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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning , 2010, and ending , 20

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

C Name of organization YMCA OF LAWTON, OK

Doing Business As

Number and street (or P O box if mail is not delivered to street address) 5 SW 5TH STREET

Room/Suite

City or town, state or country, and ZIP + 4 LAWTON OK 73501

D Employer identification number 73-0642616

E Telephone number (580) 355-9622

G Gross receipts $ 1,765,416

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

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) Are all affiliates included? ☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶

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

J Website: ▶ N/A

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

L Year of formation 1915

M State of legal domicile OK

Part I Summary

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

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	187
6	Total number of volunteers (estimate if necessary)	6	285
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

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		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	99,989	267,040
9	Program service revenue (Part VIII, line 2g)	1,506,074	1,475,575
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,894	-5,792
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	9,980	10,804
12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,617,937	1,747,627
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
14	Benefits paid to or for members (Part IX, column (A), line 4)		
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	903,623	946,486
16a	Professional fundraising fees (Part IX, column (A), line 11e)		
b	Total fundraising expenses (Part IX, column (D), line 25) ▶		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	724,373	737,284
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,627,996	1,683,770
19	Revenue less expenses. Subtract line 18 from line 12	-10,059	63,857

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	1,723,046	1,808,624
21	Total liabilities (Part X, line 26)	79,928	82,456
22	Net assets or fund balances. Subtract line 21 from line 20	1,643,118	1,726,168

Part II Signature Block

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

Sign Here

▶ Signature of officer — Date 9/28/11

▶ Type or print name and title Carl Rankin

Paid Preparer Use Only

Print/Type preparer's name SCOTT N. HATCH, CPA	Preparer's signature Scott N Hatch, CPA	Date 9/28/11	Check ☐ if self-employed
PTIN			
Firm's name ▶ HATCH CROKE & ASSOCIATES			Firm's EIN ▶
Firm's address ▶ 417 SW C AVENUE LAWTON OK 73501			Phone no. (580) 353-2122

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2010)

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9/15

Part III **Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:

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

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

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

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

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

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

4a (Code) (Expenses $ 1,442,386 including grants of $) (Revenue $ 1,475,575)

SEE ATTACHMENT #3

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

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

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

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

4e **Total program service expenses** ▶ $ 1,442,386

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	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, or have a section 501 (h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III N/A	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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	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		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments -- other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		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 FIN 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 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, 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		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		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		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		X
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions) N/A	20b		

Part IV **Checklist of Required Schedules** (continued)

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	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		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? N/A	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? N/A	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? N/A	24d		
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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	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? 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):			
a	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
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	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, Part I	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, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2. ☐ Yes ☒ No			
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	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 . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	7		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . .	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	187		
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 (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . . . N/A	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: ▶ _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	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? . . . . . N/A	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? . . . . . N/A	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			X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . . N/A	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	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . . N/A	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . . N/A	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?	8			X
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			X
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			X
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities .	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041? . . .	12a			X
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . .	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state?	13a			X
	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	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b			X

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	14		
b	Enter the number of voting members included in line 1a, above, who are independent . .	1b	14		
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 governing documents since the prior Form 990 was filed?				X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?				X
6	Does the organization have members or stockholders?				X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?				X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?				X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?			X	
b	Each committee with authority to act on behalf of the governing body?			X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O				X

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? . . . . . N/A	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	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	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	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	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? . . . . . N/A	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ OK

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply

☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶ SEE ATTACHMENT #4

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key Employee	Highest Compensated Employee	Former			
CARL RANKIN EXECUTIVE DIRECTOR	40.00	X		X	X	X		80,225	0	17,569
RAYMOND MCMURRY PRESIDENT	5.00	X		X				0	0	0
MARK COX VICE PRESIDENT/SECRETARY	5.00	X		X				0	0	0
PRESTON HOLSINGER TREASURER	5.00	X		X				0	0	0
JIM MADDOX PAST PRESIDENT	5.00	X		X				0	0	0
MARTY MCKELVEY SECRETARY	5.00	X		X				0	0	0
STEVE CORDES DIRECTOR	0.50	X						0	0	0
JUSTIN PHELPS DIRECTOR	0.50	X						0	0	0
MARK COX DIRECTOR	0.50	X						0	0	0
ANDREA HADLEY DIRECTOR	0.50	X						0	0	0
EMILIO OZUNA DIRECTOR	0.50	X						0	0	0
LORI PARKS DIRECTOR	0.50	X						0	0	0
MIKE OWENSBY DIRECTOR	0.50	X						0	0	0
DANA SMITH DIRECTOR	0.50	X						0	0	0
RANDY SMITH DIRECTOR	0.50	X						0	0	0

