



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



Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

2009

Open to Public
Inspection

A For the 2009 calendar year, or tax year beginning , 2009, and ending , 20

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

C Name of organization **YMCA OF LAWTON, OK**
 Doing Business As
 Number and street (or P.O. box if mail is not delivered to street address) **5 SW 5TH STREET**
 City or town, state or country, and ZIP + 4 **LAWTON OK 73501**

D Employer identification number **73-0642616**

E Telephone number **(580) 355-9622**

G Gross receipts \$ **1,617,937**

F Name and address of principal officer:
SEE ATTACHMENT #1

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) (Insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: **N/A**

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ☐

L Year of formation: **1915**

M State of legal domicile: **OK**

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
SEE ATTACHMENT #2

2 Check this box ☐ If the organization discontinued its operations or disposed of more than 25% of its net assets.

	3	17
3 Number of voting members of the governing body (Part VI, line 1a)		
4 Number of independent voting members of the governing body (Part VI, line 1b)		
5 Total number of employees (Part V, line 2a)		176
6 Total number of volunteers (estimate if necessary)		475
7a Total gross unrelated business revenue from Part VIII, column (C), line 12		
7b Net unrelated business taxable income from Form 990-T, line 34		0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	167,191	99,989
9 Program service revenue (Part VIII, line 2g)	1,505,336	1,506,074
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,329	1,894
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		9,980
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,675,856	1,617,937
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
14 Benefits paid to or for members (Part IX, column (A), line 4)		
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	902,628	903,623
16a Professional fundraising fees (Part IX, column (A), line 11e)	53,907	
b Total fundraising expenses (Part IX, column (D), line 25)	1,290	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	759,861	724,373
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,716,396	1,627,996
19 Revenue less expenses. Subtract line 18 from line 12	-40,540	-10,059
20 Total assets (Part X, line 16)	1,736,746	1,723,046
21 Total liabilities (Part X, line 26)	88,884	79,928
22 Net assets or fund balances. Subtract line 21 from line 20	1,647,862	1,643,118

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.

Signature of officer *Carl Rankin* **CEo** **Date** **11/4/10**

Preparer's signature *Scott J. Hatch, CPA* **Date** **11-4-10** **Check if self-employed** ☐ **Preparer's identifying number (see instr.)**

Firm's name (or yours if self-employed), address, and ZIP + 4 **HATCH CROKE AND ASSOCIATES PC**
417 SW C AVENUE
LAWTON, OK 73501

EIN **73-0642616** **Phone no.** **(580) 353-2122**

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

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2009)

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:

TO HELP DEVELOP CHRISTIAN PERSONALITIES AND TO AID IN BUILDING A
CHRISTIAN SOCIETY THROUGH THE IMPROVEMENT OF PHYSICAL, MENTAL, SOCIAL,
MORAL, AND EDUCATIONAL CONDITIONS OF PERSONS WHO PARTICIPATE IN THE
YMCA PROGRAMS AND THE COMMUNITY SERVED BY THE ORGANIZATION.

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 \$ 1,378,805 including grants of \$) (Revenue \$ 1,506,074)
SEE ATTACHMENT #3

4b (Code) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

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

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

4e Total program service expenses ► \$ 1,378,805

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?	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? If "Yes," complete Schedule C, Part II.		X
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III. N/A		
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 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.	X	
• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.		
• 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.		
• 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.		
• 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.		
• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.		
• 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? If "Yes," complete Schedule D, Part X.		
12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	X	
12A Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.		
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, Part I.		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, Part II.		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, Part III.		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.		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
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H.		X

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? N/A		
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? N/A		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? N/A		
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 of the organization (or a family member) 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)? If "Yes," complete Schedule R, Part V, line 2		X
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

		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	1a	4
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X
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	176
b	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 this return. (see instructions)	2b	X
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	N/A
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: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c	N/A
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	N/A
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	N/A
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	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	N/A
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	N/A
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	X
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?	9a	X
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	X
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
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:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	X
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

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.

