowment ▶ **62.57 %**
- c** Term endowment ▶ **28.02 %**

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

| | Yes | No |
|--|----------|----------|
| (i) unrelated organizations | X | |
| (ii) related organizations | | X |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | | |

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

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

| Description of investment | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|-------------------|
| 1a Land | | 1,479,849 | | 1,479,849 |
| b Buildings | | 37,136,207 | 13,928,679 | 23,207,528 |
| c Leasehold improvements | | 870,000 | 119,625 | 750,375 |
| d Equipment | | 2,131,832 | 1,810,521 | 321,311 |
| e Other | | | | |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶ | | | | 25,759,063 |

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

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

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

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

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

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

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

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

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

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

| | | | |
|----|--|----|------------|
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | 1 | 18,130,168 |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 2 | 18,347,170 |
| 3 | Excess or (deficit) for the year. Subtract line 2 from line 1 | 3 | -217,002 |
| 4 | Net unrealized gains (losses) on investments | 4 | -84,035 |
| 5 | Donated services and use of facilities | 5 | |
| 6 | Investment expenses | 6 | |
| 7 | Prior period adjustments | 7 | |
| 8 | Other (Describe in Part XIV.) | 8 | |
| 9 | Total adjustments (net). Add lines 4 through 8 | 9 | -84,035 |
| 10 | Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 | 10 | -301,037 |

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

| | | | |
|---|---|----|------------|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 18,356,484 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| a | Net unrealized gains on investments | 2a | -84,035 |
| b | Donated services and use of facilities | 2b | 90,000 |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIV.) | 2d | |
| e | Add lines 2a through 2d | 2e | 5,965 |
| 3 | Subtract line 2e from line 1 | 3 | 18,350,519 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIV.) | 4b | -220,351 |
| c | Add lines 4a and 4b | 4c | -220,351 |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 5 | 18,130,168 |

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

| | | | |
|---|--|----|------------|
| 1 | Total expenses and losses per audited financial statements | 1 | 18,657,521 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| a | Donated services and use of facilities | 2a | 90,000 |
| b | Prior year adjustments | 2b | |
| c | Other losses | 2c | |
| d | Other (Describe in Part XIV.) | 2d | |
| e | Add lines 2a through 2d | 2e | 90,000 |
| 3 | Subtract line 2e from line 1 | 3 | 18,567,521 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIV.) | 4b | -220,351 |
| c | Add lines 4a and 4b | 4c | -220,351 |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5 | 18,347,170 |

Part XIV Supplemental Information

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

PART V, LINE 4 - INTENDED USES FOR ENDOWMENT FUNDS

EARNINGS FROM ENDOWMENT FUNDS ARE USED TO SUPPORT THE PROGRAMS OF THE ASSOCIATION BY PROVIDING FUNDS TO UNDERWRITE PROGRAMS AND MAINTAIN FACILITIES OF THE ASSOCIATION.

PART XI, LINE 8 - RECONCILIATION OF CHANGES - OTHER

RENTAL EXPENSE \$ 220,351

Part XIV Supplemental Information (continued)

RENTAL EXPENSE \$ **-220,351**

PART XII, LINE 4B - REVENUE AMOUNTS INCLUDED ON RETURN - OTHER

RENTAL EXPENSE \$ **-220,351**

PART XIII, LINE 4B - EXPENSE AMOUNTS INCLUDED ON RETURN - OTHER

RENTAL EXPENSE \$ **-220,351**

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

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open To Public Inspection

Name of the organization **YOUNG MEN'S CHRISTIAN ASSOCIATION
OF GREATER OKLAHOMA CITY**

Employer identification number
73-0579270

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

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

- a** Mail solicitations
- b** Internet and email solicitations
- c** Phone solicitations
- d** In-person solicitations
- e** Solicitation of non-government grants
- f** Solicitation of government grants
- g** Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

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

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

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.....