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		INDIVIDUAL TRUSTEE OR DIRECTOR; INSTITUTIONAL TRUSTEE; OFFICER; KEY EMPLOYEE; HIGHEST COMPENSATED EMPLOYEE; FORMER			
1b Sub-total			80225	0	17569
c Total from continuation sheets to Part VII, Section A					
d Total (add lines 1b and 1c)			80225	0	17569

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

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMTS	1a Federated campaigns	1a	48,561				
	b Membership dues	1b					
	c Fundraising events	1c	9,060				
	d Related organizations	1d					
	e Government grants (contributions)	1e	11,236				
	f All other contributions, gifts, grants, & similar amounts not included above	1f	198,183				
	g Noncash contributions included in lines 1a-1f $						
	h **Total.** Add lines 1a-1f			267,040			
PROGRAM SERVICE REVENUE		**Business Code**					
	2a PROGRAM SERVICE			1,475,575	1,475,575		
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g **Total.** Add lines 2a-2f			1,475,575			
OTHER REVENUE	3 Investment income (including dividends, interest, and other similar amounts)			2,222	2,222		
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
		(i) Real	(ii) Personal				
	6a Gross Rents						
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)						
		(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory		9,775				
	b Less. cost or other basis and sales expenses		17,789				
	c Gain or (loss)		-8,014				
	d Net gain or (loss)			-8,014	-8,014		
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18	a					
	b Less: direct expenses	b					
	c Net income or (loss) from fundraising events						
	9a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
	10a Gross sales of inventory, less returns and allowances	a					
	b Less. cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
	Miscellaneous Revenue	**Business Code**					
	11a MISCELLANEOUS REVENUE			10,804	10,804		
	b						
	c						
	d All other revenue						
	e **Total.** Add lines 11a-11d			10,804			
	12 **Total revenue.** See instructions			1,747,627	1,480,587		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	80,255	60,191	20,064	
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	708,672	581,137	127,535	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	35,087	28,523	6,564	
9	Other employee benefits	60,766	49,397	11,369	
10	Payroll taxes	61,706	50,162	11,544	
11	Fees for services (non-employees):				
a	Management				
b	Legal				
c	Accounting	12,325	10,019	2,306	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other	8,496	8,496		
12	Advertising and promotion	20,652	5,111	15,541	
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	122,201	120,796	1,405	
17	Travel	363	363		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	14,026	3,983	10,043	
20	Interest				
21	Payments to affiliates	28,973	23,553	5,420	
22	Depreciation, depletion, and amortization #5	131,298	129,788	1,510	
23	Insurance	51,867	42,163	9,704	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a	SUPPLIES	102,412	98,697	3,715	
b	EQUIPMENT RENATL/MAINTENANCE	76,517	75,637	880	
c	CANCELLED/MODIFIED MEMBERS	54,161	54,161		
d	Y-ACCESS SUBSIDIES	19,785	19,785		
e	MIRACLE LEAGUE CONSTRUCTION	19,269	15,664	3,605	
f	All other expenses #6.	74,939	64,760	10,179	
25	**Total functional expenses.** Add lines 1 through 24f	1,683,770	1,442,386	241,384	
26	**Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720). *Complete this line only if the organization* reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
ASSETS	1	Cash -- non-interest bearing	32,896	1	605
	2	Savings and temporary cash investments	24,166	2	14,644
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	21,655	4	27,134
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501 (c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	6,882	9	8,969
	10a	Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D 10a 5,138,253			
	b	Less: accumulated depreciation 10b 3,735,310	1,475,550	10c	1,402,943
	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	161,897	15	354,329
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	1,723,046	16	1,808,624
LIABILITIES	17	Accounts payable and accrued expenses	41,243	17	49,516
	18	Grants payable		18	
	19	Deferred revenue	38,685	19	32,940
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D		25	
	26	**Total liabilities.** Add lines 17 through 25	79,928	26	82,456
NET ASSETS OR FUND BALANCES		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	1,481,221	27	1,389,498
	28	Temporarily restricted net assets	161,897	28	336,670
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117, check here ▶ [ ] and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	1,643,118	33	1,726,168
	34	Total liabilities and net assets/fund balances	1,723,046	34	1,808,624

