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DLN: 93493237008654

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 private foundations)

► Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

► Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

2013

Open to Public Inspection

Is this a group retu subordinates? Are all subordinate included? If "No," attach a lis Group exemption n	ts \$ 21,951,113 Irn for Yes V No Yes No
(918) 747 G Gross receipt Is this a group retusubordinates? Are all subordinate included? If "No," attach a listing Group exemption in ar of formation 1909	ts \$ 21,951,113 Irn for Yes ✓ No Yes ✓ No St (see instructions) number ► M State of legal domicile
(918) 747 G Gross receipt Is this a group retusubordinates? Are all subordinate included? If "No," attach a listing Group exemption in ar of formation 1909	ts \$ 21,951,113 Irn for Yes ✓ No Yes ✓ No St (see instructions) number ► M State of legal domicile
G Gross receipt Is this a group retu subordinates? Are all subordinate included? If "No," attach a lis Group exemption in	ts \$ 21,951,113 Irn for Yes No Yes No St (see instructions) number • M State of legal domicile
Is this a group retu subordinates? Are all subordinate included? If "No," attach a lis Group exemption n	rn for Yes ✓ No Yes ✓ No St (see instructions) number ► M State of legal domicile
Is this a group retu subordinates? Are all subordinate included? If "No," attach a lis Group exemption n	rn for Yes ✓ No Yes ✓ No St (see instructions) number ► M State of legal domicile
subordinates? Are all subordinate included? If "No," attach a lis Group exemption nar of formation 1909	Yes ✓ No St (see instructions) number ► M State of legal domicile
Are all subordinate included? If "No," attach a lis Group exemption n ar of formation 1909	s
included? If "No," attach a lis Group exemption n ar of formation 1909	st (see instructions) number ► M State of legal domicile
If "No," attach a lis Group exemption n ar of formation 1909	number ► M State of legal domicile
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ar of formation 1909	M State of legal domicile
	-
UILD HEALTHY SP	IRIT, MIND AND BO
han 25% of its net	assets
з	1
4	
5	9
6	2,5
7a	ı
75	<u>, </u>
Prior Year	Current Year
	13,437,5
	7,737,7
	71,94
3,509,586	21,268,0
0	
0	
1,574,005	5,152,8
1,574,005 0	5,152,8
	5,152,8
	5,152,83 5,549,44
0	5,549,4
1,888,568 3,462,573 47,013	5,549,4· 10,702,2
1,888,568 3,462,573 47,013 inning of Current	5,549,4· 10,702,2
1,888,568 3,462,573 47,013 inning of Current Year	5,549,44 10,702,26 10,565,83 End of Year
1,888,568 3,462,573 47,013 inning of Current Year 27,349,609	5,549,44 10,702,26 10,565,83 End of Year 39,012,00
1,888,568 3,462,573 47,013 inning of Current Year	5,549,44 10,702,26 10,565,83 End of Year

TULSA, OK 741147002

May the IRS discuss this return with the preparer shown above? (see instructions) $\ \ .$

✓ Yes ☐ No

Form	1990 (2013)					Page 2
Par		nt of Program Serv			ı	
1	Briefly describe t	he organization's mission	I			
SEE	SCHEDULE O					
	Did the organizati	on undertake any signific	ant program se	arvices during the year	which were not listed on	
2	the prior Form 99		· · · ·		· · · · · · · · · · ·	┌ Yes ┌ No
	If "Yes," describe	these new services on S	chedule O			
3		on cease conducting, or i			ducts, any program	┌ Yes ┌ No
	If "Yes," describe	these changes on Sched	ule O			
4	expenses Section) organizations	s are required to report	ee largest program services, a the amount of grants and alloc	•
4a	(Code YMCA MEMBERSHIP) (Expenses \$ AND HEALTH ENHANCEMENT	5,496,003	including grants of \$) (Revenue \$	5,745,551)
4b	(Code YMCA CAMPING) (Expenses \$	1,023,842	including grants of \$) (Revenue \$	706,996)
4 c	(Code YMCA CHILDCARE) (Expenses \$	2,120,092	including grants of \$) (Revenue \$	1,020,959)
	(Code SPORTS AND RECRE) (Expenses \$	363,957	including grants of \$) (Revenue \$	263,689)
-	(Code OTHER PROGRAMS) (Expenses \$	210,122	including grants of \$) (Revenue \$	517)
4d	Other program s (Expenses \$	ervices (Describe in Scho 574,079 inc	edule O) luding grants o	of \$) (Revenue \$	264,206)