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body	17	
b Enter the number of voting members that are independent	17	
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?		X
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?		X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a material diversion of the organization's assets?		X
6 Does the organization have members or stockholders?		X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
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.		X

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?		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?	N/A	
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11a 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.	X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done		X
13 Does the organization have a written whistleblower policy?	X	
14 Does the organization have a written document retention and destruction policy?	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
a The organization's CEO, Executive Director, or top management official?		X
b Other officers or key employees of the organization?		X
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?		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 the organization's exempt status with respect to such arrangements?	N/A	

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: ► SEE ATTACHMENT #4

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. Report compensation for the calendar year ending with or within the organization's tax year. 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. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's **current** key employees. 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 the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(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	INSTITUTIONAL	OFFICER	KEY EMPLOYEE	HIGHEST COMPENSATED	FORMER			
CARL RANKIN EXECUTIVE DIRECTOR	40.00	X			X	X	X		77,663	0	11,167
JIM MADDOX PRESIDENT	5.00	X			X				0	0	0
RAYMOND MCMURRY VICE PRESIDENT/SECRETARY	5.00	X			X				0	0	0
CHARLES YOUNG TREASURER	5.00	X			X				0	0	0
JUSTIN PHELPS PAST PRESIDENT	5.00	X			X				0	0	0
KELLY BASS DIRECTOR	0.50	X							0	0	0
DAVID CRAWFORD DIRECTOR	0.50	X							0	0	0
DARRELL JONES DIRECTOR	0.50	X							0	0	0
MARK COX DIRECTOR	0.50	X							0	0	0
MARTY MCKELVEY DIRECTOR	0.50	X							0	0	0
ANDREA NUNN DIRECTOR	0.50	X							0	0	0
PRESTON HOLSINGER DIRECTOR	0.50	X							0	0	0
MIKE OWENSBY DIRECTOR	0.50	X							0	0	0
STEVE RICH DIRECTOR	0.50	X							0	0	0
LEONARD ROBERTSON DIRECTOR	0.50	X							0	0	0
CINDY SHEPPARD											

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

(A) Name and title	(B) Average hours per week	(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	DIRECTOR	TRUSTEE	OFFICER	KEY EMPLOYEE	HIGHEST COMPENSATED	FORMER			
DIRECTOR RANDY SMITH	0.50	X							0	0	0
DIRECTOR JASON WELLS	0.50	X							0	0	0
DIRECTOR	0.50	X							0	0	0
1b Total									77663	0	11167

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 ►

- 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 for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4		X
5		X

Section B. Independent Contractors

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

(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		Statement of Revenue		(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
OTHER CONTRIBUTIONS AND SIMILAR AMOUNTS	1a Federated campaigns	1a	51530				
	b Membership dues	1b					
	c Fundraising events	1c	7212				
	d Related organizations	1d					
	e Government grants (contributions)	1e	20590				
	f All other contributions, gifts, grants, & similar amounts not included above	1f	20657				
	g Noncash contributions included in lines 1a-1f:		\$ 300				
h Total. Add lines 1a-1f				99989			
PROGRAM SERVICE REVENUE	2a PROGRAM SERVICE	Business Code		1506074	1506074		
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			1506074			
OTHER REVENUE	3 Investment income (including dividends, interest, and other similar amounts)			1894	1894		
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross Rents	(i) Real	(ii) Personal				
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b Less: cost or other basis and sales expenses						
	c Gain or (loss)						
	d Net gain or (loss)						
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18.	a					
	b Less: direct expenses	b					
	c Net income or (loss) from fundraising events						
	9a Gross income from gaming activities. See Part IV, line 19.	a					
b Less: direct expenses	b						
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	a						
b Less: cost of goods sold	b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code				
11a MISCELLANEOUS INCOME			9980	9980			
b							
c							
d All other revenue							
e Total. Add lines 11a-11d			9980				
12 Total revenue. See instructions			1617937	1517948			

