

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



990 Form

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)

2008

OMB No 1545-0047

Department of the Treasury

Open to Public

Interna	l Reven	ue Service		The organization may have to use a copy of this return to satisfy state reporti	ng requirements	inspection
<u>A F</u>	or the	2008 calendar	r year, or	tax year beginning 11-01 , 2008, and end	ing 1	0-31 ,20 09
B	heck if a	applicable	Please	C Name of organization FAMILY YMCA OF BARTLESVILLE		D Employer identification no.
A	ddress c	change	use IRS label or	Doing Business As		73-0521535
	lame cha	ange	print or	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telephone number
tr	nitial retui	m	type. See	101 N OSAGE		
Πī	erminatio	on	Specific Instruc-	City or town, state or country, and ZIP + 4		G Gross receipts \$
$\overline{\sqcap}_{A}$	mended	return	tions.	Bartlesville, OK 74003		651,295
一		n pending	F Name	and address of principal officer		<u> </u>
	.рродо	penemg	, ,,,,,,,,		H(a) Is this a group r	eturn for Yes X No
	av evem	pt status	₹ 501(c) (3) ◀ (insert no) 4947(a)(1) or 527	H(b) Are all affiliates	F F
		► N/A	<u>V</u> 301(c) (5) (Inserting)	i if "No," attach a	list (see instructions)
			Corporation	Trust Association Other L Year of formation	H(c) Group exemption	
$\overline{}$			•	Trust Association Other L Year of formation	M State of leg	al domicile Oil
Pa		Summary Briefly describ		anization's mission or most significant activities PROGRAMS OF THE	T VMCA ODCANT	7 N TT
	'	briefly descrit	De li le Oig	anization's mission of most significant activities FROGRATS OF THE	IMCA ORGANI	ZA1
A C G						
c G t o		-		 		
i y		01 1 . 11 1				
Vе	1			the organization discontinued its operations or disposed of more than 25% of	1	1
t n	1		_	bers of the governing body (Part VI, line 1a) · · · · · · · · · · · · · · · · · · ·		
e n			•	t voting members of the governing body (Part VI, line 1b)		
s c				vees (Part V, line 2a)		
<u>\$</u> 107	1			eers (estimate if necessary)	 	
<u></u>	7a	Total gross ur	nrelated b	usiness revenue from Part VIII, line 12, column (C)	· · · · · · 7a	0
	b	Net unrelated	business	taxable income from Form 990-T, line 34 · · · · · · · · · · · · · · · · · ·	•••• 7t	0
59 D.D.					Prior Year	Current Year
⊗R ~e	8	Contributions	and gran	ts (Part VIII, line 1h)	176,87	648,498
AZE e o e	9	Program serv	ice reven	ue (Part VIII, line 2g)	487,49	9 0
۲'n	10	Investment in	come (Pa	rt VIII, column (A), lines 3, 4, and 7d)	4,02	2,797
⊃u.	11	Other revenue	e (Part VI	I, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,47	76 0
2	12			s 8 through 11 (must equal Part VIII, column (A), line 12)	672,87	7 651,295
	13	Grants and si	mılar amo	unts paid (Part IX, column (A), lines 1-3)		0
≪ _	14	Benefits paid	to or for i	nembers (Part IX, column (A), line 4)		0
Øx -	15			sation, employee benefits (Part IX, column (A), lines 5-10)	335,61	.3 302,202
P	16a		•	g fees (Part IX, column (A), line 11e)		0
e n	1			ises (Part IX, column (D), line 25) ▶ 0	* .	
s e	1			(_column (A)), lines 11a-11d, 11f-24f)	448,07	<u> </u>
s	18	Total expense		es 13-17 (must equal Part IX, column (A), line 25)	783,68	
		Revenue less			(110,81	
No.	+	<u> </u>		. 2	Beginning of Year	End of Year
Net Assets	20	주 APR		U1U 1 3 1	719,97	
or Fund	21	Total Liabilities		(inc. 26)	109,74	
Bal-	22		- I - C - T - I	negs. Subtract line 21 from line 20	610,22	
ances					010,22	334,304
Pai	τ!!!	Signatur Under penaltie		I declare that I have examined this return, including accompanying schedules and statements, and	I to the heat of my knowl	odao.
		and belief, it is	true, correc	, and complete Declaration of preparer (of the than officer) is based on all information of which pre	parer has any knowledg	e 1 ,
			(D).	la ha manit	I	4/1/10
Sigi	1	Supertura	$\mathcal{J}_{\mathcal{A}}$	Wax I Moving		
_		Signature	or princes	Libby Merritt, CEO	L	Date
Her	е	7	/ mmt =====	7.57		-
		Type or p	nnt name ar			double and the
.		Preparer's		Date Check if self-	(coo inctric	dentifying number
Paid		signature		03-30-2010 employed		446727152
•	arer's	Firm's name (o	or yours	· ·	EIN O	16 57.0
Use (Jilly	if self-employed address, and Z	d),	405 W. Claremore St.		76035
		200,000, 0,10 2	• -	Claremore, OK 74017	Phone no ▶ 918-3	42-5474
May 1	he IRS	discuss this r	return witl	the preparer shown above? (see instructions)		· · · · Yes X No

