

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



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)

OMB No 1545-0047

2009

Open to Public

Interr	nal Revenu	ie Service	▶	The organization may have to use	e a copy of this return	to satisfy state re	porting req	uirements	Inspection
A	For the	2009 calenda	ar year, or	tax year beginning	11-		ending	10	0-31 , 20 10
В	Check if a	pplicable	Please	C Name of organization FAMILY YM	CA OF BARTLESV	ILLE	1		D Employer identification no.
	Address c	hange	use IRS Label or	Doing Business As					73-0521535
$\overline{\Box}$	Name cha	inge	print or	Number and street (or P O box if mail is	s not delivered to street add	iress)	Room	suite	E Telephone number
=	Initial retur	-	type. See	101 N OSAGE		·			,
=	Terminate		Specific	City or town, state or country, and ZIP +	4				G Gross receipts
=	Amended		instruc- tions.	Bartlesville, OK 7400					s 861,753
=	Application		F Name	and address of principal officer KEVIN	<u>., </u>	1.1.1121			· · · · · · · · · · · · · · · · · · ·
ب	- Application	in perioding		N OSAGE, Bartlesville,			H(a)	ls this a group re affiliates?	etum for Yes X No
	Tax-exem	nt status		3) ◀ (insert no) 4947(a)(1)					= =
	Website	N/A N/A	<u> </u>	5) 4 (msertino) [4347(a)(1)	327		H(c)	If "No," attach a	included? Yes No list (see instructions) in number
		_	Corporation	Trust Association Other	<u> </u>	L Year of formation		M State of leg	
_				Trust Association Cities		L real of formation		III Otate of Ice	ja domicio
*172	1 1	Summar Broffy doser	_	ganization's mission or most signifi	icant activities	PROGRAMS OF	THE YMC	A ORGANI	
	'	briefly descr	ibe ille oi	Janization's mission of most signifi		PROGRAMO OF	THE THE	r Oldritz	
A C								• • •	
c c									· · · · · · · · · · · · · · · · · · ·
l y		Observations to		£ 4b		d of more than 25	9/ of its no		
V e	· I			f the organization discontinued its		o or more than 25		1	10
t n	·		-	nbers of the governing body (Part \	,				18
e n				nt voting members of the governing					18
S 0				oyees (Part V, line 2a) · · · · ·					0
&				teers (estimate if necessary) • • •					
		_		business revenue from Part VIII, co				• • • 7a	<u> </u>
	b	Net unrelate	d busines	s taxable income from Form 990-T	, line 34 • • • • •			•••• 7b	0
R								ior Year	Current Year
e	8			nts (Part VIII, line 1h)				648,49	859,300
V	9	-		nue (Part VIII, line 2g)					0
n	10			art VIII, column (A), lines 3, 4, and				2,79	2,453
u e	11	Other reveni	ue (Part V	III, column (A), lines 5, 6d, 8c, 9c,	10c, and 11e) • • •		·		0
	12	Total revenu	e - add lin	es 8 through 11 (must equal Part \	VIII, column (A), line 1	2) • • • • • •	·	651,29	861,753
	13	Grants and	sımılar am	ounts paid (Part IX, column (A), lin	ies 1-3) • • • • • •	• • • • • • • •	·		. 0
E	14	Benefits paid	d to or for	members (Part IX, column (A), line	e 4) · · · · · · · · ·	• • • • • • • •			0
X	15	Salaries, oth	er compe	nsation, employee benefits (Part I)	X, column (A), lines 5-	10)		302,20	2 424,837
P e	16a	Professiona	fündraisi	ng lees (Part-IX-) column (A), line 1	1e) • • • • • • •		•		0
n	b	Total fundra	ising expe	enses (Part IX, column (D), line 25)		19,166	` , ^	\$ 100 to	1 / / / / / / / / / / / / / / / / / / /
2/ 9	17	Other expen	ses (Part	IX, ເຈົ້າumີກີ (A), lines, 11a-11d, 11f- ines 13-17 (must egual Part IX, co	24f) • • • • • •	• • • • • • •		379,26	473,234
Š	18	Total expens	es Add I	ines 13-17 (must egual Part IX, co	lumn (A), line 25) •		•	681,46	898,071
P	19		expense	esSubtract line 18 from line 12			•	(30,17	70) (36,318)
Net			00	DEN LI			Beginning	of Current Year	End of Year
CAN HAS DE	±s 20	Total assets						657,81	2 628,780
Func	21	Total liabilitie	es (Part X	, line 26)			•	103,44	8 111,697
ZBal- Zance	S 22	Net assets of	or fund bal	lances Subtract line 21 from line 2	20 • • • • • • • •		•	554,36	517,083
	artill	Signatu	re Bloc						
> '		Linder penalt	ies of penury	 I declare that I have examined this return. 	including accompanying so	hedules and statemen	ts, and to the t	est of my knowl	edge
೨		and belief, it	is true, corre	ct, and complete Declaration of preparer (of	ther than officer) is based o	n all information of whi	ch preparer na	is any knowledg	e
Š ig	an		A)UC	by mund					
He	-	Signatu	re of officer		2.7				Date
			- 1,	ibbu Merritt,	CEG	_	-	-	10
		Type or	U print name a	and title			-	·	
-		 	,		Date	Tch	eck if	Preparer's i	dentifying number
		Preparer's signature				احد ا		(see instruc	tions)
Pai		0.910.010	' V.	ald -	09-2	23-2011	ipioyeu - La	- 446'	127152
	parer's			VIOLET F KIRKENDALL			EIN	•	
Use	Only	Firm's name if self-employ		405 W CLAREMORE ST				701.00	6035
		address, and		Claremore, OK 74017			Phone n	• ▶918-3	42-5474
Ma	v the IP	S discuse this	return wi	th the preparer shown above? (see	e instructions) · · ·				
	, 11 \	, , , , , , , , , , , , , , , ,							

