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Form 990

Return of Organization Exempt From Income Tax

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

2010

OMB No 1545-0047

Department of the Treasury

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

Open to Public

_	al Revenu			2-31 .20 10
		2010 calendar year, or tax year beginning 11-01 , 2010, and o	anding T	T
<u>В</u> (Check if a	pplicable C Name of organization FAMILY YMCA OF BARTLESVILLE		D Employer identification no
<u></u> /	Address c	hange Doing Business As	· · · · · · · · · · · · · · · · · · ·	73-0521535
╝	Name cha		Room/suite	E Telephone number
<u></u>	nitial retur	101 N OSAGE		
ַ ַ ן	Terminated			145,325
/	Amended			G Gross receipts \$
	Application	pending F Name and address of principal officer KEVIN FABRY	H(a) is this a group	return for
		Same as C above	H(a) Is this a group in affiliates?	Yes X No
<u> </u>	ax-exem	ot status X 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527	H(b) Are all affiliates	included? Yes No a list (see instructions) on number
<u> </u>	Nebsite.	▶ N/A	H(c) Group exemption	on number
K F	orm of or	ganization X Corporation Trust Association Other L Year of formation	M State of le	gal domicile OK
Pa		Summary		
,	1	Briefly describe the organization's mission or most significant activities PROGRAMS OF THE	YMCA ORGANIZA	<u>T </u>
e G				
l y				
V е		Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25	1	
t n	3	Number of voting members of the governing body (Part VI, line 1a)	3	18
e n	4	Number of independent voting members of the governing body (Part VI, line 1b) • • • • • • •	4	. 18
e ကို	3 5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	. 0
ڏ ه	≨ 6	Total number of volunteers (estimate if necessary) · · · · · · · · · · · · · · · · · · ·	\	
Z	7a	Total unrelated business revenue from Part VIII, column (C), line 12 · · · · · · · · · · · · · · · ·	· · · · · · · · · <u>7</u>	a 0
	b	Net unrelated business taxable income from Form 990-T, line 34 · · · · · · · · · · · · · · · · · ·	• • • • • • • 7	ь О
R N V	j		Prior Year	Current Year
eZ	<u>-</u> 8	Contributions and grants (Part VIII, line 1h)	859,30	00 145,325
v=	9	Program service revenue (Part VIII, line 2g)		0
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) · · · · · · · · · · · · · · · · · · ·	2,4	53 0
ū¯ ′e.ξ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) • • • • • •	861,7	145,325
2011	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
	14	Benefits paid to or for members (Part IX, column (A), line 4)	_	Ō
E	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	424,8	74,960
p e		Professional fundraising fees (Part IX, column (A), line 11e)		0
ñ	Ь	Total fundraising expenses (Part IX, column (D), line 25)▶ 309	\$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
—≗- e		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	473,8	76,398
5		Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	898,6	71 151,358
	19	Revenue less expenses Subtract line 18 from line 12 · · · · · · · · · · · · · · · · · ·	(36,9	18) (6,033)
Net	<u> </u>	La Second land	Beginning of Current Year	End of Year
Asset	s 20	Total assets (Part X, line 16)	628,7	
or Fund	21	Total liabilities (Part X, line 26)	111,6	97 130,733
Bal- ances		Net assets or fund balances Subtract line 21 from line 20	517,0	83 511,050
Pa		Signature Block	7. ·	
Unde	r penaltie:	s of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best o		
and b	elief, it is	true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer, has any	knowledge	
		A ibby mernte	.*.3	
Sig	n	Signature of officer	C	ate 1 1
Her	- 1	Libby Merritt, CEO		_1 6 13110
. 101	-	Type or print name and title	<u> </u>	
		Print/Type preparer's name Preparer's signature Date	Check X if	PTIN
Pai	н	VIOLET F KIRKENDALL 09-23-2011	self-employed	446727152
		VIOLEN E VIOLENDALY CDA DC		176035
	parer	Timorkane		-342-5474
USE	Only	Firm's address Claremore OK 74017	FIIOTICITO	·= ·= · · ·
May	the IDS	6 discuss this return with the preparer shown above? (see instructions)		· · · · Yes X No
<u> </u>		vork Reduction Act Notice, see the separate instructions.	EE/	
	. wpuit		الباب	

Pai	rt III	Statement of	of Program Sei	rvice Accom	plishments uestion in this Part III			
1	Briefly	describe the orga		sponse to any q	uestion in this Part III			
'	•	-	YMCA ORGANIZA	Υ Τ				
						· · · · · · · · · · · · · · · · · · ·		
						·		
2	Did the	organization und	ertake any significa	ant program serv	ices during the year wh	ch were not listed o	n	¬
	•						• • • • • • • • • • • • • • • • • • • •	YesNo
_			new services on So					
3					changes in how it condu			Yes No
4			changes on Sched		organization's three larg	rest program service	es hy eynenses	
•					947(a)(1) trusts are req			
					y, for each program sen			
4a	(Code		(Expenses \$		including grants of \$) (Revenue \$)
					ECREATION OPPORT		.000+ MEMBERS AN	D 500+
	NONME	EMBERS.						
					· <u>-</u>			
							•	
					· · · · · ·		·	
					·			
								
4b	(Code)	(Expenses \$		including grants of \$) (Revenue \$)
	-		·					
					····			
								
				 				
								
4c	(Code)	(Expenses \$		including grants of \$		_) (Revenue \$)
								
4d		-	(Describe in Sche				_	
		nses \$		luding grants of) (Revenue \$)	
4e	lotal	program service	expenses >	126	, 941			Form 990 (2010)
						EEA		(200)