Form	990 (2008) FAMILY YMCA OF BARTLESVILLE	73-0521535	Page 2
Par	t III Statement of Program Service Accomplishments (see instructions)		
1	Briefly describe the organization's mission		
•	PROGRAMS OF THE YMCA ORGANIZAT		
		<u> </u>	
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 grant	s and	
	allocations to others, the total expenses, and revenue, if any, for each program service reported		
4a	(Code) (Expenses \$ 551,100 including grants of \$) (Revenue)
	PROVIDED A VARIETY OF HEALTH/EXERCISE/RECREATION OPPORTUNITIES FOR 1000+ MEMBE	RS AND 500+	
	NONMEMBERS.		
		<u>-</u>	
	(D)	- 6	·
4b	(Code) (Expenses \$ including grants of \$) (Revenu	е ъ	,
			
			
		· · · · · · · · · · · · · · · · · · ·	
4c	(Code) (Expenses \$ including grants of \$) (Revenue	ie \$	1
70	(Code) (Expenses w including grants of w) (North and		,
			
			 -
		<u> </u>	
4d	Other program services (Describe in Schedule O)		
	(Expenses \$ including grants of \$) (Revenue \$	1	
	Total program service expenses \$ 551,100 (Must equal Part IX, Line 25, column (B))		
	Town program service expenses P 4 301/100 (Must equal 1 at 17, Line 20, Column (b))		

Form	990 (2008) FAMILY YMCA OF BARTLESVILLE 73-05215	35	Р	age 3
Pa	rt IV Checklist of Required Schedules			
	,		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A · · · · · · · · · · · · · · · · · ·	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		<u>X</u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II			
-		4		<u> X</u>
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)	5		
6	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	- 5		
0	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete			
	Schedule D, Part I	6		٠,
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-	 	X
,	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	<u> </u>		X
Ū	complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part	<u> </u>	_	
•	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		х
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V • • • • • • • • • • • • • • • • • •	10	 	X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D,			
	Parts VI, VIII, IX, or X as applicable · · · · · · · · · · · · · · · · · · ·	11	x	
12	Did the organization receive an audited financial statement for the year for which it is completing this return			
	that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	x	
13	is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		Х
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, Part II	15		Х
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, Part III	16		_X_
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I • • • • • •	17		X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	<u> </u>	X
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete			
	Schedule J · · · · · · · · · · · · · · · · · ·	23	ļ <u> </u>	_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 questions			١
	24b-24d and complete Schedule K If "No," go to question 25	24a	ļ	X
D	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24-		
A	to defease any tax-exempt bonds?	24c	-	-
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? • • • • • • • • • • • • • • • • • • •	24d	 	
234	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		v
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified	234		X
D	person from a prior year? If "Yes," complete Schedule L, Part I	25b		v
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	230	 	X
20	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or		 	1~
	substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		x