Total program service expenses ▶

4e

9,214,016

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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? *	2	Yes	
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		Νo
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? <i>If "Yes," complete Schedule C, Part II</i>	4		No
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	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, 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^{\square}	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
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		No
С	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		No
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		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part $X^{f CD}$	11e	Yes	
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		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
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 and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If</i> "Yes," complete Schedule F, Parts III and IV	16		No
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 $11e^{2}$ If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		No
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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Νo
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants or 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		No
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? <i>If "Yes," complete Schedule J</i>	23	Yes	
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 25a	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo
С	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		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νo
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		No
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		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
_		28a		Νo
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Νo
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		No
29	Did the organization receive more than $$25,000$ in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
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		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Νo
b	If 'Yes' to line 35a, 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	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	20	Yes	

-	Statements Regarding Other 1RS Fillings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V		Yes	l No
3	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 12		163	140
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0	 		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	 		
	gaming (gambling) winnings to prize winners?	1 c	Yes	
3	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			
)	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
1	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
1	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		No
)	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			
ı	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
	1. 165, to line 50 of 50, and the organization metrorin 0000-1.	5c		
1	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 as charitable contributions?	6a		N
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	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		N
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		N
	If "Yes," indicate the number of Forms 8282 filed during the year			
	74 Test, indicate the number of forms of 202 med during the year 1 1 1 1	-		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
	contract?	7e		N ·
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		N
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7h		
	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		
	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1		
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	1		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	-		
	Is the organization licensed to issue qualified health plans in more than one state?			
	Note. See the instructions for additional information the organization must report on Schedule O	13a		
	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			
	Enter the amount of reserves on hand	ļ		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		N
	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h		

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

Check if Schedule O contains a response of	r note to any	line in this Part VI							.マ

Se	ection 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								
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O								
b	Enter the number of voting members included in line 1a, above, who are independent								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No					
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		Νo					
6	Did the organization have members or stockholders?	6	Yes						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following								
а	The governing body?	8a	Yes						
b	f b Each committee with authority to act on behalf of the governing body?								
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No					
C-	ection B. Policies (This Section B requests information about policies not required by the Internal R		in Cod	۵ ۱					
56	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ie cou	c.)					
36	ection B. Policies (This Section B requests illiornation about policies not required by the Internal R	evend	Yes	No No					
10a	Did the organization have local chapters, branches, or affiliates?	10a							
10a b	Did the organization have local chapters, branches, or affiliates?		Yes						
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a	Yes Yes						
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes Yes Yes						
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes Yes Yes						
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes Yes Yes						
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	10a 10b 11a	Yes Yes Yes Yes						
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes Yes Yes						
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	10a 10b 11a 12a 12b	Yes Yes Yes Yes Yes Yes						
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes Yes Yes						
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes Yes Yes						
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes Yes Yes						
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes						
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official	10a 10b 11a 12a 12b 12c 13 14	Yes						
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes	No					
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	10a 10b 11a 12a 12b 12c 13 14 15a 15b	Yes	No					

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

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►RONDA C JENKINS-THOMPSON 420 S MAIN STE 200 TULSA, OK 74103 (918) 728-3915

Form 990	(2013	
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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line 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, or 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 organization compensated any current officer, director, or trustee

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	more t	han o	one l both	box, an o	heck sofficer (stee) Highest compensated	Former	(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

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

	(A) Name and Title	(B) A verage hours per week (list any hours	more t perso and a	tion (han c n is l	ne b both	oox, an c	heck unless officer stee)	1	Report compen- from organizat	able sation the ion (W-	(E) Reportable compensation from related organizations (W	'- ·	(F) Estima mount of compens from t	other ation he
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-	MISC)	2/1099-MISC)		rganizatio relate organiza	:d
												-		
1b	Sub-Total							 						
c	Total from continuation sheet	s to Part VII, S	ection A	٠.				Þ						
d	Total (add lines 1b and 1c) .						•	Þ		342,246		0		62,236
2	Total number of individuals (in \$100,000 of reportable compe						d abov	e) w	ho received	d more th	an			
													Yes	No No
3	Did the organization list any fo on line 1a? <i>If "Yes," complete S</i>					key •	emplo	yee,	or highest	compen	sated employee	3	Tes	No No
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										А	Vas			
5	Did any person listed on line 1	a receive or acc	rue cor	npen:	• satı	• on fr	om anv	• / unr	elated orda	• • anızatıon	or individual for	4	Yes	
	services rendered to the organ										[5		No
	ection B. Independent Co													
1	Complete this table for your five compensation from the organization												tax year	
		(A)									(B)		(C))