Par	t III
Ì,	Briefly describe the organization's mission
	PROGRAMS OF THE YMCA ORGANIZAT
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ? \cdots Yes X 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? · · · · · · · · · · · · · · · · · · ·
	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 \$ 718,609 including grants of \$.) (Revenue \$)
	PROVIDED A VARIETY OF HEALTH/EXERCISE/RECREATION OPPORTUNITIES FOR 1000+ MEMBERS AND 500+
	NONMEMBERS.
•	
41.	/O-d- \/ (Function 0)
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	

Form 990 (2009) FAMILY YMCA OF BARTLESVILLE

73-0521535

Page 2

73-0521535

Par	t 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		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	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
	Schedule C, Part II · · · · · · · · · · · · · · · · · ·	4	.	Х
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	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			
_	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			
	complete Schedule D, Part I · · · · · · · · · · · · · · · · · ·	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,		-	, -
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	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			
•	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, directly or through a related organization, hold assets in term, permanent, or			- 41
	quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
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	11	х	
_	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete	\$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	- 2 <u>1</u>	Ж.
•	Schedule D, Part VI		40.	, a
_	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more		S	Sec. 3.
•	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		`, , •	9.3.
_	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more		* 3	
•	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	N A N	, , ,	
_	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets		٤	
•	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		79 3	()
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			28
•	the organization's slability 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		آ ر د	'
12	Schedule D, Parts XI, XII, and XIII - · · · · · · · · · · · · · · · · ·	12	Х	٠
124	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No	``````````````````		
	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	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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	14b		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	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	ٿ		^
10	to individuals located outside the United States? If "Yes," complete Schedule F, Part III • • • • • • • • • • • • • • • • •	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	··•	 	^
17	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I • • • • • • • • • • • • • • • • • •	17	-	v
10		-"-		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	18		v
40		- ''	-	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 • • • • • • • • • • • • • • • • •	19		\ v
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	-	X
20	Did the diganization operate one of more hospitals on ites, complete schedule in	1 20	1	X

Form	990 (2009) FAMILY YMCA OF BARTLESVILLE 73-05215	35	Р	age 4
Pa	rt 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			1
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		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	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
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	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	-		
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	-25a	•	χ.
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			-
	990-EZ? If "Yes," complete Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
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?			l
	If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,		9, ,	
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)	٠. ١	3 3	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		х
С	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 · · · · · · · · · · · · · · · · · ·	28c		<u>x</u>
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		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part	31		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	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		X.
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	III, IV, and V, fine 1 · · · · · · · · · · · · · · · · · ·	34		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 · · · · · · · · · · · · · · · · · ·	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			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			1
-	Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	Х	L

Pai	rt 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	3, 1	*	**
	U.S. Information Returns Enter -0- if not applicable · · · · · · · · · · · · · · · · · · ·	7	\$	*
þ	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable . • • • • • • • • • • • • • • • • • •	٠,	· . ·	1 . 3 . 4
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	. ,	•	1
	Statements, filed for the calendar year ending with or within the year covered by this return ••••• 2a 0	<u>.</u>		
· 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	T. 4	,	<i>j</i> .
- `	instructions)	Ĩ		*
. 3a -	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	, <u>, , , , , , , , , , , , , , , , , , </u>		
	this return? \cdots	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	-3.5	1/4	٠.,
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank		n ing	~ 42g.
	and Financial Accounts		. }	المُلاف
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		
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		
7	Organizations that may receive deductible contributions under section 170(c).		* * * * * * * * * * * * * * * * * * * *	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	309	کنن	
	and services provided to the payor?	7a		<u> </u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
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 • • • • • • • • • • • • • • • • • • •	. 🎉	×	4
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	***		ئ. دىسا
	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		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
	required?	7h		X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	15 3	J.Š	:
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	3		لنسحا
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.		*****	نُدُنعًا
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter	٤٠,	¥, ,	* ;
а	Initiation fees and capital contributions included on Part VIII, line 12 · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	, 3	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	ł]
11	Section 501(c)(12) organizations. Enter	`*`` <u>`</u>	* * * 4	*
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		
b	name in a sign of the state of			

FAMILY YMCA OF BARTLESVILLE

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	

Sec	tion A. Governing Body and Management		
		Ye≤	No
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?	.	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? ••••• 4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		<u> </u>
6	Does the organization have members or stockholders?		X
¹7a	Does the organization have members, stockholders, or other persons who may elect one or more members		-
	of the governing body? • • • • • • • • • • • • • • • • • • •	а	<u> </u>
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	b ,	X-
18	Did the organization contemporaneously document the meetings held or written actions undertaken during	**	
	the year by the following		ار ،
- a	The governing body? • • • • • • • • • • • • • • • • • • •	аХ	
b	Each committee with authority to act on behalf of the governing body?		
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
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal		
	nue Code)		
		Yes	No
10a	Does the organization have local chapters, branches, or affiliates? • • • • • • • • • • • • • • • • • • •		X
	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?	ь	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the		1
	form?	1 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	a X	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	^	+
_	rise to conflicts? · · · · · · · · · · · · · · · · · · ·	ь	.
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	- A	\
·	describe in Schedule O how this is done	c X	.
13	Does the organization have a written whistleblower policy?		X
14	Does the organization have a written document retention and destruction policy?		
15	Did the process for determining compensation of the following persons include a review and approval by	· ^	
13	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	٠, ٠	3
_	The organization's CEO, Executive Director, or top management official	-	.
a h	Other officers or key employees of the organization		
b	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)	<u>~ X</u>	M / F
160	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement		1
16a	1	<u>-</u>	
		ya	X
D	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	<u>.</u>	
		ib	<u> </u>
	tion 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 Under Swebsite 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		