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				
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				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	77663	38831	38832	
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	672155	568811	103344	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	40076	32477	7599	
9 Other employee benefits	55971	45358	10613	
10 Payroll taxes	57758	46806	10952	
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	11825	9583	2242	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	7264	7264		
12 Advertising and promotion	17812	4610	12451	751
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	114016	112705	1311	
17 Travel	764	293	322	149
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	8695	4124	4571	
20 Interest	224	221	3	
21 Payments to affiliates	32690	26492	6198	
22 Depreciation, depletion, and amortization #5	135705	134144	1561	
23 Insurance	58081	47068	11013	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a SUPPLIES	103573	97986	5397	190
b EQUIPMENT RENATL/MAINTENANCE	72585	53020	19365	200
c CANCELLED/MODIFIED MEMBERS	56952	56952		
d Y-ACCESS SUBSIDIES	23024	23024		
e TELEPHONE	15390	12472	2918	
f All other expenses #6	65773	56564	9209	
25 Total functional expenses. Add lines 1 through 24f	1627996	1378805	247901	1290
26 Joint costs. Check here ☐ if following SOP 98-2. 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) Beginning of year		(B) End of year
A S S E T S	1 Cash – non-interest bearing	9,717	1	32,896
	2 Savings and temporary cash investments	18,496	2	24,166
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	17,677	4	21,655
	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)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	9,840	9	6,882
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 5,135,805		
	b Less: accumulated depreciation	10b 3,660,255	10c 1,472,674	1,475,550
	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	208,342	15	161,897
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,736,746	16	1,723,046	
L I A B I L I T I E S	17 Accounts payable and accrued expenses	40,292	17	41,243
	18 Grants payable		18	
	19 Deferred revenue	28,950	19	38,685
	20 Tax-exempt bond liabilities		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	19,642	24	
	25 Other liabilities. Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	88,884	26	79,928
F U N D B A L A N C E S	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,439,720	27	1,481,221
	28 Temporarily restricted net assets	208,142	28	161,897
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here ☐ 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	1,647,862	33	1,643,118
	34 Total liabilities and net assets/fund balances	1,736,746	34	1,723,046

Part XI Financial Statements and Reporting

- 1** Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ 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?
- b** Were the organization's financial statements audited by an independent accountant?
- c** If "Yes" to lines 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.
- 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 consolidated basis, separate basis, or both:
☐ Separate basis ☐ Consolidated basis ☐ 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?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits N/A

	Yes	No
2a	X	
2b	X	
2c	X	
3a		X
3b		

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1188432	1290426	1582963	1672527	1606063	7340411
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	1188432	1290426	1582963	1672527	1606063	7340411
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.						7340411

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	1188432	1290426	1582963	1672527	1606063	7340411
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3278	4522	1035	3329	1894	14058
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.)					9980	9980
11 Total support. Add lines 7 through 10						7364449
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 2009 (line 6, column (f) divided by line 11, column (f)).	14	99.67 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	99.77 %
16a 33 1/3 % support test – 2009. 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 – 2008. 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 – 2009. 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 – 2008. 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		☐

YMCA
Form 4562 - Supporting Schedules
Period Ended 12/31/09 - Federal ID #:

Page: 1

Part II, Line 16 - ACRS/Other Deprec.