Form 990 (2008)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or			
	employee), or an indirect business relationship through ownership of more than 35% in another entity			
	(individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L,			
	Part IV · · · · · · · · · · · · · · · · · ·	28a		X
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes,"			
	complete Schedule L, Part IV	28b		Х
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a			
	professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M · · · · · · · · · · · · · · · · · ·	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete		-	
	Schedule N, Part II	32		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	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
••	III, IV, and V, line 1 · · · · · · · · · · · · · · · · · ·	34		Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
-	Schedule R, Part V, line 2 · · · · · · · · · · · · · · · · · ·	35		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
-	organization? If "Yes," complete Schedule R, Part V, line 2 · · · · · · · · · · · · · · · · · ·	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	-		
٠,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			
	VI	37		v
	VII.		l	X

EEA

Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable · · · · · · · · · 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners? • • • • • • • • • • • • • • • • • • •	1c		
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 ••••• 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see			
	instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			
	this return?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)? · · · · · · · · · · · · · · · · · · ·	4a		X
b	If "Yes," enter the name of the foreign country	, "	23	1
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank	33	🤄	
	and Financial Accounts	·		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? • • • • • • • • • • • • • • • • • • •	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	_	X
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity			1
	Regarding Prohibited Tax Shelter Transaction? • • • • • • • • • • • • • • • • • • •	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	6a	Х	
	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b	Х	
7	Organizations that may receive deductible contributions under section 170(c).		* ,	-
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75? •••••••	7a	***************************************	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	- 1 -		
	required to file Form 8282? • • • • • • • • • • • • • • • • • • •	7c		Х
đ	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? • • • • • • • • • • • • • • • • • • •	7g		Х
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
	required? · · · · · · · · · · · · · · · · · · ·	7h		Х
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section			
	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring	* *		
	organization, have excess business holdings at any time during the year? • • • • • • • • • • • • • • • • • • •	8		X
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.	4	,	
а	Did the organization make any taxable distributions under section 4966? • • • • • • • • • • • • • • • • • •	9a		Х
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 · · · · · · · · · · · · · · · · · ·			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities • • • • • • • • 10b			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	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?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code)

Section A. Governing Body and Management

<u>sec</u>	tion A. Governing body and management		Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the			*
	circumstances, processes, or changes in Schedule O See instructions			
1a	Enter the number of voting members of the governing body · · · · · · · · · · · · · · · · · · ·			
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
_	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct	_		
•	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		v
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? ••••••	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		
		6		X
6		0		X.
7a	Does the organization have members, stockholders, or other persons who may elect one or more members	7.		
	of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following			
а	The governing body? • • • • • • • • • • • • • • • • • • •	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9a	Does the organization have local chapters, branches, or affiliates?	9a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	_9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations			
	must describe in Schedule O the process, if any, the organization uses to review the Form 990 • • • • • • • • • • • • • • • • • •	10	X	
11	Is there any officer, director or 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	11		X
Sec	tion B. Policies			
			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	Х	İ
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c	Х	
13	Does the organization have a written whistleblower policy?	13		Х
14	Does the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official? • • • • • • • • • • • • • • • • • • •	15a	X	
b	Other officers or key employees of the organization?	15b	X	
	Describe the process in Schedule O (see instructions)	.55		<u> </u>
16a				
ıva	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16^		
L		16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard	401		
	the organization's exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			_
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)			
	available for public inspection. Indicate how you make these available. Check all that apply			
	Own website			
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 YMCA OF BARTLESVILLE (918)336-0713	_		
	101 N OCACE DADMIECUTITE OF 74002			

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List 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 the organization did not compensate any officer, director, trustee, or key employee