Page 6

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 (A)	(B)			C)			(D)	(E)	(F)
• •	1	Dantina		-					
Name and Title	Average hours per week	Position I t d I n r I n d I r r I s I s e t v t c I I e t d e o u u r I a o I r n a a I	t O r f u f s c e e	K e y e m p l o y e e	H c e m g h p l e e n s t e d	F	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
KEVIN FABRY	†		1		-				
PRESIDENT	1.00		l x	}			c	0	0
BOB BENNETT			1 -						
VICE PRESIDEN	1.00		X	1			c	0	0
JAY DYER	1								
TREASURER	1.00		X	}			c	0	0
MARY BETH BUCHANAN									
SECRETARY	1.00		l x	}			c	0	0
RICK ESSER			1						
DIRECTOR	1.00		x	1			c	0	0
MARK KANE			1					-	
DIRECTOR	1.00		x		1		c	0	0
JACK PHILLIPS								=	
DIRECTOR	1.00		x	1			c	0	0
JOHN GORMAN									
DIRECTOR	1.00		<u> </u> x				C	0	0
DALE SCOTT									
DIRECTOR	1.00		x	1			c	0	0
MIKE ORR									
DIRECTOR	1.00		x	1			c	0	0
AARON ARCHAMBO									
DIRECTOR	1.00		X	1			l c	0	0
JESS KANE									
DIRECTOR	1.00		X	1			(0	0
ELAINE DETTLE									
DIRECTOR	1.00		X	4			C	0	0
DANA ISREAL							,		
DIRECTOR	1.00		Х				l c	0	0
CHRIS JONES									
DIRECTOR	1.00		X	<u>.</u>		<u> </u>	(0	0
HEATHER ROBINSON									
DIRECTOR	1.00		X		<u> </u>		(0	0

Name and Title	Average hours per week	Posit Itd nri dur	l t	0	К	at apply)	F	Reportable compensation	Reportable compensation	Estimated amount of
		sevtc let deo u r ao l r	1 5 1 t 1 t	f C	e y e m p l o y e e	omples see ted	o r Æ e r	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
ICHAEL DUNCAN										
IRECTOR	1.00	٠.		X	·			(0	0
YAN BLEVINS						ł		•	` .	•
IRECTOR	1.00	ļ	ļ	<u> </u>		ļ		. (, 0	. 0
,		1	1	1						
	<u> </u>	i I		-						
	`,						,			
		Ī								
			<u> </u>							-
•				-						
		<u> </u>		┼	_	-	-			
·										
				 	-			· · · · · ·		
					ļ					
			_	-	-	ļ				
			\vdash	1						
b Total · · · · · · · · · · · · · · · · · · ·									2 0	0
Total number of individuals (including but not limited	to those listed	d abov	e) w	/ho r	ecei	ved m	ore t	han \$100,000 in	_	
reportable compensation from the organization									C	 , ,
Did the organization list any former officer, director of	ortructee kev	emolo	WAA	or h	uah	est cor	mner	nested		Yes No
employee on line 1a? If "Yes," complete Schedule J	-		-		_					· 3 X
For any individual listed on line 1a, is the sum of rep										1 %
the organization and related organizations greater th	nan \$150,000?	If "Ye	s," c							
ındıvıdual									• • • • • • • •	4 X
Did any person listed on line 1a receive or accrue co	-		-			-				
services rendered to the organization? If "Yes," com	plete Schedul	e J for	suc	h pe	rson	· · ·	<u>··</u>			5 X
Section B. Independent Contractors Complete this table for your five highest compensate	ad independer	at cont	racti	ore ti	at r		d m	ore than \$100 000	l of	
compensation from the organization	a macpender	it Com	acı	013 (1	iali	CCCIVE	JU 1111	ore man proo,ooc	, 01	
(A)								(B)		(C)
— Name and business addre	ss							Description of	services	Compensation
2 Total number of independent contractors (including	hut not limited	4- 4				·				