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

| | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events |
|--|--|--|---------------------------------------|----------------------------|---------------------------------|
| | | <u>GOLF TOURNAMENT</u> (event type) | <u>EARLYWINE DASH</u> (event type) | <u>5</u> (total number) | (add col. (a) through col. (c)) |
| Revenue | 1 Gross receipts | 41,605 | 22,230 | 22,058 | 85,893 |
| | 2 Less: Charitable contributions | 20,755 | 11,220 | 5,079 | 37,054 |
| | 3 Gross income (line 1 minus line 2) | 20,850 | 11,010 | 16,979 | 48,839 |
| Direct Expenses | 4 Cash prizes | | | | |
| | 5 Noncash prizes | 3,600 | 4,372 | | 7,972 |
| | 6 Rent/facility costs | 8,460 | 345 | 8,805 | 17,610 |
| | 7 Food and beverages | 1,320 | | 2,294 | 3,614 |
| | 8 Entertainment | | | | |
| | 9 Other direct expenses | 1,518 | 9,378 | 6,472 | 17,368 |
| | 10 Direct expense summary. Add lines 4 through 9 in column (d) | | | | 46,564 |
| 11 Net income summary. Combine line 3, column (d), and line 10 | | | | 2,275 | |

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

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

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

a Is the organization licensed to operate gaming activities in each of these states? 9a Yes No

b If "No," explain:

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

b If "Yes," explain:

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

| | |
|-----|---|
| 13a | % |
| 13b | % |
 - b An outside facility

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

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

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

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**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

Name of the organization **YOUNG MEN'S CHRISTIAN ASSOCIATION
OF GREATER OKLAHOMA CITY**

Employer identification number
73-0579270

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

| 1 | (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|-----|---|-------------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (1) | YMCA OF THE USA 101 N WACKER DR CHICAGO IL 60606 | 36-3258696 | 3 | 17,750 | | | | WORLD SERVICE |
| (2) | | | | | | | | |
| (3) | | | | | | | | |
| (4) | | | | | | | | |
| (5) | | | | | | | | |
| (6) | | | | | | | | |
| (7) | | | | | | | | |
| (8) | | | | | | | | |
| (9) | | | | | | | | |

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

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

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |

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

PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS
 DONATIONS ARE MADE, TYPICALLY TO NATIONAL YMCA RELATED ENTITIES, BASED ON
 AN APPEAL FOR NEED. WE RECEIVE REPORTS BACK FROM THE ENTITY INDICATING THE
 ACCOMPLISHMENTS OF THE ENTITY.

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open To Public Inspection

**YOUNG MEN'S CHRISTIAN ASSOCIATION
OF GREATER OKLAHOMA CITY**

Employer identification number
73-0579270

Part I Questions Regarding Compensation

| | Yes | No |
|---|----------|----------|
| 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. | | |
| <input type="checkbox"/> First-class or charter travel | | |
| <input checked="" type="checkbox"/> Travel for companions | | |
| <input type="checkbox"/> Tax indemnification and gross-up payments | | |
| <input type="checkbox"/> Discretionary spending account | | |
| <input type="checkbox"/> Housing allowance or residence for personal use | | |
| <input type="checkbox"/> Payments for business use of personal residence | | |
| <input checked="" type="checkbox"/> Health or social club dues or initiation fees | | |
| <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) | | |
| b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain | X | |
| 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? | X | |
| 3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. | | |
| <input checked="" type="checkbox"/> Compensation committee | | |
| <input type="checkbox"/> Independent compensation consultant | | |
| <input type="checkbox"/> Form 990 of other organizations | | |
| <input type="checkbox"/> Written employment contract | | |
| <input checked="" type="checkbox"/> Compensation survey or study | | |
| <input checked="" type="checkbox"/> Approval by the board or compensation committee | | |
| 4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: | | |
| a Receive a severance payment or change-of-control payment from the organization or a related organization? | | X |
| b Participate in, or receive payment from, a supplemental nonqualified retirement plan? | | X |
| c Participate in, or receive payment from, an equity-based compensation arrangement? | | X |
| If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III. | | |
| Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5–9. | | |
| 5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: | | |
| a The organization? | | X |
| b Any related organization? | | X |
| If "Yes" to line 5a or 5b, describe in Part III. | | |
| 6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: | | |
| a The organization? | X | |
| b Any related organization? | | X |
| If "Yes" to line 6a or 6b, describe in Part III. | | |
| 7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III | | X |
| 8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III | | X |
| 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? | | |