Form 990 (2010) FAMELY YMCA OF BARTLESVILLE

73-0521535

Page 2

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 x	, Form	990 (2010) FAMILY YMCA OF BARTLESVILLE 73-0521	35	P	age 3
Is the organization described in section 501(c)(3) or 4927(a)(1) (other than a private foundation)? If Yes," complete Schedule A. 2 is the organization organization direct or indect optical carpangian activities on behalf of or in opposition to candidates for public office? If Yes," complete Schedule C, Part I. 3 X 3 Section 501(c)(3) organizations. Dut the organization engage in otherwise on behalf of or in opposition to candidates for public office? If Yes," complete Schedule C, Part II. 4 X 5 is the organization as section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or armia amounts as defined in Revenue Procedure St-197 If Yes," complete Schedule C, Part III. 5 is the organization amount and in the stribution or investment of amounts in such finder or accounts? If Yes," complete Schedule C, Part III. 5 is the organization maintain any donor advised finds or any smiler funds or accounts where donors have the right to provide advice on the stribution or investment of amounts in such finder or accounts? If Yes," complete Schedule D, Part II. 5 is the organization necessor or in the stribution or investment of amounts in such finder or accounts? If Yes," complete Schedule D, Part III. 7 is Did the organization meritaria in the stribution or investment of amounts in a such finder or accounts? If Yes," complete Schedule D, Part III. 7 is Did the organization meritaria contections of video of arth, historical treasures, or other similar assets? If Yes," complete Schedule D, Part III. 8 is Did the organization meritaria contections of video of arth, historical treasures, or other similar assets? If Yes," complete Schedule D, Part VII. 9 is 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 negotation services? If Yes," complete Schedule D, Part VIII. 10 is the organization report an amount in Part X, line 21, serve as a nutso	Pai	rt IV Checklist of Required Schedules			·
complete Schedule A	_	1 (1		Yes	No
2 Is the organization required to complete Schedule of Contributors' (see instructions) 2 Is Did the organization engage in direct or infriend probletal campaing activities on behalf of orn opposition to candidates for public office? If "Yes," complete Schedule C, Part I 3 X Section 501(c)(3) organizations. Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 4 X Section 501(c)(3) organization in effect during the tax year? If "Yes," complete Schedule C, Part II 5 Is the organization amantain any donor advised funds or any similar funds or accounts where donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts where donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts where donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts of "Yes," complete Schedule D, Part II 7 X X Did the organization material collections of works of arth, instronal researces, or other similar sesses? If "Yes," complete Schedule D, Part II 7 X X Did the organization material collections of works of arth, instronal researces, or other similar assess? If "Yes," complete Schedule D, Part II 8 X X Did the organization material collections of works of arth, instronal researces, or other similar assess? If "Yes," complete Schedule D, Part II 7 X X Y X Y Provide credit counseling, debt management, credit repair, or debt repolitions services? If "Yes," complete Schedule D, Part V Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	ו	is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If it is,	۱,	v	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? I'ves, "complete Schedule C, Part II 4 X 4 Section 501(c)(3) organizations. Did the organization engage in licibitying activities, or have a section 501(n) 4 X 5 is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dius, assessments, or similar amounts as defined in Reviewue Procedure 96-197 II**, "complete Schedule C, Part III 5 6 Did the organization markina any divinor adverse druds or any symilar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds of accounts? II**Yes," complete Schedule D, Part II 7 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic laid areas, or historic structures? If**Yes," complete Schedule D, Part II 7 8 Did the organization markinal collections of works of art, historical treasures, or other similar assets? If**Yes," complete Schedule D, Part II 7 9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts in listed in Part X, or provide credit courseling, debt management, credit repair, or debt negotieton services? If "Yes," complete Schedule D, Part VI 10 10 Did the organization report an amount for fund, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11 11 If the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI 11 12 Did the organization report an amount for rimestments - 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 VI 11 13 Did the organization report an amount for other results in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule	2			_^_	v
sandsdates for public office? If "Yes," complete Schedule C, Part II Section SOft(3) organizations. Did the organization engage in licibitying activities, or have a section SOft(h) election in effect during the tary year? If "Yes," complete Schedule C, Part III 5 is the organization a section SOft(c)(4), SOft(c)(5), or 50ft(c)(6) organization that reviews membership dues, assessments, or similar amounts as defined in Revenue Procedure 96-19? If "Yes," complete Schedule C, Part III 5 in the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advise on the districtution or investment of amounts in such funds or accounts of "Yes," complete Schedule D, Part II 5 in Did the organization measure in the districtution or investment of amounts in such funds or accounts of "Yes," complete Schedule D, Part II 7 in Did the organization maintain collections of works of arth instoration treasures, or other similar assages "If "Yes," complete Schedule D, Part II 8 in Did the organization maintain collections of works of arth instoration treasures, or other similar assages "If "Yes," complete Schedule D, Part II 8 in Did the organization mean collections of works of arth instoration treasures, or other similar assages "If "Yes," complete Schedule D, Part II 9 in Did the organization directly or through a related organization, hold assets in form, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V, III 10 if the organization directly or through a related organization, hold assets in form, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V, III 11 if the organization report of an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part V, III 12 if the organization reported in Part X, line 16? If "Yes," complete Schedule D, Part X, III 13 bit of total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X, III 14 bit of the organization related in amount					
selction in effect during the tax year? If "Yes," complete Schedule C, Part III feet organization a section 501(p(s), 601(s)(s), or 501(p(s)) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III 5 Did the organization maintain any dinor 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 ascounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or ascounts? If "Yes," complete Schedule D, Part III 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 III 7 Did the organization maintain collections of works of art, historical treasures, or other similar easests? If "Yes," complete Schedule D, Part III 8 Did the organization report an amount in Part X, line 21, sarve as a custodian for amounts not listed in Part X, or provide credit consensing, obtribution or part of the part X, or provide credit consensing, obtribution organization, hold assets in term, permanent, or quasi-endownents? If "Yes," complete Schedule D, Part IV 9 10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endownents? If "Yes," complete Schedule D, Part V, VII, VIII, VII, X, or X as applicable 10 Did the organization report an amount for investments - other securities in Part X, line 10 Part Yes, complete Schedule D, Part VVII, VIII, VIII, X, X or X as applicable 11 Did the organization report an amount for investments - other securities in Part X, line 10 Part Yes, complete Schedule D, Part XVIII 11 Did X Did the organization report an amount for investments - other securities in Part X, line 10 Part Yes, complete Schedule D, Part XVIII 11 Did X Did the organization repor	3		3		x
election in effect during the tax year? If "Yes," complete Schedule C. Part II 5 Is the organization a section 501(c)(4), 501(c)(s), or 501(c), or	4				- 21
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or similar amounts as defined in Revenue Procedure 96-197 IT "Yes." complete Schedule C, Part III 5 Out the organization mannal any abour 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 II 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 III 7 X Did the organization and areas, or historic structures? If "Yes," complete Schedule D, Part III 7 X or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes." organization services or any of the following questions is "Yes," the complete Schedule D, Part IV 7 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 7 11 If the organization is any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, X, or X as applicable 8 Did the organization report an amount for investments is other securities in Part X, line 10° If "Yes," complete Schedule D, Part VI 9 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 18° If "Yes," complete Schedule D, Part VII 11b X 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 18° III "Yes," complete Schedule D, Part VIII 11b X 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 18° III "Yes," complete Schedule D, Part X VIII 11b X 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, lin	5		<u> </u>		