Part \	/iii	Statement of Revenu	е						
•					- An - 4	(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	4-	To decade di conservati		1 4-		 	revenue		512, 513, or 514
-	. 1a	Federated campaigns · · · · Membership dues · · · ·		1a 1b	643,259	-	, , , , ,		
Contn-	b	•		1c	043,239	-			
butions,	۲ C	Fundraising events · · · ·		1d		-	*		sæ '
gifts, grants	d	Related organizations · · ·		1e	216,041	· , ,	<i>*</i> _₹ ,	,	
and	e	Government grants (contribution	-	16	210,041	┪ .			* .
other similar amounts	f	All other contributions, gifts, grand similar amounts not include		1f		<u> </u>		* *,	
CE I RAZE ILS	g	Noncash contributions include	d in lines 1a	a-1f \$, ,
	h	Total. Add lines 1a-1f • •			· · · · · · >	859,300	3 *:	<u> </u>	
	,				Business Code		<u> </u>		* 4- 11, > 1
	2a								
_	b								
Program Service	С	<u> </u>							
Revenue	d								
	е								
	f	All other program service reven	ue · · · ·					-	
	g	Total. Add lines 2a-2f · · ·		• • •	• • • • • • •			* * * *	
	3	Investment income (including dother similar amounts) • • •				2,453	2,453		
	4	Income from investment of tax-							
	5	Royalties · · · · · · · ·			• • • • • • •				
		<u> </u>	(ı) Rea	ıt	(ii) Personal		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	6a	Gross Rents · · · · · ·				La dice		*	
	b	Less rental expenses • • • •							
	С	Rental income or (loss) • • • •							***
	d	Net rental income or (loss) •		• • •	• • • • • • • •				
	7a	Gross amount from sales of assets other than inventory	(ı) Secunt	ies	(II) Other				
	b	Less cost or other basis and sales expenses • • • •							
o t	С	Gain or (loss)	•						
h	d	Net gain or (loss) • • • • •			• • • • • • •				
e	l	Gross income from fundraising				₩	Q \$ 4.00 10 1	⊕ ?	
•		events (not including \$				S 402.		i 4.	
R		of contributions reported on line	e 1c)			7	, ,		* *
e v		See Part IV, line 18 · · · ·		· a		\$ 200 000	2	· · · · · · · · · · · · · · · · · · ·	** *
e	b	Less direct expenses · · ·				1 * ·	** * *		
n u	ı	Net income or (loss) from fundr			• • • • • • •				
e	l .	Gross income from gaming acti					,		
		See Part IV, line 19 · · · ·		· a		,	* * * *	,	Ĭ ·
	ь	Less direct expenses · · · ·			·	1	* · · · · · · · · · · · · · · · · · · ·		4 (
		Net income or (loss) from gami			• • • • • • •				
	ŀ	Gross sales of inventory, less							
		returns and allowances • • •		· а		\$°		' ` *	·
	ь	Less cost of goods sold · ·		· b		1.	,	· .	* ,
		Net income or (loss) from sales			• • • • • • •				
		Miscellaneous Revenue			Business Code		,		
	11a					1			
	ь								
	c								
	_	All other revenue · · · · ·		•••		1			
		Total. Add lines 11a-11d •				 			
		Total revenue. See instructions				861,753	2,453	3 (

Part IX Statement of Functional Expenses

Do not include amounts reported on lines 6b, (A) (B) (C) (D)									
	b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses -	Management and general expenses	Fundraising expenses				
G	Grants and other assistance to governments and			1. 12 No. 28 1	. *				
О	organizations in the U.S. See Part IV, line 21				, ,				
C	Grants and other assistance to individuals in				* 37.				
ti	he U.S. See Part IV, line´22 • • • • • • • • • • • • • .				*				
C	Grants and other assistance to governments,			李 往 经 有 赞					
O	organizations, and individuals outside the			\$ 5, 4					
	JS See Part IV, lines 15 and 16 · · · · · · · · · · .			Salar arts a	<u>4. </u>				
E	Benefits paid to or for members • • • • • • • • • • • • • • • • • • •		,	1,000	. in the second				
C	Compensation of current officers, directors,		-						
tr	rustees, and key employees • • • • • • • • • • L			,					
C	Compensation not included above, to disqualified								
þ	persons (as defined under section 4958(f)(1)) and		, ,		,				
þ	persons described in section 4958(c)(3)(B)								
C	Other salaries and wages	316,528	246,731	69,797					
F	Pension plan contributions (include section 401(k)	-	-	P1					
а	and section 403(b) employer contributions)								
	Other employee benefits • • • • • • • • • • • • • • • • • • •	108,309	84,481	23,828					
	Payroll taxes								
F	ees for services (non-employees)			:	,				
Ń	Management • • • • • • • • • • • • • • • • • • •								
	.egal · · · · · · · · · · · · · · · · · · ·								
	Accounting	12,211		12,211					
	obbying · · · · · · · · · · · · · · · · · · ·								
F	Professional fundraising services See Part IV, line 17 •		States &	، ، , ه , ده ,					
b	nvestment management fees · · · · · · · · · · · ·								
	Other · · · · · · · · · · · · · · · · · · ·	57,490	38,324		19,16				
	Advertising and promotion · · · · · · · · · · · · ·	1,711	1,711						
	Office expenses	10,322	10,322						
	nformation technology • • • • • • • • • • • • • • • • • • •				·-				
	Royalties	-							
	Occupancy	138,666	106,931	31,735					
	Travel	3,154	· · · · · · · · · · · · · · · · · · ·	3,154					
	Payments of travel or entertainment expenses				-				
	or any federal, state, or local public officials								
	Conferences, conventions, and meetings · · · · · ·								
	nterest	4,753	4,753						
	Payments to affiliates • • • • • • • • • • • • • • • • • • •		<u> </u>						
	Depreciation, depletion, and amortization	43,343	43,343						
	nsurance · · · · · · · · · · · · · · · · · · ·	64,336	50,182	14,154					
	Other expenses Itemize expenses not	* , , ,		<u> </u>	^ ^				
	covered above (Expenses grouped together		*		, , , , , , , , , , , , , , , , , , ,				
	and labeled miscellaneous may not exceed								
	5% of total expenses shown on line 25 below)			*	· ` `				
	FRAINING	2,715	2,715	, , , , , , , , , , , , , , , , , , , ,	<u> </u>				
_	COMMISSIONS	12,876	12,876						
_	PROGRAM SUPPLIES	99,088	99,088						
-	AI SCELLANEOUS	9,874	9,874						
-	DUES AND BANK CHARGES	7,424	2,007	5,417					
-		5,271		3,417					
	All other expenses		5,271	160 000	10.10				
	Total functional expenses. Add lines 1 through 24f · · · Joint Costs. Check here ▶ ☐ if following	898,071	718,609	160,296	19,16				
	SOP 98-2 Complete this line only if the								
	organization reported in column (B) joint costs				1				
	organization reported in column (b) joint costs								