(A)	(B)				C)	-		(D)	(E)	(F)
Name and Title	Average	Posit	ion (c	heck	all th	at apply))	Reportable	Reportable	Estimated
	hours per week	Ludividual Tudividual Tudividual	טו	l f l	Key employee	H of person at ed	F o r m e r	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
KEVIN FABRY			_							
PRESIDENT	1			Х) c	0	0
BOB BENNETT										
VICE PRESIDEN	1			Х				l c	0	0
JAY DYER										
TREASURER	1			Х				(0	0
MARY BETH BUCHANAN										
SECRETARY	1			Х					0	0
RICK ESSER										
DIRECTOR	1			Х				0	0	0
MARK KANE										
DIRECTOR	1			X				(0	0
JACK PHILLIPS										
DIRECTOR	1			l x	ļ			(0	0
MARK SPENCER										
DIRECTOR	1			l x	ļ	:		(0	0
JOHN GORMAN										
DIRECTOR	1			l x	}			(0	0
DALE SCOTT										
DIRECTOR	1			X				(0	0
JIM DICK										
DIRECTOR	1			x				(0	0
MIKE ORR										
DIRECTOR	1			x				(0	0
CURT THOMAS										
DIRECTOR	1			x				(0	0
NICKY MICHAEL										
DIRECTOR				x	1			(0	0
AARON ARCHAMBO										
DIRECTOR	1			L x		1_			o_	0
LARISSA DELO										
DIRECTOR	1			X	L		L	(<u> </u>	0
LARRY DEARMAN										
DIRECTOR	1			X	1				0	0

Form	n 990 (20	08) FAMILY YMCA OF BART	LESVILLE								73-052	1535	F	age 8
Pa	rt VII	Section A. Officers, Directors, Trustees, Ke	y Employees	s, and	Hig	hest	Cor	npens	ated	Employees (conti	nued)			
	,	(A)	(B)			(C)				(D)	(E)		(F)	
•		Name and title	Average	Positio		neck a	all that	t		Reportable	Reportable		Estimate	d
			hours	apply)	1					compensation	compensation		amount o	of
			per	I t d	I t	0	Кe	Нçе	F	from	from		other	
			week	n rı	n r	f	e m y P	ımm	0 r	the	related	ا ،	ompensa	tion
				ı se			11	g p p	m	organization	organizations		from th	
				V t c	t t	c e	۱ ۵	le Do	e r	(W-2/1099-MISC)	(W-2/1099-MISC	.,	organiza	
				d eo		r	y e	s s y t a e		(**-23 1000-141100)	(***21033-141100	"	_	
			1	u r a o	o n		e	e e	li			-	and rela	
				۱ř	ä			-					organiza	lions
			 	 	H	╁	 -							
]		l									
			 -		┢	╁			\vdash					
			 	ļ <u></u>	-	-	<u> </u>							
			1		ĺ		ľ	(1		,			
			 	<u> </u>	├-		<u> </u>	ļ				 -		
				1										
					<u> </u>	_	ļ							
								}				j		
					<u> </u>	<u> </u>			Щ					
			<u> </u>											
				!										
			1	ļ		ļ	ļ	ļ						
				1										
			ĺ											
			†											
				 	+-	\vdash	-	 	Н					
			 	<u> </u>	\vdash	╁			\vdash		· · · · · · · · · · · · · · · · · · ·	+-		
				ľ										
			 	 	├	╁	-	-	\vdash	·				
				<u> </u>	ļ	-	┼—	-	\vdash					
				ļ		ļ								
			<u> </u>	<u>L</u>	<u>L</u> .		<u>L.</u>		Ļ			_		
<u>1b</u>	Total								<u> </u>	<u>_</u>		0		0
2		mber of individuals (including those in 1a) wh	o received m	ore the	an \$	100	,000	ın rep	ortat	ole compensation	from the			
	organiza	ation >												0
													Yes	No
3	Did the	organization list any former officer, director or	trustee, key	emplo	yee	, or l	highe	est cor	nper	ısated				
	employe	ee on line 1a? If "Yes," complete Schedule J f	or such indivi	dual							• • • • • • •	• • □ 3	<u> </u>	X
4	For any	individual listed on line 1a, is the sum of repo	rtable compe	nsatio	n ar	nd of	her	compe	ensat	ion from			8	
	the orga	nization and related organizations greater that	n \$150,000?	' If "Ye	s," c	comp	olete	Sched	aluit	J for such		.844	,	
	ındıvıdu	al ••••••••••••••••••••••••••••••••••••	. .									. 4		X
5	Did any	person listed on line 1a receive or accrue cor	npensation fr	om an	ıy ur	rela	ted (organi	zatio	n for				1
		rendered to the organization? If "Yes," comp										. 5		Х
Sec		. Independent Contractors							_		··	!		
1	Comple	te this table for your five highest compensated	d independen	t conti	racto	ors t	hat r	eceive	d mo	ore than \$100,000	of	<u> </u>		
-		sation from the organization	aopoao.								•			
	общрен									(B)			(C)	
		(A)	_							(B)		0	(C)	_
		Name and business address								Description of s	services	Com	pensatio	1
						-								
										+				
														