Part XI **Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,747,627
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,683,770
3	Revenue less expenses. Subtract line 2 from line 1	3	63,857
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,643,118
5	Other changes in net assets or fund balances (explain in Schedule O)	5	
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	1,726,168

Part XII **Financial Statements and Reporting**

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X	
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	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 ... N/A	3b		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization	**Employer identification number**
YMCA OF LAWTON, OK	73-0642616

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

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

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

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____

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

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

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

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

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

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

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

a ☐ Type I **b** ☐ Type II **c** ☐ Type III-Functionally integrated **d** ☐ Type III-Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

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

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

		Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? N/A	11g(i)		
(ii) A family member of a person described in (i) above? N/A	11g(ii)		
(iii) A 35% controlled entity of a person described in (i) or (ii) above? N/A	11g(iii)		

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	1,290,426	1,582,963	1,672,527	1,606,063	1,742,615	7,894,594
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	1,290,426	1,582,963	1,672,527	1,606,063	1,742,615	7,894,594
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4.						7,894,594

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	1,290,426	1,582,963	1,672,527	1,606,063	1,742,615	7,894,594
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4,522	1,035	3,329	1,894	-5,792	4,988
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.)				9,980	10,804	20,784
11 **Total support.** Add lines 7 through 10						7,920,366

12 Gross receipts from related activities, etc. (see instructions) 12

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	99.67 %
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	99.67 %

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

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

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

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

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

990 PAGE 10, OTHER EXPENSES

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

OPEN TO PUBLIC INSPECTION | For calendar year 2010 or tax period beginning , and ending

Name of Organization: YMCA OF LAWTON, OK

Employer Identification Number: 73-0642616

Other Expenses	(A) Total	(B) Program Services	(C) Management and General	(D) Fundraising
SPECIAL EVENTS	13,411	13,411		
VEHICLE EXPENSE	12,834	12,235	599	
TELEPHONE	12,813	10,416	2,397	
RESALE MERCHANDISE	7,684	7,684		
REPAIRS & MAINTENANCE	5,977	5,908	69	
BANK CHARGES & FIDUCIARY FE	4,800	3,902	898	
VOLUNTEER STAFF EXPENSE	3,891	3,163	728	
CONTRIBUTIONS	2,983		2,983	
DUES & SUBSCRIPTIONS	2,490	2,024	466	
LICENSES & PERMITS	2,365	1,175	1,190	
POSTAGE & SHIPPING	2,152	1,749	403	
RECRUITMENT	1,693	1,693		
MEMBER SERVICE RETENTION	1,030	837	193	
MISCELLANEOUS	692	563	129	
	124		124	
Total:	74,939	64,760	10,179	

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization
YMCA OF LAWTON, OK

Employer identification number
73-0642616

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

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

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

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

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

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

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

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

		Held at the End of the Tax Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

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

1a If the organization elected, as permitted under SFAS 116 (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:

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

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

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

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

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

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

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

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

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

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

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

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

		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance					
b	Contributions					
c	Net investment earnings, gains, and losses					
d	Grants or scholarships					
e	Other expenditures for facilities and programs					
f	Administrative expenses					
g	End of year balance					

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

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

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

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

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

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

	Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land		343,800		343,800
b	Buildings		4,299,528	3,317,132	982,396
c	Leasehold improvements				
d	Equipment		451,345	375,554	75,791
e	Other		43,580	42,624	956
Total. Add lines 1a through 1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶					1,402,943

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

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

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

(a) Description of investment type	(b) Book value	(c) Method of valuation. Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶		

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

(a) Description	(b) Book value
RESTRICTED CASH	277,287
PROMISES TO GIVE	59,383
INVESTMENT - LAWTON COMMUNITY FOUNDATION	17,659
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	354,329