Form 990 (2009)

, aı	t.X	Balance Sheet	(A)		(B)
•			(A)		(B)
	1 4	Cash - non-interest-hearing	Beginning of year	1	End of year
	1	out her more bearing	. 34,807		43,015
•	2	Savings and temporary cash investments	F 030	2	, C E40
	3	Pledges and grants receivable, net	5,932	3	6,549
	4	Accounts receivable, net		4	
-	5	Receivables from current and former officers, directors, trustees, key	٠	4	Jan 18 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		employees, and highest compensated employees. Complete Part II of		<u></u> -	
		Schedule L · · · · · · · · · · · · · · · · · ·		. 5	<u> </u>
	- 6	Receivables from other disqualified persons (as defined under section	- in the same of t		1-4 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
A		4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete			
s		Part II of Schedule L	•	6	
s e	7	Notes and loans receivable, net	3,295	7	
ť	8	Inventories for sale or use		8	
s	9	Prepaid expenses and deferred charges	61,295	9	
	10a	Land, buildings, and equipment cost or	* 2010 * White	/	
		other basis Complete Part VI of Schedule D · · · · · 10a 515,140			
	b	Less accumulated depreciation · · · · · · · · · · 10b	552,483	10c	_ 515,140
	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	64,076
	16	Total assets. Add lines 1 through 15 (must equal line 34)	657,812	16	628,780
	17	Accounts payable and accrued expenses	42,467	17	52,207
	18	Grants payable · · · · · · · · · · · · · · · · · · ·		18	
L	19	Deferred revenue		19	
i	20	Tax-exempt bond liabilities · · · · · · · · · · · · · · · · · · ·		20	
b	21	Escrow or custodial account liability Complete Part IV of Schedule D · · · · · ·	•	21	
į	22	Payables to current and former officers, directors, trustees, key		£ 1, 23	
l L		employees, highest compensated employees, and disqualified			
t		persons Complete Part II of Schedule L		22	
ı	23	Secured mortgages and notes payable to unrelated third parties	60,981	23	59,490
s	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	103,448	26	111,697
		Organizations that follow SFAS 117, check here X and		ŵ	¥ -1 ,
NF		complete lines 27 through 29, and lines 33 and 34.		i.	
u	27	Unrestricted net assets	508,327	27	469,261
n d	28	Temporarily restricted net assets	41,993	28	47,822
۵ 4	29	Permanently restricted net assets	4,044	29	-
В	1	Organizations that do not follow SFAS 117, check here		ئ رد پور - برد	, ^ A
a e l		and complete lines 30 through 34.			
a	30	Capital stock or trust principal, or current funds		30	
n	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
c e	32	Retained earnings, endowment, accumulated income, or other funds		32	-
s	33	Total net assets or fund balances	554,364	33	517,083
	34	Total liabilities and net assets/fund balances · · · · · · · · · · · · · · · · · · ·	657,812	34	628,780

Par	t XI Financial Statements and Reporting			
•			Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other	16.3	, 21	1,000
	If the organization changed its methods of accounting from a prior year or checked "Other," explain in	1		,
	Schedule O	Š		1 6
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	Х	
b	Were the organization's financial statements audited by an independent accountant?	2b	Х	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			_
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain in	5 " (\$ · · · · 8	-, - ,:
	Schedule O	1	8 2	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were	ر، بيغ ا		'
	issued on a consolidated basis, separate basis, or both	1		
	Separate basis Consolidated basis Both consolidated and separate basis	ن بر ن		e :
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?	3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		-	
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		_
	EEA .	Form	990 (2	2009)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Public Charity Status and Public Support

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

A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,

See separate instructions

OMB No 1545-0047

2009

Open to Public

▶ Attach to Form 990 or Form 990-EZ. Internal Revenue Service Employer identification number Name of the organization FAMILY YMCA OF BARTLESVILLE 73-0521535 Reason for Public Charity Status (All organizations must complete this part) See instructions Part'l The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)

A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)

A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).

X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)

A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)

An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h

b Type II c Type III-Functionally integrated a Type i By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified

persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

A person who directly or indirectly controls, either alone or together with persons described in (ii) and (III) below, the governing body of the supported organization?

(ii) A family member of a person described in (i) above? ...

		Yes	No
•	11g(i)		
•	11g(B)		
•	11g(III)		

Type III-Other

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)	(iv) is the organization in col (i) listed in your governing document?		in col (i) listed in your the organization in		(vi) Is the organization in col (i) organized in the US?		(vii) Amount of support	
			Yes	No	Yes	No	Yes	No		
				i						
									-	
							٠,			
l .			`				\$			