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complete Schedule D. Part I		the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"	1		ŀ
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B Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	. 7		X
complete Schedule D, Part III. 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. Did the organization frectly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V. If If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, K or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. 11b X Did the organization report an amount for investments - ropram related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. 11c X Did the organization report an amount for other assets in Part X, line 51 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X VIII. Did the organization report an amount for other labilities in Part X, line 25° If "Yes," complete Schedule D. Part X 11c X Did the organization report an amount for other inabilities in Part X, line 25° If "Yes," complete Schedule D. Part X 11d X Did the organization obtain separate, independent audited financial statements for the tax year round at addresses the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII Did the organization maintain an office, employees, or agents outside of the United States is 10 and XIII in the organization maintain an office, employees, or agents outside for the United Statement	8				
X, or prowde credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		complete Schedule D, Part III	8	ł	X
complete Schedule D, Part IV	9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part			
Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V V		X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
quasi-endowments? If "Yes," complete Schedule D, Part V		complete Schedule D, Part IV · · · · · · · · · · · · · · · · · ·	9		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable 2 Did the organization report an amount for land, buildings, and equipment in Part X, line 10° If "Yes," complete Schedule D, Part VI 3 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 4 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 5 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 X line 17 Unit M in the 16° If "Yes," complete Schedule D, Part X line 18 that is 5% or more of its total assets reported in Part X, line 16° If "Yes," complete Schedule D, Part X line 18 that is 5% or more of its total assets reported in Part X, line 16° If "Yes," complete Schedule D, Part X line 18 that is 5% or more of its total assets reported in Part X, line 16° If "Yes," complete Schedule D, Part X line 18 that is 5% or more of its total assets reported in Part X, line 16° If "Yes," complete Schedule D, Part X line 18 that is 5% or more of its total assets reported in Part X, line 16° If "Yes," complete Schedule D, Part X line 18 that is 5% or more of its total assets reported in Part X, line 18 that is 5% or more of its total assets reported in Part X, line 18 that is 5% or more of its total assets reported in Part X, line 18 that line is 5% or more of its total assets reported in Part X, line 18 that line is 5% or more of its total assets reported in Part X, line 18 that line is 5% or more of its total assets reported in Part X, line 18 that line is 5% or more of its total assets reported in Part X in that line is 5% or more of the tax year line is 5% or mo	10	Did the organization, directly or through a related organization, hold assets in term, permanent, or			
VII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI		quasi-endowments? If "Yes," complete Schedule D, Part V · · · · · · · · · · · · · · · · · ·	10		X
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
Schedule D, Part VI		VII, VIII, IX, or X as applicable			
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	а				ļ
of its total assets reported in Part X, line 16° If "Yes," complete Schedule D, Part VII			11a	X	
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c X d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 11d X e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e X f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under If IN 48 (ASC 740?) If "Yes," complete Schedule D, Part X 11f X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII . 12a X b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional 12b X 13 Is the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional 12b X 14a Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV 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 report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts II and IV 15 X 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	b				
of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX			11b	<u> </u>	X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16° If "Yes," complete Schedule D, Part IX	С				
reported in Part X, line 16? If "Yes," complete Schedule D, Part IX e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X II, and XIII b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization as school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 12b X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 Did the organization maintain an office, employees, or agents outside of the United States? 14a Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts II and IV 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV 15 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 17 X 18 Did the organization report more than \$15,000 of gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 19 Did the organizatio			11c	ļ	<u> </u>
bit the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X f Did the organization's iseparate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 116 X 127 128 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional 12b X 13 Is the organization a school described in section 170(b)(1)(A)(i))? If "Yes," complete Schedule E 13 Did the organization maintain an office, employees, or agents outside of the United States? 14a 15 Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV 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, Parts II and IV 15 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 F, Parts III and IV 16 X 17 Did the organization report more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 17 X 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 If "Yes," complete Schedule G, Part II 10 Did the organization operate one or more hospita	d				
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X				X	
the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 14 Did the organization maintain an office, employees, or agents outside of the United States? 15 Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts II and IV 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV 17 Did the organization report more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 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 19 Did the organization operate one or more hospitals? If "Yes," complete Schedule H 20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H 20a Did the organization attach its audite	е		11e		<u> </u>
Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII · · · · · · · · · · · · · · · · ·	f		1	ĺ	
Schedule D, Parts XI, XII, and XIII			11f		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12a			l	
the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional			12a	X	├
Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	b		4.51		
Did the organization maintain an office, employees, or agents outside of the United States?			_	-	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV			<u></u>	-	
business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV			14a	 	<u>*</u>
Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	D		146		l v
organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	45	· ·	140		┼^
Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	15		15		\ v
to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		13	+	 ^
Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	10		16		v
on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		10	╁	┼^
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 · · · · · · · · · · · · · · · · · ·	17		17		v
Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II · · · · · · · · · · · · · · · · · ·	18		 ''	+	╁
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 · · · · · · · · · · · · · · · · ·	10		18		Y
If "Yes," complete Schedule G, Part III	10		10	 	+^
20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H · · · · · · · · · · · · · · · · · ·	13		19		Y
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some	202			1	$\overline{}$
					+^
	5		20h	,	1