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

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

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

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,747,627
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,683,770
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	63,857
4	Net unrealized gains (losses) on investments	4	2,548
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	16,645
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4 through 8	9	19,193
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	83,050

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

1	Total revenue, gains, and other support per audited financial statements			1	1,750,175
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a	2,548		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV.)	2d			
e	Add lines 2a through 2d			2e	2,548
3	Subtract line 2e from line 1			3	1,747,627
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	4b			
c	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	1,747,627

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

1	Total expenses and losses per audited financial statements			1	1,683,770
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV.)	2d			
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	1,683,770
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	4b			
c	Add lines 4a and 4b			4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	1,683,770

Part XIV Supplemental Information

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

SCHEDULE O (Form 990 or 990-EZ)	Supplemental Information to Form 990 or 990-EZ	OMB No 1545-0047
Department of the Treasury Internal Revenue Service	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.	2010 Open to Public Inspection

Name of the organization	Employer identification number
YMCA OF LAWTON, OK	73-0642616

PART VI SECTION B #11A
THE EXECUTIVE DIRECTOR REVIEWS THE FORM 990 WITH THE TAX PREPARER. THE EXECUTIVE DIRECTOR THEN PRESENTS THE RETURN TO THE BOARD FOR FUTURE REVIEW.

PART VI SECTION B #12C
BEFORE BUSINESS IS CONDUCTED WITH VENDORS, THE YMCA VERIFIES THAT THEIR NAMES DO NOT CORRESPOND TO THE LIST SUBMITTED BY THE BOARD. IF A VENDOR WHO SUBMITS THE LOWEST BID IS FOUND ON THE LIST THE YMCA MUST OBTAIN BORAD APPROVAL TO CONDUCT BUSINESS WITH THAT INDIVIDUAL.

PART VI SECTION B #15
COMPENSATION OF THE EXECUTIVE DIRECTOR AND TOP MANAGEMENT IS DETERMINED BY SALARY ADMINISTRATION GUIDELINES SET BY YMCA OF THE USA. THE BOARD APPROVES COMPENSATION BASED ON THESE GUIDELINES IN ADDITION TO OTHER FACTORS SUCH AS BUDGET CONSTRAINTS AND EMPLOYEE PERFORMANCE.

PART VI SECTION C #19
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICTS OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

990 PRINCIPAL OFFICER NAME AND ADDRESS

ATTACHMENT 1: FORM 990 PAGE 1, LINE F

OPEN TO PUBLIC INSPECTION	For calendar year 2010, or tax period beginning , and ending

Name of Organization	Employer Identification Number
YMCA OF LAWTON, OK	73-0642616

990, Page 1, Line F

Principal officer name .....

or

Business Name:

Street Address .....

U.S. Address:

Zip code 73505 City LAWTON State OK

or

Foreign Address

City .....

Province or State .....

Country .....

Postal code .....

990 PRIMARY EXEMPT PURPOSE

ATTACHMENT 2: FORM 990 PAGE 1, PART I

OPEN TO PUBLIC INSPECTION	For calendar year 2010 or tax period beginning , and ending .

Name of Organization	Employer Identification Number
YMCA OF LAWTON, OK	73-0642616

Primary Purpose

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

990 PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 3: FORM 990 PAGE 2, PART III

OPEN TO PUBLIC INSPECTION	For calendar year 2010, or tax period beginning , and ending

Name of Organization	Employer Identification Number
YMCA OF LAWTON, OK	73-0642616

Part III - Statement of Program Service Accomplishments

Code: Expenses: 1,442,386 including Grants of Revenue: 1,475,575

Exempt Purpose Achievements

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

990 BOOKS ARE IN CARE OF

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

OPEN TO PUBLIC INSPECTION | For calendar year 2010 or tax period beginning , and ending .