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

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

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

| | (A) Name | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)–(D) | (F) Compensation reported in prior Form 990 or Form 990-EZ |
|----|------------------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|--|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| 1 | MICHAEL S. GRADY | (i) 182,501 (ii) 0 | (i) 9,724 (ii) 0 | (i) 6,736 (ii) 0 | 25,038 0 | 9,156 0 | 233,155 0 | 0 0 |
| 2 | | (i) . (ii) . | | | | | | |
| 3 | | (i) . (ii) . | | | | | | |
| 4 | | (i) . (ii) . | | | | | | |
| 5 | | (i) . (ii) . | | | | | | |
| 6 | | (i) . (ii) . | | | | | | |
| 7 | | (i) . (ii) . | | | | | | |
| 8 | | (i) . (ii) . | | | | | | |
| 9 | | (i) . (ii) . | | | | | | |
| 10 | | (i) . (ii) . | | | | | | |
| 11 | | (i) . (ii) . | | | | | | |
| 12 | | (i) . (ii) . | | | | | | |
| 13 | | (i) . (ii) . | | | | | | |
| 14 | | (i) . (ii) . | | | | | | |
| 15 | | (i) . (ii) . | | | | | | |
| 16 | | (i) . (ii) . | | | | | | |

Part III Supplemental Information

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

PART I, LINE 6A - COMPENSATION CONTINGENT UPON NET EARNINGS OF ORGANIZATION

THE COMPENSATION COMMITTEE GRANTED THE CEO INCENTIVE COMPENSATION OF 5% OF

THE CEO'S BASE SALARY BASED ON THE CHANGE IN NET ASSETS OF THE OPERATING

FUND EXCEEDING 10% OF THE BUDGETED CHANGE IN NET ASSETS OF THE OPERATING

FUND.

**SCHEDULE K
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part V.

▶ Attach to Form 990.

▶ See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization **YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER OKLAHOMA CITY** Employer identification number **73-0579270**

Part I Bond Issues

| (a) Issuer name | (b) Issuer EIN | (c) CUSIP # | (d) Date issued | (e) Issue price | (f) Description of purpose | (g) Defeased | | (h) On behalf of issuer | | (i) Pooled financing | |
|--|-------------------|------------------|-----------------|------------------|-----------------------------|--------------|----------|-------------------------|----------|----------------------|----------|
| | | | | | | Yes | No | Yes | No | Yes | No |
| A OKLAHOMA INDUSTRIES AUTHORITY | 73-6194355 | 679103000 | 09/01/06 | 5,340,288 | RETIREMENT OF CONSTR | | X | | X | | X |
| B | | | | | | | | | | | |
| C | | | | | | | | | | | |
| D | | | | | | | | | | | |

Part II Proceeds

| | A | B | C | D |
|--|------------------|----------|-----|----|
| 1 Amount of bonds retired | 935,000 | | | |
| 2 Amount of bonds legally defeased | | | | |
| 3 Total proceeds of issue | 5,395,000 | | | |
| 4 Gross proceeds in reserve funds | 410,891 | | | |
| 5 Capitalized interest from proceeds | | | | |
| 6 Proceeds in refunding escrows | | | | |
| 7 Issuance costs from proceeds | 173,437 | | | |
| 8 Credit enhancement from proceeds | | | | |
| 9 Working capital expenditures from proceeds | | | | |
| 10 Capital expenditures from proceeds | 4,823,397 | | | |
| 11 Other spent proceeds | | | | |
| 12 Other unspent proceeds | | | | |
| 13 Year of substantial completion | 2006 | | | |
| | Yes | No | Yes | No |
| 14 Were the bonds issued as part of a current refunding issue? | | X | | |
| 15 Were the bonds issued as part of an advance refunding issue? | | X | | |
| 16 Has the final allocation of proceeds been made? | X | | | |
| 17 Does the organization maintain adequate books and records to support the final allocation of proceeds? | X | | | |