Par	t 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 · · · · · · · · · · · · · · · · · ·	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		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	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		X
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		
đ	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
-	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
254	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
L	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	2.00		Λ
b	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		v
••		230		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	20		37
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			7.
	If "Yes," complete Schedule L, Part III · · · · · · · · · · · · · · · · ·	27		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)			<u></u> -
	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		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M · · · · · · · · · · · · · · · · · ·	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M · · · · · · · · · · · · · · · · · ·	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			l
	Part I · · · · · · · · · · · · · · · · · ·	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete		İ	
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			ļ
	sections 301 7701-2 and 301 7701-37 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, line 1 · · · · · · · · · · · · · · · · · ·	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
а	Did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R,			
	Part V, line 2 · · · · · · · · · · · · · · · · · ·			
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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			<u> </u>
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and		†	T
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	

Part V	Statements Regarding Other IRS Filings and Tax Compliance
	Check if Schedule O contains a response to any question in this Part V

T al	Check if Schedule O contains a response to any question in this Part V · · · · · · · · · · · · · · · · · ·			•[]
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable • • • • • • • • • • 1a			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable · · · · · · · · · 1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable .	-		
	gaming (gambling) winnings to prize winners? • • • • • • • • • • • • • • • • • • •	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return • • • • • 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? • • • • • • • • • • • • • • • • • • •	_2b	Χ	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<u></u>		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? • • • • • • • • • • • • • • • • • • •	3a		<u>X</u>
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	' . l	-	
	account)?····································	4a		X
b	If "Yes," enter the name of the foreign country	- 1	~ .	
_	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
	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 5c		X
C	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	- SC		
6a	organization solicit any contributions that were not tax deductible?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	- 04		
_	gifts were not tax deductible? • • • • • • • • • • • • • • • • • • •	6b		
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		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? • • • • • • • • • • • • • • • • • • •	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282? • • • • • • • • • • • • • • • • • • •	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year • • • • • • • • • • • • • • • • • • •			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? • • • • • • • • • • • • • • • • • • •	7e		<u> </u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? • • • • • • • • • • • • • • • • • • •	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? •••	7g		
h	If the organization received a contribution of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
^	organization, have excess business holdings at any time during the year?	•		
9 a	Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966?	9a		
a b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 · · · · · · · · · · · · · · · · · ·			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities • • • • • • • • 10b		i	
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders · · · · · · · · · · · · · · · · · · ·			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them) · · · · · · · · · · · · · · · · · ·			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? • • • • • • • • • • • • • • • • • • •	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year • • • • • • • 12b			1
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		,	<u> </u>
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	ļ	
	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which			}
	the organization is licensed to issue qualified health plans	1		
C	Enter the amount of reserves on hand	-		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u> </u>
<u> </u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	000 (1

organization >

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Pai	Tyl Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below	w, and			
	for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in				
	Schedule O See instructions				
	Check if Schedule O contains a response to any question in this Part VI				<u>⋅ X</u>
Sec	tion A. Governing Body and Management				
		_		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year · · · · · · · · · · · · · · · · · · ·	18			
b	Enter the number of voting members included in line 1a, above, who are independent · · · · · · · · · 1b	18		1	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with				
	any other officer, director, trustee, or key employee?	• • • • •	2		<u>X</u>
3	Did the organization delegate control over management duties customarily performed by or under the direct	1			
	supervision of officers, directors or trustees, or key employees to a management company or other person? • • • • •	• • • • • •	3		· X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	• • • • • •	4		<u>X</u>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	••••	5	-	X
6	Does the organization have members or stockholders?	• • • • •	6		_X_
7a	Does the organization have members, stockholders, or other persons who may elect one or more members				•
	of the governing body?	• • • • •	7a		<u>X</u>
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? • • • • •	• • • • •	7b [,]		_X.
8	Did the organization contemporaneously document the meetings held or written actions undertaken during				
	the year by the following				
а	The governing body? • • • • • • • • • • • • • • • • • • •	, [8a	X	
b	Each committee with authority to act on behalf of the governing body? • • • • • • • • • • • • • • • • • • •	• • • • • [8b	X	
9	is there any officer, director, trustee, or key employee listed in Part VII; Section A, who cannot be reached				
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		X
Sec	tion 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? • • • • • • • • • • • • • • • • • • •		10a		_X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	Ì			1
	affiliates, and branches to ensure their operations are consistent with those of the organization?	, [10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the				
	form?	, .	11a	X	
b	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	· • • • • • [12a	X	
þ	Are officers, directors or trustees, and key employees required to disclose annually interests that could give				
	rise to conflicts? · · · · · · · · · · · · · · · · · · ·	· • • • • [12b	_X_	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"				
	describe in Schedule O how this is done · · · · · · · · · · · · · · · · · · ·	• • • • • • [12c	X	
13	Does the organization have a written whistleblower policy?		13		X
14	Does the organization have a written document retention and destruction policy?	• • • • •	14	X	L
15	Did the process for determining compensation of the following persons include a review and approval by				
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official	• • • • •	15a	X	
b	Other officers or key employees of the organization · · · · · · · · · · · · · · · · · · ·		15b	_X	
	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?	• • • • •	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate				
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard				_
	the organization's exempt status with respect to such arrangements?		16b		X
Sec	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 Another's website X 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				

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

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

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

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

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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average hours per week (describe hours for related organizations in Schedule O)	Positi I din ri di uri i seci i et de o uri a o li r	l nr ust t e	Off-ce	All the Key employee	at H compensee	πο∟E φ	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
(1) KEVIN FABRY										
PRESIDENT	1.00			X				(0	0
(2)										
(3)										
(4)										
(5)										
(6)		,								-
(7)										
(8)										<u> </u>
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										
(15)				T						
(16)										