Name of Organization: YMCA OF LAWTON, OK

Employer Identification Number: 73-0642616

Part VI - Line 20

Individual Name or Business Name: VIKI SIMMONS

Street Address: 5 SW 5TH ST

U S. Address:

Zip code 73501 City LAWTON State OK

or

Foreign Address

City

Province or State

Country

Postal code

Phone Number (580)355-9622

Fax Number

990 SCHEDULE OF DEPRECIATION AND DEPLETION

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

OPEN TO PUBLIC INSPECTION

For Calendar year 2010, or tax year period beginning and ending

Name of Organization: 'YMCA OF LAWTON, OK

Employer Identification Number: 73-0642616

Description of Property	Date Acquired	Cost or Other Basis	Prior Year Depreciation	Method of Computation	Rate (%) or Life (Years)	Depreciation This Year
"SEE ATTACHED FORM 4562"						131,298
	Total:					131,298

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

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

OMB No 1545-0172

2010

Attachment Sequence No 67

Name(s) shown on return

YMCA

Identifying number

–

Business or activity to which this form relates

Part I Election To Expense Certain Property Under Section 179

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

1	Maximum amount See the instructions for a higher limit for certain businesses	1	500,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000.
4	Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	0.
5	Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	500,000.

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2009 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instrs)	11	500,000.
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2011. Add lines 9 and 10, less line 12 ►	13	

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

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

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	131,298.

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

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2010	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ► ☐		

Section B — Assets Placed in Service During 2010 Tax Year Using the General Depreciation System

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

Section C — Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (See instructions.)

21	Listed property Enter amount from line 28.	21	
22	**Total** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations — see instructions	22	131,298.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

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

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

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

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

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)						25		
26 Property used more than 50% in a qualified business use.								
27 Property used 50% or less in a qualified business use								
						SL/		
						SL/		
						SL/		
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1						28		
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1							29	

Section B – Information on Use of Vehicles

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

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

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

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

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

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

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2010 tax year (see instructions):					
43 Amortization of costs that began before your 2010 tax year				43	
44 **Total.** Add amounts in column (f) See instructions for where to report				44	

YMCA

Form 4562 - Supporting Schedules

Period Ended 12/31/10 - Federal ID #:

Part II, Line 16 - ACRS/Other Deprec.