Description	Acq. Date	Basis	Life	Method	Deduction
BUILDING IMPROVEMENTS	07/01/98	13,290.	50 yr	SL	266.
BUILDING IMPROVEMENTS	07/01/98	80,629.	50 yr	SL	1,613.
BUILDING IMPROVEMENTS	07/01/99	20,310.	50 yr	SL	406.
WEIGHT ROOM EQUIPMENT	11/04/00	7,862.	10 yr	SL	786.
WEIGHT ROOM EQUIPMENT	12/02/00	26,750.	10 yr	SL	2,675.
FURNITURE	05/21/00	1,947.	10 yr	SL	195.
TABLES, CHAIRS, FANS	06/01/00	1,703.	10 yr	SL	170.
BUILDING IMPROVEMENTS	03/17/00	8,034.	50 yr	SL	161.
AIR COMPRESSOR	07/11/00	11,704.	15 yr	SL	780.
DAY CAMP IMPROVEMENTS	07/01/99	7,935.	15 yr	SL	529.
AQUATREK RAMP	02/16/01	4,446.	10 yr	SL	445.
POOL HEATER	07/18/01	2,505.	10 yr	SL	251.
WEIGHT ROOM EXPANSION	07/31/01	68,973.	50 yr	SL	1,379.
FURNISHINGS	03/31/01	1,512.	10 yr	SL	151.
FURNISHINGS	08/31/01	1,100.	10 yr	SL	110.
FURNISHINGS	06/08/01	931.	10 yr	SL	93.
WEIGHT ROOM EQUIPMENT	08/15/01	24,800.	10 yr	SL	2,480.
BUILDING (PRE-97)	05/24/66	3,565,535.	50 yr	SL	71,311.
2002 REMODELING PROJECT	08/12/02	79,404.	40 yr	SL	1,985.
2 RECUMBENT EXERCISE BIKE	03/27/02	4,791.	10 yr	SL	479.
CROSS TRAINER	12/31/02	3,730.	10 yr	SL	373.
FITNESS CINEMA (WT ROOM)	12/31/02	2,806.	10 yr	SL	281.
TRUE TREADMILL	02/11/02	4,074.	10 yr	SL	407.
TRUE TREADMILL	01/31/02	4,400.	10 yr	SL	440.
2 TRUE TREADMILLS	05/08/02	8,700.	10 yr	SL	870.
TRUE TREADMILL	01/24/02	4,074.	10 yr	SL	407.
WEIGHT SYSTEM	12/31/02	7,444.	7 yr	SL	1,063.
BALANCING TANK-POOL	02/27/02	5,750.	15 yr	SL	383.
BALANCING TANK - POOL	12/31/02	7,112.	15 yr	SL	474.
A/C UNITS (REPLACE-STORM)	08/07/02	41,495.	20 yr	SL	2,075.
REMODELLING	03/25/03	46,892.	40 yr	SL	1,172.
2 COMPRESSORS	06/30/03	3,439.	10 yr	SL	344.
INTERCOM/SPEAKER SYSTEM	08/28/03	4,767.	15 yr	SL	318.
CLIMBING TOWER	12/12/03	21,900.	10 yr	SL	2,190.
BUILDING RENOVATIONS	05/27/04	75,709.	40 yr	SL	1,893.
2 CYBEX SPORT TREADMILLS	03/24/04	8,330.	5 yr	SL	417.
2 95Xi CROSSTRAINERS	05/27/04	7,411.	5 yr	SL	618.
MTS ABDOMINAL	06/09/04	3,067.	5 yr	SL	256.
PRO2 SE PECTORAL FLY/	06/09/04	2,807.	5 yr	SL	234.
HIGH ROW - HAMMER	06/09/04	1,742.	5 yr	SL	145.
SHOULDER PRESS - HAMMER	06/09/04	1,742.	5 yr	SL	145.
HORIZONTAL BACK PRESS -	06/09/04	1,524.	5 yr	SL	127.
WEIGHT ROOM EQUIPMENT	04/29/04	505.	5 yr	SL	34.
WEIGHT ROOM VIDEO SYSTEM	07/23/04	515.	5 yr	SL	60.
USED STAIRMASTER	11/02/04	1,355.	5 yr	SL	226.
2003 CHEVY ASTRO	12/02/04	12,105.	5 yr	SL	2,219.
WEIGHT ROOM EXPANSION	11/15/05	79,041.	40 yr	SL	1,976.
DELL DIMENSION 4100	01/13/05	500.	5 yr	SL	100.
SOUND SYSTEM	04/29/05	1,822.	5 yr	SL	364.

YMCA
Form 4562 - Supporting Schedules
Period Ended 12/31/09 - Federal ID #:

Page: 2

Part II, Line 16 - ACRS/Other Deprec.