Part III Private Business Use

| | A | | B | | C | | D | |
|---|-----|----------|-----|----|-----|----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? | | X | | | | | | |
| 2 Are there any lease arrangements that may result in private business use of bond-financed property? | | X | | | | | | |

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

Schedule K (Form 990) 2010

Part III Private Business Use (Continued)

| | A | | B | | C | | D | |
|---|----------|----------|-----|----|-----|----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 3a Are there any management or service contracts that may result in private business use of bond-financed property? | | X | | | | | | |
| b Are there any research agreements that may result in private business use of bond-financed property? | | X | | | | | | |
| c Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property? | | X | | | | | | |
| 4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government | | | | | | | | |
| 5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government | | | | | | | | |
| 6 Total of lines 4 and 5 | | | | | | | | |
| 7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities? | X | | | | | | | |

Part IV Arbitrage

| | A | | B | | C | | D | |
|---|-----|----------|-----|----|-----|----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue? | | X | | | | | | |
| 2 Is the bond issue a variable rate issue? | | X | | | | | | |
| 3a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? | | X | | | | | | |
| b Name of provider | | | | | | | | |
| c Term of hedge | | | | | | | | |
| d Was the hedge superintegrated? | | | | | | | | |
| e Was the hedge terminated? | | | | | | | | |
| 4a Were gross proceeds invested in a GIC? | | X | | | | | | |
| b Name of provider | | | | | | | | |
| c Term of GIC | | | | | | | | |
| d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? | | | | | | | | |
| 5 Were any gross proceeds invested beyond an available temporary period? | | X | | | | | | |
| 6 Did the bond issue qualify for an exception to rebate? | | X | | | | | | |

Part V Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K (see instructions).

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Transactions With Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No. 1545-0047

2010

Open To Public Inspection

**YOUNG MEN'S CHRISTIAN ASSOCIATION
OF GREATER OKLAHOMA CITY**

Employer identification number
73-0579270

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

| 1 | (a) Name of disqualified person | (b) Description of transaction | (c) Corrected? | |
|-----|---------------------------------|--------------------------------|----------------|----|
| | | | Yes | No |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

| (a) Name of interested person and purpose | (b) Loan to or from the organization? | | (c) Original principal amount | (d) Balance due | (e) In default? | | (f) Approved by board or committee? | | (g) Written agreement? | |
|---|---------------------------------------|------|-------------------------------|-----------------|-----------------|----|-------------------------------------|----|------------------------|----|
| | | | | | Yes | No | Yes | No | Yes | No |
| | To | From | Yes | No | Yes | No | Yes | No | | |
| (1) | | | | | | | | | | |
| (2) | | | | | | | | | | |
| (3) | | | | | | | | | | |
| (4) | | | | | | | | | | |
| (5) | | | | | | | | | | |
| (6) | | | | | | | | | | |
| (7) | | | | | | | | | | |
| (8) | | | | | | | | | | |
| (9) | | | | | | | | | | |
| (10) | | | | | | | | | | |
| Total | | | | ▶ \$ | | | | | | |

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount and type of assistance |
|-------------------------------|---|-----------------------------------|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| (10) | | |