73-0521535 Schedule A (Form 990 or 990-EZ) 2009 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I) Section A. Public Support (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 Calendar year (or fiscal year beginning in) (f) Total 1 Gifts, grants, contributions, and membership fees received (Do not 704,873 660,113 668,848 648,499 859,300 3,541,633 include any "unusual grants") Tax revenues levied for the organization's benefit and either paid to or expended on The value of services or facilities furnished by a governmental unit to the organization without charge 704,873 660,113 668,848 648.499 859,300 3,541,633 Total. Add lines 1 through 3 ٠ 5 The portion of total contributions by each person (other than a governmental unit or 6. . Æ. publicly supported organization) included . on line 1 that exceeds 2% of the amount 30 shown on line 11, column (f) 3,541,633 Public support. Subtract line 5 from In 4 . s -...... · وووسيتي . . . ' إد ŵ. ** * Section B. Total Support (c) 2007 (d) 2008 Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (e) 2009 (f) Total 704,873 660,113 668,848 648,499 859,300 3,541,633 Amounts from line 4 · · · · · · · Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar 3,354 3,753 4,029 2,797 2,453 16,386 sources Net income from unrelated business activities, whether or not the business is regularly carned on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 11 Total support. Add lines 7 through 10 3,558,019 12 Gross receipts from related activities, etc. (see instructions) 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) Section C. Computation of Public Support Percentage 99.54 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) % Public support percentage from 2008 Schedule A, Part II, line 14 15 % 15 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 **▶** X 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

l7a	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

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

Partill. Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you	checked the box on	line 9 of Part I)
-----------------------	--------------------	-------------------

500	ction A. Public Support						
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and		(2) 2000	(0) 2001	(4) 2555	(0) 2003	(i) Total
	membership fees received (Do not include any "unusual grants") · · · · · · · · · · · · · · · · · · ·	,			,		
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus under sec 513				· · · · · ·	,	· · · · · · · · · · · · · · · · · · ·
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf • • • • • • • • • • • • • • • • • • •		•				·
5	The value of services or facilities furnished by a governmental unit to the organization without charge		,		,		
6	Total. Add lines 1 through 5 · · · · · ·						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons • • • •	·		-			
	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	-				-	
С	Add lines 7a and 7b · · · · · · · · · · · ·			-			
8	Public support (Subtract line 7c from line 6) · · · · · · · · · · · · · · · · · ·		3 - 2	× .	* * * * *		
	ction B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6 · · · · · · · · · · · · · · · · · ·			<u> </u>			
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b · · · · · · · ·						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is for the organization, check this box and stop here	ganızatıon's first, se	econd, third, four	th, or fifth tax year	as a section 501(c)	(3)	▶ □
Se	ction C. Computation of Public Su						
15	Public support percentage for 2009 (line 8, c	• • •	•	• (•//		15	%
16	Public support percentage from 2008 Sched				• • • • • • • • • •	16	<u>%</u>
	ction D. Computation of Investme			ackies (0)		17	
17	Investment income percentage for 2009 (line Investment income percentage from 2008 Sc	• •	-			18	<u>%</u>
18							
	33 1/3% support tests - 2009. If the organization is not more than 33 1/3%, check this box	and stop here The	e organization qu	ualifies as a publicly	y supported organiz	ation • • • • •	· · · · • □
	33 1/3% support tests - 2008. If the organization 18 is not more than 33 1/3%, check this	box and stop here	. The organization	on qualifies as a pu	blicly supported org	anization • • •	▶□
20	Private Foundation: If the organization did r	ior check a box on	me 14, 19a, or 1	BD, CHECK THIS DOX	and see instruction	2	• • • • • •

SCHEDULE D (Form 990) .

Supplemental Financial Statements

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

OMB No 1545-0047 2009

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. ▶ See separate instructions.

Open to Public Inspection

larne (f the organization	•	s	Employer identification number
'AM	ILY YMCA OF BARTLESVILLE			73-0521535
Par	Organizations Maintaining Donor A		ds or	Accounts. Complete if
	the organization answered "Yes" to Form 990, P	art 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 advisor	rs in writing that the assets held in donor advis	ed	
	funds are the organization's property, subject to the org	anization's exclusive legal control?		• • • • • • • • Yes No
6	Did the organization inform all grantees, donors, and do	nor advisors in writing that grant funds can be		
	used only for charitable purposes and not for the benef	t of the donor or donor advisor, or for any other	r	•
	purpose conferring impermissible private benefit?			· · · · · · · · · · · · · Yes · · No
Par	Conservation Easements. Complete	f the organization answered "Yes" to Form 990), Part I	V, line 7
1	Purpose(s) of conservation easements held by the orga	•		
	Preservation of land for public use (e.g., recreation		torically	y important land area
	Protection of natural habitat	Preservation of a cert	•	•
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a	qualified conservation contribution in the form	of a cor	nservation
_	easement on the last day of the tax year	4	-,	
	outsilled the last day of the lax you		[Held at the End of the Tax Year
а	Total number of conservation easements · · · · · ·			2a
b	Total acreage restricted by conservation easements •			2b
c	Number of conservation easements on a certified histor			2c
d	Number of conservation easements included in (c) acquired history	• •	,	2d
3	Number of conservation easements modified, transferre			
J	the tax year	ed, released, extinguished, or terminated by the	s organi	ization during
4	Number of states where property subject to conservation	n agreement is located		
4 5	Does the organization have a written policy regarding the			
J				· · · · · · · · · · · · Yes · · No
c	violations, and enforcement of the conservation easem			
6	Staff and volunteer hours devoted to monitoring, inspec	ting, and emorcing conservation easements of	uring tir	e year
7	Amount of ourselves and in manteness are seen		ممدد مطاة	
7	Amount of expenses incurred in monitoring, inspecting,	and enforcing conservation easements during	tne yea	ar -
•	▶ \$			
8	Does each conservation easement reported on line 2(d			□Vaa □Na
	170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)? • • • • •		. 	·····YesNo
9	In Part XIV, describe how the organization reports cons			
	balance sheet, and include, if applicable, the text of the	-	ents tha	n describes
	the organization's accounting for conservation easeme			
<u> Par</u>	Organizations Maintaining Collect Complete if the organization answered "Yes" t	-	or Oth	ier Similar Assets.
12	If the organization elected, as permitted under SFAS 1		alance	sheet works of
	art, historical treasures, or other similar assets held for	·		
	provide, in Part XIV, the text of the footnote to its finance		nerance	s of public service,
ь	If the organization elected, as permitted under SFAS 1		see che	at works of art
U	historical treasures, or other similar assets held for pub	•		
-		ic exhibition, education, or research in futiliera	ince or	public service,
	provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 •			 .
	(i) Revenues included in Form 990, Part VIII, line 1 •			
2	(ii) Assets included in Form 990, Part X · · · · · ·			
2	If the organization received or held works of art, historic	•	ai gain,	provide the
	following amounts required to be reported under SFAS	•		
а	Revenues included in Form 990, Part VIII, line 1 • • •			
b	Assets included in Form 990, Part X · · · · · · ·			· · · · · • \$