Description	Acq. Date	Basis	Life	Method	Deduction
BUILDING IMPROVEMENTS	07/01/98	13,290.	50 yr	SL	266
BUILDING IMPROVEMENTS	07/01/98	80,629.	50 yr	SL	1,613.
BUILDING IMPROVEMENTS	07/01/99	20,310.	50 yr	SL	406.
WEIGHT ROOM EQUIPMENT	11/04/00	7,862.	10 yr	SL	655.
WEIGHT ROOM EQUIPMENT	12/02/00	26,750.	10 yr	SL	2,452.
FURNITURE	05/21/00	1,947.	10 yr	SL	81.
TABLES, CHAIRS, FANS	06/01/00	1,703.	10 yr	SL	71.
BUILDING IMPROVEMENTS	03/17/00	8,034.	50 yr	SL	161.
AIR COMPRESSOR	07/11/00	11,704.	15 yr	SL	780.
DAY CAMP IMPROVEMENTS	07/01/99	7,935.	15 yr	SL	529.
AQUATREK RAMP	02/16/01	4,446.	10 yr	SL	445.
POOL HEATER	07/18/01	2,505.	10 yr	SL	251.
WEIGHT ROOM EXPANSION	07/31/01	68,973.	50 yr	SL	1,379.
FURNISHINGS	03/31/01	1,512.	10 yr	SL	151.
FURNISHINGS	08/31/01	1,100.	10 yr	SL	110.
FURNISHINGS	06/08/01	931.	10 yr	SL	93.
WEIGHT ROOM EQUIPMENT	08/15/01	24,800.	10 yr	SL	2,480
BUILDING (PRE-97)	05/24/66	3,565,535.	50 yr	SL	71,311.
2002 REMODELING PROJECT	08/12/02	79,404.	40 yr	SL	1,985.
2 RECUMBENT EXERCISE BIKE	03/27/02	4,791.	10 yr	SL	479
CROSS TRAINER	12/31/02	3,730.	10 yr	SL	373.
FITNESS CINEMA (WT ROOM)	12/31/02	2,806.	10 yr	SL	281.
TRUE TREADMILL	02/11/02	4,074.	10 yr	SL	407.
TRUE TREADMILL	01/31/02	4,400.	10 yr	SL	440.
2 TRUE TREADMILLS	05/08/02	8,700.	10 yr	SL	870.
TRUE TREADMILL	01/24/02	4,074.	10 yr	SL	407.
BALANCING TANK-POOL	02/27/02	5,750.	15 yr	SL	383.
BALANCING TANK - POOL	12/31/02	7,112.	15 yr	SL	474.
A/C UNITS (REPLACE-STORM)	08/07/02	41,495.	20 yr	SL	2,075.
REMODELLING	03/25/03	46,892.	40 yr	SL	1,172.
2 COMPRESSORS	06/30/03	3,439.	10 yr	SL	344.
INTERCOM/SPEAKER SYSTEM	08/28/03	4,767.	15 yr	SL	318.
CLIMBING TOWER	12/12/03	21,900.	10 yr	SL	2,190.
BUILDING RENOVATIONS	05/27/04	75,709.	40 yr	SL	1,893.
WEIGHT ROOM EXPANSION	11/15/05	79,041.	40 yr	SL	1,976.
POOL VACUUM	04/11/05	3,064.	10 yr	SL	306.
A/C UNIT	03/31/05	10,147.	20 yr	SL	507.
PRECOR EFX 5641	01/13/06	3,782.	5 yr	SL	756.
PRECOR C8461 SP	01/13/06	2,082.	5 yr	SL	416.
PRECOR C8461 SP	01/13/06	2,082.	5 yr	SL	416.
PRECOR C8461 SP	01/13/06	2,082.	5 yr	SL	416.
PRECOR C9561-NH	01/13/06	4,281.	5 yr	SL	856.
HEALTH ASSESSMENT -POLAR	07/26/06	12,687.	5 yr	SL	2,537.
CLUBTRACK 2100	10/17/03	2,899.	7 yr	SL	345.
CLUBTRACK 2100	10/17/03	2,899.	7 yr	SL	345.
CLUBTRACK 2100	10/17/03	2,899.	7 yr	SL	345.
COMERCIAL DRYER	08/03/06	3,141.	4 yr*	SL	458.
WASHER	12/07/06	648.	4 yr*	SL	149.
HOCKEY TABLE	12/20/06	750.	4 yr*	SL	188.
ALARM SYSTEM	05/23/07	3,677.	5 yr	SL	735

Part II, Line 16 - ACRS/Other Deprec.

Description	Acq. Date	Basis	Life	Method	Deduction
SPRINKLER SYSTEM	06/21/07	18,240.	40 yr	SL	456.
COMPUTER SOFTWARE	12/31/07	18,456.	5 yr	SL	3,691.
SHARP PROJECTOR	04/05/07	729.	5 yr	SL	146.
24 FOLDING CHAIRS	10/03/07	734.	5 yr	SL	147.
WATER COOLER	09/18/07	525.	5 yr	SL	105.
RECEIVER	01/09/08	1,937.	5 yr	SL	387.
SPEAKER SYSTEM	11/14/07	800.	5 yr	SL	160.
DELL OPTIPLEX MINITOWER	07/29/07	1,234.	5 yr	SL	247.
DELL OPTIPLEX MINITOWER	07/29/07	1,234.	5 yr	SL	247.
DELL OPTIPLEX MINITOWER	07/29/07	1,234.	5 yr	SL	247.
DELL OPTIPLEX MINITOWER	07/29/07	1,304.	5 yr	SL	261.
DELL OPTIPLEX MINITOWER	07/29/07	1,304.	5 yr	SL	261.
DELL OPTIPLEX MINITOWER	07/29/07	1,304.	5 yr	SL	261.
Dell PowerEdge 840	07/29/07	2,835.	5 yr	SL	567.
RECEIVER	08/13/08	1,944.	5 yr	SL	389.
SECURITY CAMERA SYSTEM	11/05/08	18,789.	5 yr	SL	3,758.
COMPUTER SOFTWARE	12/31/08	8,471.	5 yr	SL	1,694.
10 TON ROOFTOP A/C UNIT	05/19/09	12,800.	20 yr	SL	640.
AEROBICS ROOM(REMODEL)	12/11/09	27,521.	40 yr	SL	688.
GYM ROOF	03/20/09	66,857.	50 yr	SL	1,337.
4 DRAWER LATERAL FILE CAB	04/28/09	550.	5 yr	SL	110.
POWERSYSTEM EXER EQUIP	02/27/09	1,257.	5 yr	SL	251.
PORTABLE GUARD STATION	03/06/09	499.	5 yr	SL	100.
FM RECEIVER	03/12/09	2,109.	5 yr	SL	422.
WATER EXTRACTOR	04/29/09	2,715.	5 yr	SL	543.
AQUATREK RAMP/PLATFORM	09/25/09	572.	5 yr	SL	114.
LIFEGUARD CHAIR	09/30/09	607.	5 yr	SL	121.
SCANNERS - THINSOFT	10/22/09	600.	5 yr	SL	120.
COMPUTER SOFTWARE	12/21/09	15,827.	5 yr	SL	3,165.
GYM FLOOR	12/11/09	6,670.	50 yr	SL	133
5 TON A/C UNIT	07/22/10	7,427.	20 yr	SL	155.
HOT WATER HEATERS	09/01/10	45,998.	10 yr	SL	1,533.
DEFIBRILLATOR	03/15/10	1,285.	5 yr	SL	214.
EZ LADDER	08/31/10	2,047.	5 yr	SL	136.
VACUUM CLEANER FOR POOL	09/02/10	2,003.	5 yr	SL	134.
WASHING MACHINE	07/07/10	549.	5 yr	SL	55.
DENON STEREO RECEIVER	07/28/10	600.	5 yr	SL	50.
POOL STEPS	09/15/10	2,650.	5 yr	SL	177.
Total		4,587,387.			131,298.