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of org. revenues? | |
|-------------------------------|---|---------------------------|--------------------------------|-------------------------------|----|
| | | | | Yes | No |
| (1) DAVID HARLOW | BANK PRESIDENT | 41,729 | BANKING FEES | | X |
| (2) RHONDA HOOPER | PRESIDENT & CEO | 120,389 | ADVERTISING SERVICES | | X |
| (3) RICHARD NIX | MANAGING DIR | 16,789 | LEGAL SERVICES | | X |
| (4) FORD PRICE | MANAGING PTR | 9,000 | PROPERTY MANAGEMENT | | X |
| (5) BILL SNIPES | PRESIDENT | 325,269 | INSURANCE SERVICES | | X |
| (6) DAVID THOMPSON | PUBLISHER | 27,580 | NEWSPAPER ADVERTISE | | X |
| (7) | | | | | |
| (8) | | | | | |
| (9) | | | | | |
| (10) | | | | | |

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

Blank lines for supplemental information.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2010

Open to Public
Inspection

Name of the organization **YOUNG MEN'S CHRISTIAN ASSOCIATION
OF GREATER OKLAHOMA CITY**

Employer identification number
73-0579270

FORM 990 - ORGANIZATION'S MISSION OR MOST SIGNIFICANT ACTIVITIES

THE MISSION OF THE YMCA IS TO PUT CHRISTIAN PRINCIPALS INTO PRACTICE THROUGH PROGRAMS THAT BUILD HEALTHY SPIRIT, MIND AND BODY FOR ALL. IT ACCOMPLISHES ITS MISSION BY PROVIDING PROGRAMS IN HEALTH & WELLNESS, CHILD CARE AND YOUTH & COMMUNITY DEVELOPMENT PARTICIPATION IS OPEN TO ALL REGARDLESS OF GENDER, AGE, RACE, ABILITIES, NATIONAL ORIGIN, RELIGION OR ABILITY TO PAY. ALL PROGRAMS AND ACTIVITIES OFFERED BY THE ASSOCIATION ARE DESIGNED AROUND ITS MISSION. IN 2011 THE ASSOCIATION PROVIDED \$1,258,442 IN DIRECT FINANCIAL ASSISTANCE AND \$608,746 IN INDIRECT FINANCIAL ASSISTANCE FOR A TOTAL OF \$1,867,188 IN TOTAL ASSISTANCE. THE ASSOCIATION SERVED APPROXIMATELY 82,000 MEMBERS AND 130,000 TOTAL PARTICIPANTS DURING FISCAL 2011.

FORM 990, PART III, LINE 4A - FIRST ACHIEVEMENT

THEM. WE HAVE A FUNDAMENTAL DESIRE TO PROVIDE OPPORTUNITIES FOR EVERY FAMILY TO BUILD STRONGER BONDS, THROUGH UNIQUE PROGRAMS, LIKE ADVENTURE GUIDES AND FAMILY NIGHTS. WE PROVIDE EDUCATIONAL PROGRAMS TO PROMOTE HEALTHIER DECISIONS, AND OFFER A VARIETY OF PROGRAMS THAT SUPPORT PHYSICAL, INTELLECTUAL AND SPIRITUAL STRENGTH, LIKE SILVER SNEAKERS AND ACTIVE OLDER ADULTS PROGRAMS. WE BELIEVE SPORTS, FUN AND EXPLORING NEW INTERESTS AREN'T JUST FOR THE YOUNG. ALONG WITH IMPROVING HEALTH, WHENEVER TEAMWORK IS INVOLVED, THERE'S THE ADDED BENEFIT OF BEING CONNECTED TO OTHERS. THAT'S WHY YOU'LL FIND A RANGE OF RECREATIONAL ACTIVITIES AT THE Y, FROM SAILING AT LAKE HEFNER TO ADULT SPORTS LEAGUES.