73-0521535

Part V	Section A. Officers, Directors, Trustees	, Key Emplo	yees,	and	d Hig	ghes	t Con	pens	sated Employees	s (continued)	<u> </u>
	(A)	(B)				C)			(D)	(E)	(F)
Name and Title			Posti I t d I r I I s e V t c I e t I d e o I r	lt nr su ts	Office	Key employee	at apply) H c e g mp h p o s n y t s e t e d	ForEer	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
(17)					-				· · · · · · · · · · · · · · · · · · ·		
(18)						-					
(19)											
(20)	,										
(21)			-								
(22)											
(23)											
(24)								+			
(25)											
(26)											
(27)									·		
(28)											
c Tota d Tota 2 Tota	el-total · · · · · · · · · · · · · · · · · · ·		ed abo	 ve) v	who	rece	eived n	► ► hore	C than \$100,000 in		0 0
3 Did	the organization list any former officer, director o ployee on line 1a? If "Yes," complete Schedule J	for such indi	vidual					• •			Yes No
the indi	any individual listed on line 1a, is the sum of repo organization and related organizations greater that vidual	an \$150,000	? If "Ye	es," •••	com	plet	e Sche	edule	J for such		4 X
for s	services rendered to the organization? If "Yes," co								· · · · · · · · ·		• 5 X
1 Con	n B. Independent Contractors nplete this table for your five highest compensate apensation from the organization	d independe	nt con	trac	tors	that	receiv	ed m	ore than \$100,00	0 of	
	(A) Name and business address	· · · · · · · · · · · · · · · · · · ·							(B) Description of s	services	(C) Compensation
-											
	al number of independent contractors (including b		d to the	ose	liste	d ab	ove) w	/ho re	eceived		agenesia korphini in ing saciro
mor	e than \$100,000 in compensation from the organ	ization 🕨									

Part V	/111	Statement of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
	1a	Federated campaigns · · · · · · 1a	T .		.5761146		5.2, 5.0, 0 017
	b	Membership dues · · · · · · · 1b					
Contn-	c	Fundraising events · · · · · · · 1c		1			
bubons, gifts,	d	Related organizations · · · · · · · 1d					
grants	_ e	Government grants (contributions) - 1e		1			
and other							
similar	ī	All other contributions, gifts, grants, and similar amounts not included above 1f					
amounts	a	Noncash contributions included in lines 1a-1f	\$	-			
-	h	Total. Add lines 1a-1f · · · · · · · · ·		145,325			
		Total Tida IIIda II	Business Code				,
	2a		DESTESS COCC				
	b						
Program	c						
Service Revenue	ď		-				
	e						
	_	All other program service revenue · · · · ·					
		Total. Add lines 2a-2f · · · · · · · · ·					
	3	Investment income (including dividends, interes other similar amounts)					
	4	Income from investment of tax-exempt bond pro					
		Royalties					
	,	(i) Real	(II) Personal				
	62	Gross Rents · · · · · · ·	(II) Personal	1			
		Less rental expenses · · · ·	- 	¥		*	
	i	Rental income or (loss) • • •		†			:
į		Net rental income or (loss)					
			(ii) Other		٠,	,	
:	/a	Gross amount from sales of assets other than inventory (i) Securities	(II) Outer	- -			
	b	Less cost or other basis					
o		and sales expenses · · · ·		4	~		
ť	l .	Gain or (loss) · · · · ·	<u> </u>				
h	ł .	1101 92 0. (1000)	· <u>· · · · · · </u>	<u> </u>			
r	8a	Gross income from fundraising					
ь		events (not including \$					
R e		of contributions reported on line 1c)					
V		See Part IV, line 18 · · · · · · · · a		<u> </u>			
e n		Less direct expenses · · · · · · b		ļ 			
ü	ı	Net income or (loss) from fundraising events	· <u>· · · · · · · · · · · · · · · · · · </u>				
е	9a	Gross income from gaming activities					
		See Part IV, line 19 · · · · · · · a					
		Less direct expenses · · · · · · · b		<u></u>			
1	С	Net income or (loss) from gaming activities •	· <u>· · · · · · </u>				
	10a	Gross sales of inventory, less returns and allowances · · · · · · · · a					
	b	Less cost of goods sold b		_			
	С	Net income or (loss) from sales of inventory •			<u> </u>		
		Miscellaneous Revenue	Business Code				
	11a			1			
	ь						
	С						
	d	All other revenue • • • • • • • • • • • • • • • • • • •					
	e	Total. Add lines 11a-11d · · · · · · · ·		<u> </u>			<u> </u>
	12	Total revenue. See instructions		145,325	(

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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 not include amounts reported on lines 6b,	(A) but are not required	(B)	(C)	(D)
	, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and		expenses	general expenses	expenses
•	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				
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	69,877	54,504	15,373	
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits	5,083	3,965	1,118	
10	Payroll taxes · · · · · · · · · · · · · · · · · · ·				
11	Fees for services (non-employees)				
а	Management				
b	Legal·····				
С	Accounting	(750)		(750)	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17 •				
f	Investment management fees				
g	Other	309			309
12	Advertising and promotion	659	659		
13	Office expenses · · · · · · · · · · · · · · · ·	504	504		
14	Information technology · · · · · · · · · · · · · ·				
15	Royalties				
16	Occupancy · · · · · · · · · · · · · · · · · · ·	24,577	18,710	5,867	
17	Travel	45		45	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings · · · · · ·	721	721		
20	Interest · · · · · · · · · · · · · · · · · · ·	731	731		<u> </u>
21	Payments to affiliates • • • • • • • • • • • • • • • • • • •	0.073	0.073		
22	Depreciation, depletion, and amortization	9,973 7,915	9,973	1,741	
23	Other eveness Itemize eveness not severed	1,915	6,174	1,/41	
24	Other expenses Itemize expenses not covered	į			
	above (List miscellaneous expenses in line 24f If				•
	line 24f amount exceeds 10% of line 25, column		1		
_	(A) amount, list line 24f expenses on Schedule O) TRAINING	0			
a	COMMISSIONS	1,962	1,962		
b	PROGRAM SUPPLIES	15,382	15,382		
ت ا	MISCELLANEOUS	408	408		
d	DUES AND BANK CHARGES	995	281	714	
e	All other expenses	13,688	13,688	, 14	
f 25	•	151,358	126,941	24,108	309
25 26	Total functional expenses. Add lines 1 through 24f · · Joint Costs. Check here ▶ if following	131,330	120,341	24,100	
_0	SOP 98-2 (ASC 958-720) Complete this line			1	
	only if the organization reported in column				
	(B) joint costs from a combined educational				
	campaign and fundraising solicitation · · · · · · · · ·			. <u></u> .	Form 990 (2010)