*Qualified Indian Reservation Property

YMCA

Alternative Minimum Tax/Tax Preferences - Supporting Schedules
Period Ended 12/31/10 - Federal ID #:

Depreciation of Property placed in service after 1986

Description	Acq. Date	Reg. Depr.	AMTI Depr.	Adjustment
DELL DIMENSION 4100	01/13/05	0.	25.	-25.
SOUND SYSTEM	04/29/05	0.	91.	-91.
PRECOR TREADMILL	01/11/05	0.	76.	-76.
PRECOR TREADMILL	01/11/05	0.	76.	-76.
PRECOR CROSSTRAINER	01/12/05	0.	201.	-201.
PRECOR CROSS TRAINER	01/12/05	0.	201.	-201.
PROMAXIMA BARBELL SET	12/22/05	0.	127.	-127.
CYCLING BIKE	03/29/05	0.	44.	-44.
CYCLING BIKE	03/29/05	0.	44.	-44.
CYCLING BIKE	03/29/05	0.	44.	-44.
CYCLING BIKE	03/29/05	0.	44.	-44.
CYCLING BIKE	03/29/05	0.	44.	-44.
CYCLING BIKE	03/29/05	0.	44.	-44.
CYCLING BIKE	03/29/05	0.	44.	-44.
CYCLING BIKE	03/29/05	0.	44.	-44.
CYCLING BIKE	03/29/05	0.	44.	-44.
CYCLING BIKE	03/29/05	0.	44.	-44.
CYCLING BIKE	03/29/05	0.	44.	-44.
DELL DIMENSION 300	03/29/05	0.	36.	-36.
HOT WATER HEATERS	09/01/10	1,533.	1,533.	0.
Total		1,533.	2,850.	-1,317.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box . . . . . ▶ X

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1)

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

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

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

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

- The books are in the care of ▶ SEE ATTACHMENT #4
  Telephone No ▶ _____ FAX No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box . . . . . ▶ ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . ▶ ☐ If it is for part of the group, check this box . . ▶ ☐ and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until NOVEMBER 15, 2011.

5 For calendar year 2010, or other tax year beginning _____, 20____, and ending _____, 20____

6 If the tax year entered in line 5 is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

7 State in detail why you need the extension THE TAXPAYER'S AUDIT IS NOT YET COMPLETED. THEY NEED ADDITIONAL TIME TO FILE A COMPLETE AND ACCURATE RETURN.

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

Signature and Verification

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

Signature ▶ _____ Title ▶ Agent Date ▶ 8/8/11