Name of the organization

YOUNG MEN'S CHRISTIAN ASSOCIATION

Employer identification number

73-0579270

FORM 990, PART III, LINE 4B - SECOND ACHIEVEMENT

ACHIEVERS, WHICH OFFERS CAREER EXPLORATION AND COLLEGE PREPARATION. FOR OTHERS, THE Y IS THE STARTING POINT FOR KIDS TO LEARN ABOUT BECOMING AND STAYING ACTIVE, AND DEVELOPING HEALTHY HABITS THEY'LL CARRY WITH THEM THROUGHOUT THEIR LIVES. WHETHER IT'S GAINING THE CONFIDENCE THAT COMES FROM LEARNING TO SWIM OR BUILDING THE POSITIVE RELATIONSHIPS THAT LEAD TO GOOD SPORTSMANSHIP AND TEAMWORK, PARTICIPATING IN YOUTH SPORTS PROGRAMS AT THE Y IS ABOUT BUILDING THE WHOLE CHILD, FROM THE INSIDE OUT. VERY FEW ENVIRONMENTS ARE AS SPECIAL AS CAMP, WHERE KIDS BECOME A COMMUNITY AS THEY LEARN BOTH HOW TO BE MORE INDEPENDENT AND HOW TO CONTRIBUTE TO A GROUP AS THEY ENGAGE IN PHYSICAL, SOCIAL AND EDUCATIONAL ACTIVITIES. OUR SUMMER DAY CAMPS, SPECIALTY CAMPS AND RESIDENT CAMP TEACHES SELF-RELIANCE, A LOVE FOR NATURE AND THE OUTDOORS, AND THE DEVELOPMENT OF ATTITUDES AND PRACTICES THAT BUILD CHARACTER AND LEADERSHIP.

FORM 990, PART III, LINE 4C - THIRD ACHIEVEMENT

IN AND DAY-OUT TO PROVIDE RESOURCES OUR COMMUNITIES NEED. THE Y ADDRESSES SOCIAL ISSUES, THROUGH OUR YMCA LINCOLN PARK SENIOR CENTER, THE YMCA MILITARY WELCOME CENTER, ENVIRONMENTAL EDUCATION CAMP AT YMCA CAMP CLASSEN AND THE EVERYBODY IN THE POOL PROGRAM THAT TEACHES UNDERSERVED KIDS HOW TO SWIM. ONE OF THE MOST IMPORTANT ASPECTS OF BUILDING A GLOBAL COMMUNITY IS GIVING YOUNG PEOPLE OPPORTUNITIES TO UNDERSTAND AND CELEBRATE DIVERSITY. THE Y HELPS PEOPLE TO DEVELOP CULTURAL COMPETENCIES AND THE KEY SKILLS TO COLLABORATE WITH THEIR PEERS AROUND THE WORLD THROUGH OUR INTERNATIONAL CAMP COUNSELOR PROGRAM AND BRAZILIAN EXCHANGE PROGRAM. FINALLY, THE GENEROSITY OF OTHERS IS AT THE CORE OF OUR EXISTENCE. IT IS ONLY THROUGH THE SUPPORT OF OUR THOUSANDS OF VOLUNTEERS AND PUBLIC AND PRIVATE DONORS

Name of the organization

YOUNG MEN'S CHRISTIAN ASSOCIATION

Employer identification number

73-0579270

THAT WE ARE ABLE TO GIVE BACK TO THE COMMUNITIES WE SERVE.

FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS

MEMBERS

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

THE FORM 990 IS REVIEWED IN DETAIL WITH THE AUDIT COMMITTEE OF THE BOARD OF DIRECTORS. AN ELECTRONIC VERSION IS THEN SHARED WITH THE FULL BOARD AND THEY ARE GIVEN AN OPPORTUNITY TO ASK QUESTIONS PRIOR TO FILING.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

ALL BOARD MEMBERS, OFFICERS AND OTHER HIGHER LEVEL EMPLOYEES ARE REQUIRED TO FILL OUT A CONFLICT OF INTEREST STATEMENT ON AN ANNUAL BASIS. THESE STATEMENTS ARE REVIEWED BY THE AUDIT COMMITTEE OF THE BOARD. IN ADDITION, A THIRD PARTY HOTLINE IS MAINTAINED FOR REPORTING ANY CONFLICTS OF INTEREST OR SUSPECTED IMPROPER ACTIVITY. ANY SUCH REPORTS ARE FORWARDED BY THE THIRD PARTY TO A LEVEL OF MANAGEMENT HIGH ENOUGH TO ACT ON THE ISSUE OR TO THE HEAD OF THE AUDIT COMMITTEE IF THE REPORT INVOLVES MANAGEMENT.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