Sched	ule D (Form 990) 2009 FAMILY YMCA OF E	BARTLESVILLE_			73-05	21535	Page 2
Par	t Iili Organizations Maintaining	Collections of	Art, Historical	Treasures, or	Other Similar	Assets (co	ontinued)
3	Using the organization's acquisition, accession,						
	collèction items (check all that apply)						
а	Public exhibition	d 🗌 Loai	n or exchange prog	rams			
b	Scholarly research	e 🗌 Othe	er 🔩 💎				
С	Preservation for future generations						
4	Provide a description of the organization's collection	ctions and explain he	w they further the	organization's exer	mpt purpose in	• •	
	Part XIV						
5	During the year, did the organization solicit or re	ceive donations of a	rt, historical treasu	res, or other simila	r ,		
	assets to be sold to raise funds rather than to be	maintained as part	of the organization	's collection? •		· · · □Y	res 🗌 No
Par	t IV Escrow and Custodial Arra	ngements. Com	plete if organizatio	n answered "Yes"	to Form 990,		
	Part IV, line 9, or reported an amount				•		
1a	Is the organization an agent, trustee, custodian	or other intermediary	for contributions of	r other assets not	•	,	
	included on Form 990, Part X?					· · · □Y	res 🔲 No
þ,	If "Yes," explain the arrangement in Part XIV and	d complete the follow	ving table	•	•		
			•		Α .	mount	
С	Beginning balance				1c .	,	
d	Additions during the year			[-1d		
е	Distributions during the year			[1e -		
f	Ending balance · · · · · · · · · · · · · · · · · · ·				1f		
2a	Did the organization include an amount on Form	990, Part X, line 21	2			· · · Пу	res No
b	If "Yes," explain the arrangement in Part XIV	k				_	
	Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10						
Pai	t.V Endowment Funds, Complete	if the organization ai	nswered "Yes" to Fe	orm 990, Part IV, II	ne 10	-	,
Pai	Endowment Funds. Complete	of the organization ai	nswered "Yes" to Fe	(c) Two years back		ck (e) Four	r years back
<u> </u>	Endowment Funds. Complete Beginning of year balance					ck (e) Four	r years back
						ck (e) Four	r years back
1a	Beginning of year balance			(c) Two years back	(d) Three years ba		
1a b	Beginning of year balance			(c) Two years back	(d) Three years ba	- 38.	
1a b c	Beginning of year balance			(c) Two years back	(d) Three years ba		
1a b c	Beginning of year balance			(c) Two years back	(d) Three years ba		
1a b c	Beginning of year balance			(c) Two years back	(d) Three years ba		
1a b c	Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses			(c) Two years back	(d) Three years ba		
1a b c d e	Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance	(a) Current year		(c) Two years back	(d) Three years ba		
1a b c d e	Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses	(a) Current year		(c) Two years back	(d) Three years ba		
1a b c d e	Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the year end	(a) Current year		(c) Two years back	(d) Three years ba		
1a b c d e f g 2 a b	Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the year end and the standard or quasi-endowment Permanent endowment	(a) Current year		(c) Two years back	(d) Three years ba		
1a b c d e	Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the year endowned the estimated or quasi-endowment Permanent endowment Term endowment	(a) Current year	(b) Pnor year	(c) Two years back	(d) Three years ba		
1a b c d e f g 2 a b c	Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the year end and designated or quasi-endowment Permanent endowment Permanent endowment Mare there endowment funds not in the possession	(a) Current year	(b) Pnor year	(c) Two years back	(d) Three years ba		
1a b c d e f g 2 a b c	Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the year endownent because the permanent endowment because the permanent endowment because the possession organization by	(a) Current year and balance held as % on of the organizatio	(b) Pnor year	(c) Two years back	(d) Three years ba		
1a b c d e f g 2 a b c	Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the year endownent because the designated or quasi-endownent because the designation by (i) unrelated organizations	id balance held as % on of the organization	(b) Pnor year	(c) Two years back	(d) Three years ba	The state of the s	Yes No
1a b c d e f g 2 a b c	Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the year endownent permanent endowment Permanent endowment Term endowment Are there endowment funds not in the possession organization by (ii) unrelated organizations	id balance held as %	(b) Pnor year	(c) Two years back	(d) Three years ba	3a(i)	Yes No
1a b c d e f g 2 a b c	Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the year endownent begrander or quasi-endowment Permanent endowment We have there endowment funds not in the possession organization by (i) unrelated organizations If "Yes" to 3a(II), are the related organizations list	(a) Current year and balance held as % on of the organization sted as required on S	n that are held and	(c) Two years back	(d) Three years ba	3a(i) 3a(ii)	Yes No
1a b c d e f g 2 a b c 3a b	Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the year endownent permanent endowment Permanent endowment Term endowment Are there endowment funds not in the possession organization by (ii) unrelated organizations	ind balance held as on of the organization sted as required on Siganization's endowr	n that are held and	(c) Two years back	(d) Three years ba	3a(i) 3a(ii)	Yes No