Part X **Balance Sheet** (B) (A) Beginning of year End of year 43,015 1 63,283 1 Cash - non-interest-bearing 2 2 6,549 6,587 Pledges and grants receivable, net 3 3 Accounts receivable, net 4 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary s employees' beneficiary organizations (see instructions) 6 s e 7 Notes and loans receivable, net 7 t Inventories for sale or use 8 8 Prepaid expenses and deferred charges 9 9 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D · · · · · 10a 505,167 515,140 10c 11 11 12 12 Investments - program-related See Part IV, line 11 13 13 14 14 64,076 15 66,746 15 628,780 641,783 16 16 52,207 17 73,541 17 18 18 19 19 Deferred revenue 20 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Payables to current and former officers, directors, trustees, key 22 employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 t 57,192 59,490 Secured mortgages and notes payable to unrelated third parties 23 23 ę Unsecured notes and loans payable to unrelated third parties 24 24 25 25 111,697 130,733 26 26 Organizations that follow SFAS 117, check here X and NF complete lines 27 through 29, and lines 33 and 34. u 469,261 444,914 27 27 n Temporarily restricted net assets 47,822 28 66,136 28 Α 29 s В Organizations that do not follow SFAS 117, check here ▶ │ s а е 1 and complete lines 30 through 34. 30 30 n 31 Paid-in or capital surplus, or land, building, or equipment fund 31 0 Retained earnings, endowment, accumulated income, or other funds 32 32 517,083 511,050 33 33 628,780 641,783 34 Total liabilities and net assets/fund balances

Par	Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	L 4 5,3	325
2	Total expenses (must equal Part IX, column (A), line 25)	1	L51,	358
3	Revenue less expenses Subtract line 2 from line 1 · · · · · · · · · · · · · · · · · ·		(6,	033)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		517,0	083
5	Other changes in net assets or fund balances (explain in Schedule O)			0
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33,			
	column (B)) 6	5	511,0	050
Par	Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII			•
			Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in	٠,	٠.	
	Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	Were the organization's financial statements audited by an independent accountant?	2b	X	-
С	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	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O			, ,
Ч	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
_	issued on a separate basis, consolidated basis, or both	. ,	*,	ς λεν
	Separate basis Consolidated basis Both consolidated and separate basis	٠,		
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		X
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

SCHEDULE A (Form 990 or 990-EZ)

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.

2010

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

▶ Attach to Form 990 or Form 990-EZ. ► See separate instructions. Open to Public Inspection

Employer identification number

FAM	ILY	YMCA OF BARTL	ESVILLE						73-0	521535			
Pa	rt I	Reason for	Public Charity	/ Status (All organiz	ations mus	t complete	this part)	See instr	uctions			<u>`</u> .	
The	orga			iuse it is (For lines 1 thr									
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).											
2		A school described i	n section 170(b)(1)(A)(ii). (Attach Schedu	ıle E)								
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).											
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,											
		city, and state											
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in											
		section 170(b)(1)(A)(iv). (Complete Part II)											
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
7	\mathbf{X}	An organization that	normally receives	a substantial part of its	support fro	om a govei	rnmental u	nit or from	the gener	ral public			
•		described in section	170(b)(1)(A)(vi).	(Complete Part II)									
8		A community trust d	escribed in sectio	n 170(b)(1)(A)(vi). (Con	nplete Part	II)						•	
9		An organization that	normally receives	(1) more than 33 1/3%	of its supp	oort from c	ontribution	s, membe	rship fees	, and gros	s		
		receipts from activiti	es related to its ex	empt functions - subject	t to certain	exception	s, and (2)	no more ti	nan 33 1/3	% of its	•		
		support from gross i	nvestment income	and unrelated business	taxable in	come (les	s section 5	11 tax) fro	om busines	sses			
		acquired by the orga	ınızatıon after June	e 30, 1975 See section	509(a)(2)	. (Complete	e Part III)						
10		An organization orga	anized and operate	ed exclusively to test for	public safe	ety See se	ection 509	(a)(4).					
11		•	•	ed exclusively for the be		•			•				-
		purposes of one or r	nore publicly supp	orted organizations des	cribed in s	ection 509	(a)(1) or se	ection 509	(a)(2) See	section			
		509(a)(3). Check the	box that describe	s the type of supporting	organızatı	on and co	mplete line	s 11e thro	ough 11h				
		a Type I	ь 💹 Тур	_	_ •.	-Functiona			d	— ••	II-Other	Г	
е				organization is not contr									
				ers and other than one o	r more pul	olicly supp	orted orgai	nizations o	described i	n section			
		509(a)(1) or section											
f				etermination from the IR	RS that it is	a Type I,	Type II, or	Type III s	upporting				
		organization, check					• • • • •		• • • • •			• • •	••
g		·	ub, nas the organi	zation accepted any gift	or contrib	ution from	any of the						
		following persons?				41						<u> </u>	Г
		• •	•	controls, either alone o	-			ea in (ii)				Yes	No
				y of the supported organ							11g(i)	┼	
			•	cribed in (i) above? • •							11g(ii)		-
_		` '	•	on described in (i) or (ii)							11g(iii))	l
h	0 N			t the supported organiza	T	manuation	60 Didu	ou petro	65	In the	65	Amount	of
	(1)	ame of supported organization	(ii) EIN	(m) Type of organization (described on lines 1-9	in col (i) in	organization sted in your	(v) Did you the organi	-	organizati	is the ion in col	(vii) Amount of support		O
				above or IRC section	governing	document?	∞l (i)	of your port?	(i) organiz	red in the S ?			
				(see instructions))	Yes	No	Yes	No	Yes	No			
(A)					103	1.10	103	140	103	110			
٠٠٠,													
(B)					+					<u> </u>	<u> </u>		
(-,													
(C)					+								
(-,					İ		1						
(D)					+					-			
,													
(E)		-			 					 			
. – ,					}		-		1				
										<u> </u>			
	ıl									•			

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under

Part III If the organization fails to qualify under the tests listed below, please complete Part III)