(A)	(B)	(C)
Name and business address	Description of services	Compensation
STANDARD ROOFING PO BOX 60150 OKLAHOMA CITY OK 74146	ROOFING REPAIR	492,811
FINAL TOUCH CLEANING 10404 E 55TH PLACE TULSA OK 74146	CLEANING SERVICES	482,862
MAYOWIGGINS PROPERTY 420 S MAIN STREET SUITE 201 TULSA OK 74103	PROPERTY RENT	426,023
JULES AND ASSOCIATES PO BOX 4130 HOPKINS MN 553430049	EQUIPMENT LEASE	277,729
DAXKO PO BOX 162807 ATLANTA OK 30321	COMPUTER SOFTWARE LEASING	112,988

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►5

~ ±	1a
irani	b
ts, G rAm	C
Gif nilar	a
ons, Sin	f
buti ther	
Contributions, Gifts, Grants and Other Similar Amounts	d e f g
	n
Pogram Serwce Revenue	2 a
Rev	b
'wce	, c
	e
ĭran	f
<u>&</u>	g
	2a b c d e f g
	4
	4 5
	6a
	6a b c
	l 4
	7a
	Ь
	c
	d
<u>Φ</u>	8a
nuə/	
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ther	ь
Ò	C
	90
	Ь
	ءً
	10a
	b c
	11a -
	c
	d
	e

Form 99	<u> </u>							Page 9
Part V	<u> </u>	Statement o Check if Schedi	o f Revenue ule O contains a respons	se or note to any lir	ne in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ν £	1a	Federated cam	paigns 1a	645,345				
Grants mounts	ь	Membership du	es 1b					
ي ۾ م	С	Fundraising eve	ents 1c					
Giffs, iilar A	d	Related organiz	ations 1d					
s, G	е	Government grants	s (contributions) 1e	667,355				
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contribution	ons, gifts, grants, and 1f ot included above	12,124,875				
를등	g	Noncash contribute 1a-1f \$	ons included in lines					
Son	h	Total. Add lines	s 1 a - 1 f	🛌	13,437,575			
				Business Code				
Program Serwoe Revenue	2a	MEMBERSHIP DUE	s	713940	5,502,234	5,502,234		
E E	ь	PROGRAM DUES		713940	1,814,790	1,814,790		
92	С	RENTAL INCOME		713940	282,628	282,628		
Şer.	d	OTHER RELATED II	NCOME	713940	138,060	138,060		
Ē	е							
i Do	f	All other progra	am service revenue					
	g		s 2a – 2f		7,737,712			
	3		ome (including dividend ar amounts)		27,050			27,050
	4		stment of tax-exempt bond p	F				
	5	Royalties		🕨				
		Cross rents	(ı) Real	(II) Personal				
	6a b	Gross rents Less rental						
	c	expenses Rental income						
	d	or (loss)	me or (loss)					
	l u	Net rental inco	(i) Securities	(II) O ther				
	7a	Gross amount from sales of assets other	674,383	, ,				
	b	than inventory Less cost or other basis and	629,493					
		sales expenses Gain or (loss)	44,890					
	d		(S)		44,890			44,890
		Gross income f	_	· · · · · · · ·	,			,
Other Revenue		events (not inc \$	s reported on line 1c)					
jer Ter	Ь	Less directles	penses b					
₹	С		(loss) from fundraising e	vents 🛌				
	9a	Gross income f See Part IV, lin						
	ь	Less directles	penses b					
			(loss) from gaming activ	ities				
	10a	Gross sales of returns and allo	owances .	73,068				
	ь	Less costofa	a oods sold b	53,537				
			(loss) from sales of inve		19,531			19,531
		Miscellaneous		Business Code				
	11a	MISC INCOME	<u> </u>	713940	1,325			1,325
	b		<u> </u>					
	C	A 11 - +1-	<u> </u>					
	d e	All other reven	<u> </u>	▶				
					1,325			
	12	iotai revenue.	See Instructions		21,268,083	7,737,712	0	92,796