							_			+				
	Total						''	#1	20.00	<u></u>				
2		mber of independent contractors (including the sation from the organization ▶	iose in 1) wh	o rece	ived	IIIO	ie (N	an Dit	JU,U(N III	ļ			

Page 10

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	n (A) but are not requir	ed to complete colum		
Do	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to governments and				1
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22 · · · · · · · · · · · · · · · ·				
3	Grants and other assistance to governments,				i.
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16 · · · · · · · · ·				
4	Benefits paid to or for members • • • • • • • • • • • • • • •	_		*	······································
5	Compensation of current officers, directors,				
	trustees, and key employees · · · · · · · · · · · · · · · · · ·	-			
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	250,030	193,747	56,283	
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions) • • • • • •				
9	Other employee benefits	25,247	19,693	5,554	
10	Payroll taxes • • • • • • • • • • • • • • • • • • •	26,925	20,950	5,975	
11	Fees for services (non-employees)			ł	
а	Management · · · · · · · · · · · · · · · · · · ·			-	
b	Legal				
С	Accounting				
d	Lobbying · · · · · · · · · · · · · · · · · · ·				
е	Professional fundraising services See Part IV, line 17 •		: (!)		
f	Investment management fees · · · · · · · · · · · · · · · · · ·				
g	Other	15,229		15,229	
12	Advertising and promotion • • • • • • • • • • • • • • • • • • •				
13	Office expenses · · · · · · · · · · · · · · · · · ·				
14	Information technology				
15	Royalties		60 505		
16	Occupancy · · · · · · · · · · · · · · · · · · ·	85,648	62,505	23,143	
17	Travel • • • • • • • • • • • • • • • • • • •	583		583	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0.506	0.506		
19	Conferences, conventions, and meetings · · · · · ·	2,596	2,596		
20	Interest · · · · · · · · · · · · · · · · · · ·	3,179	3,179		
21	Payments to affiliates • • • • • • • • • • • • • • • • • • •	69.463	60 463		
22	Depreciation, depletion, and amortization	68,463	68,463 43,004	12,129	
23	Insurance	55,133			
24	Other expenses Itemize expenses not	, ,	· ***		*
	covered above (Expenses grouped together			. х	
	and labeled miscellaneous may not exceed			İ	
_	5% of total expenses shown on line 25 below) ADVERTISING	1,724	1,724		
a	COMMISSIONS	14,417	14,417	-	
n	OFFICE SUPPLIES	9,333	9,333		
A	MISCELLANEOUS	7,743	7,743		
٥	DUES AND BANK CHARGES	5,539	1,280	4,259	
f	All other expenses · · · · · · · · · · · · · · · · · ·	109,676	102,466	7,210	
25	Total functional expenses Add lines 1 through 24f · ·	681,465	551,100	130,365	0
26	Joint Costs. Check here If following		/		
	SOP 98-2 Complete this line only if the organization				
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation				
	ranaraising solicitation		L 	L	E 000 (2000)

Form 990 (2008)