	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in)▶	(a) 2006	_ (b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	660,113	668,848	648,499	859,300	145,325	2,982,085
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 · · · · · ·	660,113	668,848	648,499	859,300	145,325	2,982,085
5	The portion of total contributions by each		•	•		,	
	person (other than a governmental unit or	. •			· ·	٠.	
	publicly supported organization) included			p	٠ ۽ .		
	on line 1 that exceeds 2% of the amount						
	shown on line 11, column (f) • • • • • •	,	,				
6	Public support. Subtract line 5 from In 4		•		•		2,982,085
Sec	tion B. Total Support						•
	idar year (or fiscal year beginning in)▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4 · · · · · · · · · · · ·	660,113	668,848	648,499	859,300	145,325	. 2,982,085
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,753	4,029	2,797	2,453	3	13,035
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) • • • • • • • • • • • • • • • • • • •						
11	Total support. Add lines 7 through 10 •		5 7 7 7 7 8	, , , , , , , , , , , , , , , , , , ,	. 🔌		2,995,120
12	Gross receipts from related activities, etc	(see instructions)				12	
13	First five years. If the Form 990 is for the organization, check this box and stop here	organization's first	, second, third, fou	irth, or fifth tax yea	r as a section 501	(c)(3)	▶□
Sec	tion C. Computation of Public Su	pport Percent	age				
14	Public support percentage for 2010 (line 6,	• •	-			14	99.56 %
15	Public support percentage from 2009 Sche	edule A, Part II, line	e 14 · · · · · ·			15	99.54 %
16a	33 1/3% support test - 2010. If the organic						
	and stop here. The organization qualifies	as a publicly suppo	orted organization	• • • • • • • •			$\cdots lacksquare$
b	33 1/3% support test - 2009. If the organic						
	box and stop here. The organization quali	fies as a publicly s	upported organizat	tion • • • • •			· · · · • ▶□
17a	10%-facts-and-circumstances test - 201	0. If the organization	on did not check a	box on line 13, 16a	a, or 16b, and line	14 is 10% or	
	more, and if the organization meets the "fa	cts-and-circumsta	nces" test, check t	his box and stop h	iere. Explain in Pa	art IV how the	
	organization meets the "facts-and-circums	tances" test. The o	organization qualific	es as a publicly su	pported organizati	on • • • • • •	▶□
b	10%-facts-and-circumstances test - 200						
	more, and if the organization meets the "fa	_					
	organization meets the "facts-and-circums			•			▶□
18	Private foundation. If the organization did						

Part III

Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II)

Sec	ction A. Public Support						
	endar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	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 • • • •			,			
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year • • •						
С	Add lines 7a and 7b · · · · · · · ·						
8	Public support (Subtract line 7c from line 6)		v di				
Sec	ction B. Total Support						
Cale	endar year (or fiscal year beginning ın) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6 · · · · · · · ·				_		
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						
С	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)				<u></u>		
14	First five years. If the Form 990 is for the o organization, check this box and stop here	rganization's first,	second, third, four	th, or fifth tax year	as a section 501(c)(3)	▶ □
	ction C. Computation of Public Su						
	1, 1	• • •	•			15	%
	Public support percentage from 2009 Scheo			• • • • • • • • •	• • • • • • • • •	16	%
	ction D. Computation of Investmen					T T	
17 40	Investment income percentage for 2010 (line	• • • • • • • • • • • • • • • • • • • •	•			17	. %
18	Investment income percentage from 2009 S	chedule A, Part III	I, line 17 · · · ·		• • • • • • • • •	18	%
19a	33 1/3% support tests - 2010. If the organic 17 is not more than 33 1/3%, check this box						▶□
b	33 1/3% support tests - 2009. If the organiline 18 is not more than 33 1/3%, check this	zation did not chec box and stop hei	ck a box on line 14 re. The organization	or line 19a, and lii in qualifies as a pu	ne 16 is more than blicly supported o	n 33 1/3%, and rganization	▶ □
20	Private Foundation: If the organization did	not check a box o	n line 14, 19a, or	19b, check this box	and see instructi	ons · · · · ·	• • • • ▶ □

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2010

Open to Public

Employer identification number, FAMILY YMCA OF BARTLESVILLE 73-0521535 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I the organization answered "Yes" to Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Aggregate contributions to (during year) 2 3 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 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 Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Part II Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 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 2a 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06 and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?Yes Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 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 If the organization elected, as permitted under SFAS 116 (ASC 958), 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 (ASC 958), 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 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 (ASC 958) relating to these items