Description	Acq. Date	Basis	Life	Method	Deduction
PRECOR TREADMILL	01/11/05	1,517.	5 yr	SL	303.
PRECOR TREADMILL	01/11/05	1,517.	5 yr	SL	303.
POOL VACUUM	04/11/05	3,064.	10 yr	SL	306.
PRECOR CROSSTRAINER	01/12/05	4,024.	5 yr	SL	805.
PRECOR CROSS TRAINER	01/12/05	4,024.	5 yr	SL	805.
PROMAXIMA BARBELL SET	12/22/05	2,547.	5 yr	SL	509.
CYCLING BIKE	03/29/05	874.	5 yr	SL	175.
CYCLING BIKE	03/29/05	874.	5 yr	SL	175.
CYCLING BIKE	03/29/05	874.	5 yr	SL	175.
CYCLING BIKE	03/29/05	874.	5 yr	SL	175.
CYCLING BIKE	03/29/05	874.	5 yr	SL	175.
CYCLING BIKE	03/29/05	874.	5 yr	SL	175.
CYCLING BIKE	03/29/05	874.	5 yr	SL	175.
CYCLING BIKE	03/29/05	874.	5 yr	SL	175.
CYCLING BIKE	03/29/05	874.	5 yr	SL	175.
CYCLING BIKE	03/29/05	874.	5 yr	SL	175.
CYCLING BIKE	03/29/05	874.	5 yr	SL	175.
A/C UNIT	03/31/05	10,147.	20 yr	SL	507.
PRECOR EFX 5641	01/13/06	3,782.	5 yr	SL	756.
PRECOR C8461 SP	01/13/06	2,082.	5 yr	SL	416.
PRECOR C8461 SP	01/13/06	2,082.	5 yr	SL	416.
PRECOR C8461 SP	01/13/06	2,082.	5 yr	SL	416.
PRECOR C9561-NH	01/13/06	4,281.	5 yr	SL	856.
HEALTH ASSESSMENT -POLAR	07/26/06	12,687.	5 yr	SL	2,537.
DELL DIMENSION 300	03/29/05	730.	5 yr	SL	146.
CLUBTRACK 2100	10/17/03	2,899.	7 yr	SL	414.
CLUBTRACK 2100	10/17/03	2,899.	7 yr	SL	414.
CLUBTRACK 2100	10/17/03	2,899.	7 yr	SL	414.
DELL DIMENSION 300	03/29/05	426.	5 yr	SL	85.
COMERCIAL DRYER	08/03/06	3,141.	4 yr*	SL	785.
WASHER	12/07/06	648.	4 yr*	SL	162.
HOCKEY TABLE	12/20/06	750.	4 yr*	SL	188.
ALARM SYSTEM	05/23/07	3,677.	5 yr	SL	735.
SPRINKLER SYSTEM	06/21/07	18,240.	40 yr	SL	456.
COMPUTER SOFTWARE	12/31/07	18,456.	5 yr	SL	3,691.
SHARP PROJECTOR	04/05/07	729.	5 yr	SL	146.
24 FOLDING CHAIRS	10/03/07	734.	5 yr	SL	147.
WATER COOLER	09/18/07	525.	5 yr	SL	105.
RECEIVER	01/09/08	1,937.	5 yr	SL	387.
SPEAKER SYSTEM	11/14/07	800.	5 yr	SL	160.
DELL OPTIPLEX MINITOWER	07/29/07	1,234.	5 yr	SL	247.
DELL OPTIPLEX MINITOWER	07/29/07	1,234.	5 yr	SL	247.
DELL OPTIPLEX MINITOWER	07/29/07	1,234.	5 yr	SL	247.
DELL OPTIPLEX MINITOWER	07/29/07	1,304.	5 yr	SL	261.
DELL OPTIPLEX MINITOWER	07/29/07	1,304.	5 yr	SL	261.
DELL OPTIPLEX MINITOWER	07/29/07	1,304.	5 yr	SL	261.
Dell PowerEdge 840	07/29/07	2,835.	5 yr	SL	567.
RECEIVER	08/13/08	1,944.	5 yr	SL	389.
SECURITY CAMERA SYSTEM	11/05/08	18,789.	5 yr	SL	3,758.

YMCA
Form 4562 - Supporting Schedules
Period Ended 12/31/09 - Federal ID #:

Page: 3

Part II, Line 16 - ACRS/Other Deprec.

Description	Acq. Date	Basis	Life	Method	Deduction
COMPUTER SOFTWARE	12/31/08	8,471.	5 yr	SL	1,694.
10 TON ROOFTOP A/C UNIT	05/19/09	12,800.	20 yr	SL	373.
AEROBICS ROOM(REMODEL)	12/11/09	27,521.	40 yr	SL	57.
GYM ROOF	03/20/09	66,857.	50 yr	SL	1,003.
4 DRAWER LATERAL FILE CAB	04/28/09	550.	5 yr	SL	73.
POWERSYSTEM EXER EQUIP	02/27/09	1,257.	5 yr	SL	210.
PORTABLE GUARD STATION	03/06/09	499.	5 yr	SL	83.
FM RECEIVER	03/12/09	2,109.	5 yr	SL	351.
WATER EXTRACTOR	04/29/09	2,715.	5 yr	SL	362.
AQUATREK RAMP/PLATFORM	09/25/09	572.	5 yr	SL	29.
LIFEGUARD CHAIR	09/30/09	607.	5 yr	SL	30.
SCANNERS - THINSOFT	10/22/09	600.	5 yr	SL	20.
GYM FLOOR	12/11/09	6,670.	50 yr	SL	11.
Total		<u>4,584,269.</u>			<u>135,705.</u>

PRINCIPAL OFFICER NAME AND ADDRESS

ATTACHMENT 1: FORM 990 PAGE 1, LINE F

OPEN TO PUBLIC
INSPECTION

For calendar year 2009, or tax period beginning

, and ending

Name of Organization

YMCA OF LAWTON, OK

Employer Identification Number

73-0642616

990, Page 1, Line F

Principal officer name JIM MADDOX

or

Business Name:

Street Address 803 NW 48TH ST

U.S. Address:

Zip code 73505

City LAWTON

State OK

or

Foreign Address

City

Province or State

Country

Postal code

PRIMARY EXEMPT PURPOSE

ATTACHMENT 2: FORM 990 PAGE 1, PART I

OPEN TO PUBLIC INSPECTION	For calendar year 2009 or tax period beginning , and ending
Name of Organization YMCA OF LAWTON, OK	Employer Identification Number 73-0642616

Primary Purpose

TO HELP DEVELOP CHRISTIAN PERSONALITIES AND TO AID IN BUILDING A CHRISTIAN SOCIETY THROUGH THE IMPROVEMENT OF PHYSICAL, MENTAL, SOCIAL, MORAL, AND EDUCATIONAL CONDITIONS OF PERSONS WHO PARTICIPATE IN THE YMCA PROGRAMS AND THE COMMUNITY SERVED BY THE ORGANIZATION.

PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 3: FORM 990 PAGE 2, PART III

OPEN TO PUBLIC INSPECTION	For calendar year 2009, or tax period beginning , and ending
Name of Organization YMCA OF LAWTON, OK	Employer Identification Number 73-0642616
Part III - Statement of Program Service Accomplishments	
Code:	Expenses: 1,378,805 including Grants of: Revenue: 1,506,074

Exempt Purpose Achievements

YMCA YOUTH SPORTS PROGRAMS HELP DEVELOP SELF CONFIDENCE, TEAM WORK, AND SKILLS BY USING VOLUNTEER ROLE MODELS AS COACHES. THEY FOCUS ON OUR CORE VALUES BY TEACHING THE YOUTH HOW TO BE CARING, HONEST, RESPECTFUL, AND RESPONSIBLE. YMCA SENIOR PROGRAMS PROVIDE A PLACE FOR OLDER ADULTS TO EXERCISE AND SOCIALIZE. THESE PARTICIPANTS RECIEVE EXERCISE CLASSES, SOCIAL OUTINGS, AND EDUCATIONAL MATERIALS. YMCA SCHOOL AGE PROGRAMS PROVIDE LEADERSHIP SKILLS, MENTORING, TUTORING, AND HELP DEVELOP SELF CONFIDENCE. THE YMCA WELCOMES EVERYONE REGARDLESS OF AGE, RACE, SEX, ETHNICITY, ABILITY, OR RELIGION. DUES ARE BASED ON COMMUNITY AFFORDABILITY AND FINANCIAL ASSISTANCE IS AVAILABLE FOR THOSE WHO CANNOT AFFORD TO PAY THE FULL COST OF MEMBERSHIP.

BOOKS ARE IN CARE OF

ATTACHMENT 4: FORM 990 PAGE 6, PART VI, SECTION C, LINE 20

OPEN TO PUBLIC INSPECTION	For calendar year 2009 or tax period beginning _____, and ending _____
Name of Organization YMCA OF LAWTON, OK	Employer Identification Number 73-0642616
Part VI - Line 91a	

Individual Name VIKI SIMMONS
or
Business Name: _____

Street Address 5 SW 5TH ST

U.S. Address:

Zip code 73501 City LAWTON State OK
or

Foreign Address

City

Province or State

Country

Postal code

Phone Number (580) 355-9622

Fax Number

SCHEDULE OF DEPRECIATION AND DEPLETION

ATTACHMENT 5: FORM 990 PAGE 10, PART IX, LINE 22

OPEN TO PUBLIC
INSPECTION

For Calendar year 2009, or tax year period beginning

and ending

Employer Identification Number

Name of Organization
YMCA OF LAWTON, OK

73-0642616

Description of Property	Date Acquired	Cost or Other Basis	Prior Year Depreciation	Method of Computation	Rate (%) or Life (Years)	Depreciation This Year
"SEE ATTACHED FORM 4562"						135,705
Total						135,705

SCHEDULE OF OTHER EXPENSES

ATTACHMENT 6: FORM 990 PAGE 10, LINE 24 - OTHER EXPENSES

OPEN TO PUBLIC INSPECTION	For calendar year 2009 or tax period beginning	, and ending
Name of Organization YMCA OF LAWTON, OK		Employer Identification Number 73-0642616