(investment)

1a

С

Land · · · · · · · · · · · · · · · ·

Leasehold improvements · · · · · ·

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))

515,140

basis (other)

depreciation

• • • • • • • • • • •

515,140

515,140

Part VII Investments - Other Securities.	See Form 990, Part X, line 12	73-0521	535 Page 3
(a) Description of security or category	(b) Book value	(c) Method of valuation	
(including name of security)	(-,	Cost or end-of-year market va	lue
Financial derivatives • • • • • • • • • • • • • • • • • • •	• •		
Closely-held equity interests • • • • • • • • • • • • • • • • • •	• •	<u> </u>	*
Other	_	<u> </u>	
	_		
			···· • · · · · · · · · · · · · · · · ·
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
·		,	
<u> </u>			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	>	<u></u>	
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 va	ilue
,		,	
(Coldinit (b) Medicalest Chinese; Carry, Ger (b) mile (c)	>		1 (() 1
Part IX Other Assets. See Form 990, Part X,	line 15		
· 	(a) Description		(b) Book value
PREPAID EXPENSES			5,692
SECURITY DEPOSITS			3,295
PREPAID LEASE			55,089
			
Total. (Column (b) must equal Form 990, Part X, col. (B) line		· · · · · · · · · · · · · · · · · · ·	64,076
Part X Other Liabilities. See Form 990, Part	X, line 25		
1 (a) Description of liability	(b) Amount		
Federal income taxes		* · · · · · · · · · · · · · · · · · · ·	, ,
			. 40 60
		·	
		· · · · · · · · · · · · · · · · · · ·	, * _v *
	1	~~. " \	

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

Sched	ule D (Form 990) 2009 FAMILY YMCA OF BARTLESVILLE	73-0521535	Page 4
Pa	rt:XI Reconciliation of Change in Net Assets from Form 990 to Financial Statement	 S	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	861,753
2	Totàl expenses (Form 990, Part IX, column (A), line 25)	2	898,071
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	(36,318)
4	Net unrealized gains (losses) on investments	4	
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	.,
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	(36,318)
Pa	rt-XII Reconciliation of Revenue per Audited Financial Statements With Revenue per	er Return	
1	Total revenue, gains, and other support per audited financial statements		861,753
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	-	
а	Net unrealized gains on investments · · · · · · · · · · · · · 2a	1.3	-
b	Donated services and use of facilities • • • • • • • • • • • • • • • • • • •		~
С	Recoveries of prior year grants		
d	Other (Describe in Part XIV)	- 12 의	•
ė	Add lines 2a through 2d · · · · · · · · · · · · · · · · · ·		
3	Subtract line 2e from line 1 · · · · · · · · · · · · · · · · · ·	3	861,753
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		0027.03
a	Investment expenses not included on Form 990, Part VIII, line 7b · · · · · · · · 4a		
b	Other (Describe in Part XIV)	┨ ' ┃	
Č	Add lines 4a and 4b	40	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	1.0	861,753
D.			001,733
<u> 192</u>	T:XIIII Reconciliation of Expenses per Audited Financial Statements With Expenses Total expenses and losses per audited financial statements		898,071
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		030,071
-	Donated services and use of facilities	- 01 3m	
a h	Prior year adjustments · · · · · · · · · · · · · · · · · · ·	\dashv \blacksquare	
	Other losses · · · · · · · · · · · · · · · · · ·	\dashv \vdash	
ں ۔	Other (Describe in Part XIV)	\dashv $$ \mid	
u	Add lines 2a through 2d · · · · · · · · · · · · · · · · · ·		
3	Subtract line 2e from line 1 · · · · · · · · · · · · · · · · · ·	3	898,071
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	3	- 698,071
4			
a	· · · · · · · · · · · · · · · · · · ·		
b	Other (Describe in Part XIV)		
C E	Add lines 4a and 4b	4c	909 071
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	898,071
	rt XIV Supplemental Information		
	plete 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		
	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		
unis į	part to provide any additional information		
		 	
		· · · · ·	
			-

SCHEDULE O (Form 990)

Supplemental Information to Form 990

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

OMB No 1545-0047

2009

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990.

Open to Public Inspection

FAM	ILY YMCA OF BARTLESVILLE	73-0521535
01.	Form 990 governing body review (Part VI, line 11)	
THE	TAX RETURN IS MADE AVAILABLE FOR REVIEW TO THE GOVERNING BOARD PRIOR TO A	PPROVAL
02.	Conflict of interest policy compliance (Part VI, line 12c)	
THE	ORGANIZATION MAINTAINS A CONFLICT OF INTEREST POLICY	
03.	CEO, executive director, top management comp (Part VI, line 15a)	
THE	BOARD APPROVES ALL SALARY AND WAGE AMOUNTS THAT ARE PAID.	
04.	Other officer or key employee compensation (Part VI, line 15b	
THE	BOARD APPROVES ALL SALARY AMOUNTS PAID TO EMPLOYEES.	
05.	Governing documents, etc, available to public (Part VI, line 19)	
ORG	ANIZATION DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC ON REQUEST.	
	·	
_		
		-