Sched	ule D (Form 990) 2010 • FAMILY YMCA OF E	BARTLESVILLE					73-0521	.535	Page 2
Par	t III Organizations Maintaining (Collections of	Art, Histor	ical Ti	easures,	or Ot	her Similar As	sets (con	itinued)
3	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)								
а	Public exhibition d Loan or exchange programs								
b	Scholarly research	e 🗌 Oth	er						
С	Preservation for future generations								
4	Provide a description of the organization's collect	tions and explain I	now they furth	er the o	rganization's	s exem	ot 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? • • • • • • • • • • • • • • • • • • •								
Pai	t IV Escrow and Custodial Arrar								
	Part IV, line 9, or reported an amount								
1a	Is the organization an agent, trustee, custodian			itions or	other asset	ts not			
	included on Form 990, Part X?								s No
b	If "Yes," explain the arrangement in Part XIV and								
		•	J				Am	ount	
С	Beginning balance · · · · · · · · · · · · · · · · · · ·					1	6		
q.	Additions during the year • • • • • • • • • • • • • • • • • • •					1			
е	Distributions during the year • • • • • • •			·		1			
f	Ending balance · · · · · · · · · · · · · · · · · · ·					. 1			
2a	Did the organization include an amount on Form							· · Ye	s No
b	If "Yes," explain the arrangement in Part XIV								
	rt V Endowment Funds. Complete	f the organization a	answered "Yes	s" to For	m 990. Par	t IV. line	10	.	
<u>ı aı</u>	Lindowniett i unus, samples	(a) Current year	(b) Pnor ye		(c) Two years		(d) Three years back	(e) Four v	rears back
1a	Beginning of year balance	(a) Curcin year	(D) I HOL YO	, <u>u</u> ,	(c) Two years	3 Duck	(a) Three years back	(0) - 00)	- Daro Baok
b	Contributions								
c	Net investment earnings, gains, and losses		-			<u> </u>	.*, .,		* ,
d	Grants or scholarships · · · · · · · · ·		 				3-8 8 22 3		,
e	Other expenditures for facilities		 				,		
·	and programs · · · · · · · · · · · · · · · · · · ·								
f	Administrative expenses						, ,	1,2	
g	End of year balance		1	-			· · · · · · · · · · · · · · · · · · ·	***** ,	
2	Provide the estimated percentage of the year en	nd halance held as	L				L		
a	Board designated or quasi-endowment	%							
a b	Permanent endowment > %								
	Term endowment > %								
3a	Are there endowment funds not in the possession	on of the organizati	on that are he	ld and s	dminietara	d for the	•		
Ja	organization by	on or the organizati	on that are ne	ilu allu e	idi ilililisteret	J 101 the	į	Г	Yes No
	(i) unrelated organizations · · · · · · · · ·							- 3a(i)	163 110
	(ii) related organizations · · · · · · · · · · · · · · · · · · ·							• 3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations lis		Schedule P2					· 3b	
	Describe in Part XIV the intended uses of the or	•						- 30	
4				line 10					
rai	rt'VI Land, Buildings, and Equip		990, Part X,	-					
	Description of investment	(a) Cost or oth	1	(b) Cost		l ' <i>'</i>	Accumulated	(d) Book	value
	Lond	(investm	nent)	basis	(other)		depreciation		
1a	Land						` -		
b	Buildings	• •							
C	Leasehold improvements · · · · · · · · · · · · · · · · · · ·	• •			FOF 165				EOE 162
d	Equipment				505,167				505,167
e	Other · · · · · · · · · · · · · · · · · · ·			,					FAF - 25
Tota	 Add lines 1a through 1e (Column (d) must equ 	ial Form 990, Part	X, column (B)	, line 10	(c)) · ·		• • • • • •		505,167

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 v	
(1) Financial	derivatives · · · · · · · · · · · · · · · · · · ·	• •		
(2) Closely-he	eld equity interests	• •		
(3) Other				
(A)				
(B)				
(C)		_		
(D)		_		,
(E)				
(F)		_	·	
(G)	• 			
(H)	•	_		
(I)	•			
	(b) must equal Form 990, Part X, col (B) line 12)	Day 5 200 Day V Iva 40		
Part VIII	Investments - Program Related	See Form 990, Part X, line 13	···	
	(a) Description of investment type	(b) Book value	(c) Method of valuation	
/4\			Cost or end-of-year market v	aiue
(1)				
(2)				
(3)				
(4)	·			
(6)	· · ·			
(7)				
(8)				
(9)				
(10)				
	(b) must equal Form 990, Part X, col (B) line 13)	>		
Part IX	Other Assets. See Form 990, Part X,	·		
T WILLY		(a) Description		(b) Book value
(1) PREPA	ID EXPENSES	(-7		8,668
	ITY DEPOSITS			3,295
	ID LEASE			54,783
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
Total. (Colum	nn (b) must equal Form 990, Part X, col (B) li		• • • • • • • • • • • • • • • •	66,746
Part X	Other Liabilities. See Form 990, Part	X, line 25		
1.	(a) Description of liability	(b) Amount		
(1) Federal	income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(8)				
(9)				
(10)				
(11)				
Testast (Column	(b) must equal Form 990, Part X, col (B) line 25)	>		

organization's liability for uncertain tax positions under FIN 48 (ASC 740)

. Sched	ule D (Form ego) 2010 , FAMILY YMCA OF BARTLESVILLE	73-0521535	Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial St	atements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	145,325
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	151,358
3	Excess or (deficit) for the year Subtract line 2 from line 1 · · · · · · · · · · · · · · · · · ·	3	(6,033)
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	(6,033)
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		145,325
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments · · · · · · · · · · · · · · · 2a	-	
b	Donated services and use of facilities · · · · · · · · · · · · · · · · · 2b		
С	Recoveries of prior year grants		
ď	Other (Describe in Part XIV) 2d		
е	Add lines 2a through 2d · · · · · · · · · · · · · · · · · ·	· 2e	
3	Subtract line 2e from line 1 · · · · · · · · · · · · · · · · · ·	. 3	145,325
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	्र	
а	Investment expenses not included on Form 990, Part VIII, line 7b · · · · · · · 4a	`\ /*\ 0 * .;	
b	Other (Describe in Part XIV) • • • • • • • • • • • • • • • • • • •	 '	
. с	Add lines 4a and 4b · · · · · · · · · · · · · · · · · ·	• 4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		145,325
Pa	rt XIII Reconciliation of Expenses per Audited Financial Statements With Expenses		<u> </u>
1	Total expenses and losses per audited financial statements · · · · · · · · · · · · · · · · · · ·		151,359
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	5.3	· · · · · · · · · · · · · · · · · · ·
а	Donated services and use of facilities · · · · · · · · · · · · · · · · 2a		
b	Prior year adjustments · · · · · · · · · · · · · · · · · · ·		
С	Other losses · · · · · · · · · · · · · · · · · ·		
d	Other (Describe in Part XIV) · · · · · · · · · · · · · · · · · · ·		
е	Add lines 2a through 2d · · · · · · · · · · · · · · · · · ·	• 2e	
3	Subtract line 2e from line 1 · · · · · · · · · · · · · · · · · ·	- 3	151,359
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b • • • • • • • • 4a	14 m	
b	Other (Describe in Part XIV) • • • • • • • • • • • • • • • • • • •		
С	Add lines 4a and 4b · · · · · · · · · · · · · · · · · ·	- 4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	. 5	151,359
Pa	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 comple		
	part to provide any additional information		
		-	

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization	Employer identification number					
FAMILY 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	APPROVAL				
•						
02. Conflict of interest policy compliance (Part VI, line 12c)						
HE 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)						
ORGANIZATION DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC ON REQUEST.						
		· · · · · · · · · · · · · · · · · · ·				