	990 (2013) LIX Statement of Functional Expenses				Page 10
	on 501(c)(3) and 501(c)(4) organizations must complete all columns. All	other organizati	ons must comp	lete column (A)	
	Check if Schedule O contains a response or note to any line in this				г
Do no	ot include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	o, 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 organizations in the United States See Part IV, line 21				'
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	404,483		404,483	
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	3,959,160	3,502,513	422,477	34,170
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	76,665	67,822	8,181	662
9	Other employee benefits	262,575	197,784	59,338	5,453
10	Payroll taxes	449,936	371,432	74,310	4,194
11	Fees for services (non-employees)				
а	Management				
b	Legal	5,689		5,689	
c	Accounting	8,000		8,000	
d	Lobbying	5,000		0,000	
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
a	Other (If line 11g amount exceeds 10% of line 25,				
y	column (A) amount, list line 11g expenses on Schedule O)	225,255	165,112	56,514	3,629
12	Advertising and promotion	100,110	98,476		1,634
13	Office expenses	1,085,536	1,012,612	56,352	16,572
14	Information technology				
15	Royalties				
16	Occupancy	1,839,675	1,839,675		
17	Travel	108,280	69,858	38,422	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	·	·		
19	Conferences, conventions, and meetings	33,116	20,210	12,886	20
20	Interest	609,054	384,211	224,843	
21	Payments to affiliates	120,207	111,035	 	
22	Depreciation, depletion, and amortization	1,059,838	1,026,552	33,286	
23	Insurance	239,108	234,123	4,985	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a b					
c		1			
d		<u> </u>		+	
	All other expenses	115,581	112,601	2,980	
25	Total functional expenses. Add lines 1 through 24e	10,702,268	9,214,016	1,421,918	66,334
26	Joint costs. Complete this line only if the organization	10,702,200	3,214,010	1,721,910	30,334
20	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here F [if following SOP 98-2 (ASC 958-720)				

Form 990 (2013)

Part X Balance Sheet

Par	t X	Balance Sheet Check if Schedule O contains a response or note to any line in t	:hıs Pa	art X			
		,			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			208,249	1	1,076,460
	2	Savings and temporary cash investments			799,005	2	941,239
	3	Pledges and grants receivable, net			707,513	3	11,486,935
	4	Accounts receivable, net			126,639	4	263,820
	5	Loans and other receivables from current and former officers, demployees, and highest compensated employees. Complete Paschedule L	of				
<u>\$\$</u>	6	Loans and other receivables from other disqualified persons (as $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and cand sponsoring organizations of section $501(c)(9)$ voluntary erorganizations (see instructions) Complete Part II of Schedule I	outing employers		5		
क्						6	
Assets	7	Notes and loans receivable, net				7	
_	8	Inventories for sale or use	•			8	
	9	Prepaid expenses and deferred charges			243,493	9	160,497
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	38,300,584			
	b	Less accumulated depreciation	10b	15,106,795	23,449,912	10 c	23,193,789
	11	Investments—publicly traded securities		1,077,168	11	1,168,751	
	12	Investments—other securities See Part IV, line 11			567,930	12	563,005
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets		•		14	
	15	Other assets See Part IV, line 11			169,700	15	157,504
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			27,349,609	16	39,012,000
	17	Accounts payable and accrued expenses			322,088	17	1,131,406
	18	Grants payable				18	
	19	Deferred revenue			315,086	19	271,930
	20	Tax-exempt bond liabilities				20	
ø.	21	Escrow or custodial account liability Complete Part IV of Sche	dule I	· .		21	
Liabilitie	22	Loans and other payables to current and former officers, directors, employees, highest compensated employees, and disqualif		ustees,			
æ		persons Complete Part II of Schedule L				22	
=	23	Secured mortgages and notes payable to unrelated third partie	s.		13,085,000	23	12,615,000
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to relat and other liabilities not included on lines 17-24) Complete Pa	rt X of	Schedule	205 204	1	140.772
		D			305,301	25	148,773
	26	Total liabilities. Add lines 17 through 25			14,027,475	26	14,167,109
Fund Balances		Organizations that follow SFAS 117 (ASC 958), check here ► lines 27 through 29, and lines 33 and 34.	√ and	complete			
<u>ਨ</u>	27	Unrestricted net assets			12,040,605	27	12,811,395
<u>а</u>	28	Temporarily restricted net assets	•		1,141,940	28	11,793,919
Ξ	29	Permanently restricted net assets	•		139,589	29	239,577
or Fu		Organizations that do not follow SFAS 117 (ASC 958), check he complete lines 30 through 34.	ere 🟲	┌ and			
2	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other f	unds			32	
Net Net	33	Total net assets or fund balances			13,322,134	33	24,844,891
_	34	Total liabilities and net assets/fund balances			27,349,609	34	39,012,000