	,	parario oriot	(A)		(E	3)	
•			Beginning of year		End of	year	
,	1	Cash - non-interest-bearing · · · · · · · · · · · · · · · · · · ·	77,303	1		34,8	07
	2	Savings and temporary cash investments • • • • • • • • • • • • • • • • • • •		2	·		
	3	Pledges and grants receivable, net	4,473	3		5,9	32
	4	Accounts receivable, net		4			
	5	Receivables from current and former officers, directors, trustees, key					
		employees, or other related parties Complete Part II of Schedule L		5			
	6	Receivables from other disqualified persons (as defined under section					
		4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete					
		Part II of Schedule L · · · · · · · · · · · · · · · · · ·		6			
A S	7	Notes and loans receivable, net	3,295	7		3,2	95
s	8	Inventories for sale or use		8			
e t	9	Prepaid expenses and deferred charges	63,280	9		61,2	95
S	10a	Land, buildings, and equipment cost basis ••••• 10a 552,483			•		
	ь	Less accumulated depreciation Complete					
		Part VI of Schedule D · · · · · · · · · · · · · · · · · ·	571,626	10c		552,4	83
	11	Investments - publicly traded securities	·	11			—
	12	Investments - other securities See Part IV, line 11 · · · · · · · · · · · · · · · · · ·		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)	719,977	16		557,8	12
	17	Accounts payable and accrued expenses	46,892	17		42,4	
	18	Grants payable • • • • • • • • • • • • • • • • • • •		18			
L	19	Deferred revenue		19			
i	20	Tax-exempt bond liabilities		20			
a b	21	Escrow account liability Complete Part IV of Schedule D · · · · · · · · · ·		21		•	
i	22	Payables to current and former officers, directors, trustees, key					
l i		employees, highest compensated employees, and disqualified					ı
ť		persons Complete Part II of Schedule L		22			
i	23	Secured mortgages and notes payable to unrelated third parties	62,857	23		60,9	81
e s	24	Unsecured notes and loans payable	•	24			
	25	Other liabilities Complete Part X of Schedule D		25			
	26	Total liabilities. Add lines 17 through 25	109,749	26		103,4	48
	 	Organizations that follow SFAS 117, check here X and	·				
N F		complete lines 27 through 29, and lines 33 and 34.					
e u	27	Unrestricted net assets · · · · · · · · · · · · · · · · · · ·	502,547	27		508,3	27
t n	28	Temporarily restricted net assets	40,411	28		41,9	
ΑÜ	29	Permanently restricted net assets	67,270	29		4,0)44
s B		Organizations that do not follow SFAS 117, check here					
s a e l		and complete lines 30 through 34.					
t a	30	Capital stock or trust principal, or current funds		30			
s n	31	Paid-in or capital surplus, or land, building, or equipment fund		31			
o e	32	Retained earnings, endowment, accumulated income, or other funds		32			
r s	33	Total net assets or fund balances	610,228	33		554,3	64
	34	Total liabilities and net assets/fund balances	719,977	34		557,8	112
Pai	t XI	Financial Statements and Reporting					
						Yes	No
1	Accour	nting method used to prepare the Form 990 $\ \square$ Cash $\ oxed{X}$ Accrual $\ \square$ Othe	ır				
2a		he organization's financial statements compiled or reviewed by an independent accounta	ant? · · · · · ·	• • • •	· · 2a	X	
b		he organization's financial statements audited by an independent accountant? • • •			• • 2b	X	
С	If "Yes"	to lines 2a or 2b, does the organization have a committee that assumes responsibility for	or oversight of				
	the aud	tit, review, or compilation of its financial statements and selection of an independent acc	ountant?	• • • •	· · 2c	Х	
3a		sult of a federal award, was the organization required to undergo an audit or audits as s	et forth in				
		gle Audit Act and OMB Circular A-133?	• • • • • • • • • • • •	• • • •	• • 3a		_X_
b	If "Yes,	"did the organization undergo the required audit or audits?	• • • • • • • • • • • •	• • • •	• • 3b		

•	F	ederal Supportin	g Statements	2008	PG01
ame(s) as shown on return	0.00.000.000			FEIN	0.5.0.1.5.0.5
AMILY YMCA	OF BARTLES	<u> V I II II E </u>		1 /3-	-0521535
	Form 990	, Schedule D, I Investments -		1e ⁵	Statement #D1e
Description of Investigated ASSETS		Cost/basis (Investment) 571,626	Cost/basis (Other)	Depr 0	Book <u>Value</u> 571,626
otal		571,626	0	0	571,626