Other Expenses	(A) Total	(B) Program Services	(C) Management and General	(D) Fundraising
REPAIRS & MAINTENANCE	11,337	11,207	130	
SPECIAL EVENTS	10,287	10,287		
VEHICLE EXPENSE	10,132	9,371	761	
RESALE MERCHANDISE	6,888	6,888		
VOLUNTEER STAFF EXPENSE	5,877	4,763	1,114	
BANK CHARGES & FIDUCIARY FE	4,499	3,646	853	
RECRUITMENT	4,138	4,138		
CONTRIBUTIONS	3,303		3,303	
DUES & SUBSCRIPTIONS	2,522	2,044	478	
POSTAGE	1,813	1,469	344	
LICENSES & PERMITS	1,788	300	1,488	
MEMBER SERVICE RETENTION	1,572	1,274	298	
MISCELLANEOUS	1,452	1,177	275	
PENALTIES	165		165	
Total	65,773	56,564	9,209	

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

2009

Open to Public
Inspection

Name of the organization

YMCA OF LAWTON, OK

Employer identification number

73-0642616

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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

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

☐ Preservation of land for public use (e.g., recreation or pleasure)	☐ Preservation of an historically important land area
☐ Protection of natural habitat	☐ Preservation of a certified historic structure
☐ Preservation of open space	

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ►

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(I) Revenues included in Form 990, Part VIII, line 1	► \$
(II) Assets included in Form 990, Part X	► \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1	► \$
b Assets included in Form 990, Part X	► \$

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:

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

	Amount
1c	
1d	
1e	
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 the 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					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

- a Board designated or quasi-endowment ► _____ %
b Permanent endowment ► _____ %
c Term endowment ► _____ %

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

- (i) unrelated organizations
(ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? ☐ Yes ☐ No

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

Part VI Investments – 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		343,800		343,800
b Buildings		4,246,103	3,225,793	1,020,310
c Leasehold improvements				
d Equipment		502,322	392,707	109,615
e Other		43,580	41,755	1,825
Total. Add lines 1a through 1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				1,475,550

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
Financial derivatives		
Closely-held equity interests		
Other		
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
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
RESTRICTED CASH	58,004
PROMISES TO GIVE	103,893
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	161,897

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

1. (a) Description of liability	(b) Amount
Federal income taxes	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

2. FIN 48 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.

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	1,617,937
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,627,996
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-10,059
4	Net unrealized gains (losses) on investments	4	5,315
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	5,315
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-4,744

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	1,623,252
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	5,315
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	5,315
3	Subtract line 2e from line 1	3	1,617,937
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	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,617,937

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

1	Total expenses and losses per audited financial statements	1	1,627,996
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	1,627,996
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	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,627,996

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.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

► Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

YMCA OF LAWTON, OK

Employer identification number

73-0642616

PART VI SECTION B #11A

THE EXECUTIVE DIRECTOR REVIEWS THE FORM 990 WITH THE TAX PREPARER.
THE EXECUTIVE DIRECTOR THEN PRESENTS THE RETURN TO THE BOARD FOR FUTURE
REVIEW.

PART VI SECTION B #12C

BEFORE BUSINESS IS CONDUCTED WITH VENDORS, THE YMCA VERIFIES THAT THEIR
NAMES DO NOT CORRESPOND TO THE LIST SUBMITTED BY THE BOARD.
IF A VENDOR WHO SUBMITS THE LOWEST BID IS FOUND ON THE LIST THE YMCA MUST
OBTAIN BORAD APPROVAL TO CONDUCT BUSINESS WITH THAT INDIVIDUAL.

PART VI SECTION B #15

COMPENSATION OF THE EXECUTIVE DIRECTOR AND TOP MANAGEMENT IS DETERMINED
BY SALARY ADMINISTRATION GUIDELINES SET BY YMCA OF THE USA. THE BOARD
APPROVES COMPENSATION BASED ON THESE GUIDELINES IN ADDITION TO OTHER
FACTORS SUCH AS BUDGET CONSTRAINTS AND EMPLOYEE PERFORMANCE.

PART VI SECTION C #19

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICTS OF INTEREST
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

Form **4562**Department of the Treasury
Internal Revenue Service (99)**Depreciation and Amortization**
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No. 1545-0172

2009Attachment
Sequence No. **67**

Name(s) shown on return

YMCA

Identifying number

Business or activity to which this form relates

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	250,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	800,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	0.
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions.	5	250,000.
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29.	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2008 Form 4562.	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs) ..	11	250,000.
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2010. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election.	15	
16	Other depreciation (including ACRS)	16	135,705.