THE COMPENSATION COMMITTEE OF THE BOARD ANNUALLY REVIEWS THE RANGES OF SALARIES FOR THE PRESIDENT, TOP MANAGEMENT AND OTHER STAFF. SALARIED STAFF ARE PAID BASED ON A POINT LEVEL FOR THE SPECIFIC JOB WHICH DEFINES A RANGE FOR THE JOB. HOURLY STAFF ARE PAID BASED ON A JOB GRADE LEVEL AND AN ACCEPTED RANGE FOR THAT GRADE. THE RANGES ARE REVIEWED BY THE COMPENSATION COMMITTEE AND COMPARES DATA PROVIDED BY YMCA OF THE USA AND LOCAL/REGIONAL DATA TO DETERMINE THE APPROPRIATENESS OF THE RANGES.

Name of the organization

YOUNG MEN'S CHRISTIAN ASSOCIATION

Employer identification number

73-0579270

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS

THE COMPENSATION COMMITTEE OF THE BOARD ANNUALLY REVIEWS THE RANGES OF SALARIES FOR THE PRESIDENT, TOP MANAGEMENT AND OTHER STAFF. SALARIED STAFF ARE PAID BASED ON A POINT LEVEL FOR THE SPECIFIC JOB WHICH DEFINES A RANGE FOR THE JOB. HOURLY STAFF ARE PAID BASED ON A JOB GRADE LEVEL AND AN ACCEPTED RANGE FOR THAT GRADE. THE RANGES ARE REVIEWED BY THE COMPENSATION COMMITTEE AND COMPARES DATA PROVIDED BY YMCA OF THE USA AND LOCAL/REGIONAL DATA TO DETERMINE THE APPROPRIATENESS OF THE RANGES.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

COPIES OF FORM 990 ARE AVAILABLE ON THE WEB AT THE ASSOCIATION'S WEBSITE OR GUIDESTAR.ORG. COPIES OF THE FORM 990, AUDIT AND OTHER DOCUMENTS ARE AVAILABLE VIA REQUEST FROM THE ASSOCIATION OFFICES.

FORM 990, PART XI, LINE 5 - OTHER CHANGES IN NET ASSETS EXPLANATION

UNREALIZED LOSS ON INVESTMENTS -84,035

Tax-Exempt Bond Liabilities

Form **990**

2010

For calendar year 2010, or tax year beginning **11/01/10**, and ending **10/31/11**

Name
**YOUNG MEN'S CHRISTIAN ASSOCIATION
OF GREATER OKLAHOMA CITY**

Employer Identification Number
73-0579270

FORM 990, PART X, LINE 20 - ADDITIONAL INFORMATION

| Name of lender | Purpose of issue |
|--|------------------|
| (1) OKLAHOMA INDUSTRIES AUTHORITY | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| (10) | |

| Issue date | Original amount of issue | Form 8038 filed: Y/N Date filed | Date retired | Completion date of project | Unexpended bond proceeds |
|---------------------|--------------------------|---|--------------|----------------------------|--------------------------|
| (1) 09/01/06 | 5,340,288 | N | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | | | | | |
| (10) | | | | | |

| Third party use percent | Maturity date | Repayment terms | Interest rate |
|-------------------------|---------------|-----------------|---------------|
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| (10) | | | |

| Security provided by borrower | Amount outstanding at beginning of year | Amount outstanding at end of year |
|-------------------------------|---|-----------------------------------|
| (1) | 4,546,285 | 4,356,392 |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| (10) | | |
| Totals | 4,546,285 | 4,356,392 |