Part III MACRS Depreciation (Do not include listed property.) (See instructions)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2009.	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here.		

Section B – Assets Placed in Service During 2009 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only — see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
i Nonresidential real property			27.5 yrs	MM	S/L	
			39 yrs	MM	S/L	

Section C – Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations — see instructions.	22	135,705.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs.	23	

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A – Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? ☐ **Yes** ☐ **No** **24b** If 'Yes,' is the evidence written? ☐ **Yes** ☐ **No**

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost
---	-------------------------------	---	----------------------------	--	------------------------	--------------------------	-------------------------------	---------------------------------

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) **25**

26 Property used more than 50% in a qualified business use:

27 Property used 50% or less in a qualified business use:

					SL/			
					SL/			
					SL/			

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1. **28**

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1. **29**

Section B – Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

		(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
30	Total business/investment miles driven during the year (do not include commuting miles).....												
31	Total commuting miles driven during the year.....												
32	Total other personal (noncommuting) miles driven.....												
33	Total miles driven during the year. Add lines 30 through 32.....												
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
34	Was the vehicle available for personal use during off-duty hours?.....												
35	Was the vehicle used primarily by a more than 5% owner or related person?.....												
36	Is another vehicle available for personal use?.....												

Section C – Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?.....		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners.....		
39 Do you treat all use of vehicles by employees as personal use?.....		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?.....		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions).....		

Note: If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
-----------------------------	---------------------------------	---------------------------	---------------------	--	-----------------------------------

42 Amortization of costs that begins during your 2009 tax year (see instructions):

43 Amortization of costs that began before your 2009 tax year. **43**

44 Total. Add amounts in column (f). See instructions for where to report. **44**

**Application for Extension of Time to File an
Exempt Organization Return**

OMB No. 1545-1709

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I and check this box. ☒ **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension -- check this box and complete Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Type or print	Name of Exempt Organization YMCA OF LAWTON, OK	Employer identification number 73-0642616
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 5 SW 5TH STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. LAWTON OK 73501	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| ☒ Form 990 | ☐ Form 990-T (corporation) | ☐ Form 4720 |
| ☐ Form 990-BL | ☐ Form 990-T (sec. 401(a) or 408(a) trust) | ☐ Form 5227 |
| ☐ Form 990-EZ | ☐ Form 990-T (trust other than above) | ☐ Form 6069 |
| ☐ Form 990-PF | ☐ Form 1041-A | ☐ Form 8870 |

- The books are in the care of ► **SEE ATTACHMENT #2**

Telephone No. ► _____ FAX No. ► _____

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **AUGUST 15**, 20 **10**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ☒ calendar year 20 **09** or
- ☐ tax year beginning _____, 20 _____, and ending _____, 20 _____.

- 2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0
3b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0
3c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 4-2009)

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box ☒ **Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization YMCA OF LAWTON, OK	Employer identification number 73-0642616
	Number, street, and room or suite no. If a P.O. box, see instructions. 5 SW 5TH STREET	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see inst. LAWTON OK 73501	

Check type of return to be filed (File a separate application for each return):

☒ Form 990	☐ Form 990-PF	☐ Form 1041-A	☐ Form 6069
☐ Form 990-BL	☐ Form 990-T (sec. 401(a) or 408(a) trust)	☐ Form 4720	☐ Form 8870
☐ Form 990-EZ	☐ Form 990-T (trust other than above)	☐ Form 5227	

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of **SEE ATTACHMENT #2**

Telephone No. FAX No.

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- I request an additional 3-month extension of time until **NOVEMBER 15, 2010**.
- For calendar year **2009**, or other tax year beginning , 20 , and ending , 20 .
- If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- State in detail why you need the extension **THE TAXPAYER'S AUDIT IS NOT YET COMPLETED. THEY NEED ADDITIONAL TIME TO FILE A COMPLETE AND ACCURATE RETURN.**

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature  Title **Agent** Date **8/13/10**

JVA 09 88682 TW 33328 Copyright Forms (Software Only) - 2009 TW

Form 8868 (Rev. 4-2009)

INTERNAL REVENUE SERVICE
W&I - FIELD ASSISTANCE
LAWTON OK 73501

AUG 13 2010

RECEIVED
42210