Par	t XI Reconcilliation of Net Assets			<u>'</u>	age 11
1461	Check if Schedule O contains a response or note to any line in this Part XI				F
1	Total revenue (must equal Part VIII, column (A), line 12)	1		21,2	268,083
2	Total expenses (must equal Part IX, column (A), line 25)				
_	Devenue less surgers Culture to lune 2 from lune 1	2		10,7	702,268
3	Revenue less expenses Subtract line 2 from line 1	3		10,5	565,815
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		123	322,134
5	Net unrealized gains (losses) on investments			13,	522,13-
-		5		2	229,152
6	Donated services and use of facilities	6			
7	Investment expenses				
		7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)			_	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,	9		7	727,790
10	column (B))	10		24,8	344,891
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. দ
				Yes	No
1	Accounting method used to prepare the Form 990				
	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		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review	wed on			
	a separate basis, consolidated basis, or both Separate basis Both consolidated and separate basis				
ь	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa	rate			
	basis, consolidated basis, or both				
_	▼ Separate basis	t of the			
·	audit, review, or compilation of its financial statements and selection of an independent accountant?	it of the	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain it Schedule O	า			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th	e			
	Single Audit Act and OMB Circular A-133?		За		No
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		

Software ID: **Software Version:**

EIN: 73-0579269

Name: THE YOUNG MEN'S CHRISTIAN ASSOCIATION

OF GREATER TULSA

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) A verage hours per week (list any hours for related	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1033 11130)	2,1033 11130)	related organizations
THOMAS BENNETT III	50	Х						0	0	0
BOARD DIRECTOR BART BOATRIGHT	50	x						0	0	0
BOARD DIRECTOR MANYLES GAINES	50									
BOARD DIRECTOR DEREK GATES	50	Х						0	0	0
BOARD VICE CHAIR		Х						0	0	0
BOB GEWENIGER BOARD DIRECTOR	50	x						0	0	0
LEIGH GOODSON	50	х						0	0	0
BOARD DIRECTOR DAVID HAYS	50	Х						0	0	0
BOARD TREASURER CHASE CURTISS	50									
BOARD DIRECTOR JOHN HICKEY	50	Х						0	0	0
BOARD DIRECTOR	30	х						0	0	0
MOLLY JARVIS BOARD DIRECTOR	50	x						0	0	0
JIM KNEALE	50	х						0	0	0
BOARD DIRECTOR STEVE MALCOLM	50	х						0	0	0
BOARD DIRECTOR STEVEN NELL	50	х						0	0	0
BOARD DIRECTOR ELLIOT NELSON	50	×						0	0	0
BOARD SECRETARY PAUL SAMUELS	50	х						0	0	0
BOARD DIRECTOR NANCY MCDONALD	50	x						0	0	0
BOARD DIRECTOR WILL SMITH	50									
BOARD CHAIR TOMMY ARENS	50	Х						0	0	0
BOARD DIRECTOR JAKE DOLLARHIDE	50	Х						0	0	0
BOARD DIRECTOR KALLI CASTILLE		Х						0	0	0
BOARD DIRECTOR	50	Х						0	0	0
DOUG WALKER BOARD DIRECTOR	50	х						0	0	0
JUSTIN MCLAUGHLIN BOARD DIRECTOR	50	х						0	0	0
ROB MARTINOVICH	50	Х						0	0	0
BOARD DIRECTOR LAURIE TILLEY	50	х						0	0	0
BOARD DIRECTOR SANDI PELLOW	50									
BOARD DIRECTOR		Х						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) A verage hours per week (list any hours	age Position (do not check per more than one box, unless (list person is both an officer ours and a director/trustee)			(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the			
	for related organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
RACHEL MATHIS BOARD DIRECTOR	50	×						0	0	0
DR RAY OWENS	50									
BOARD DIRECTOR	30	х						0	0	0
JEFF RONSSE	50	х						0	0	0
BOARD DIRECTOR DAWN WARRICK										
BOARD DIRECTOR	50	х						0	0	0
CHRIS ZENTHOEFER	50									
BOARD DIRECTOR	30	х						0	0	0
SUSAN PLANK	40 00			х				150,654	0	19,504
CHIEF EXECUTIVE OFFICER				,					,	
SAM CARROLL	40 00			Х				110,795	0	26,067
CHIEF OPERATING OFFICER										
RONDA JENKINS-THOMPSON	40 00			х				80,797	0	16,665
CHIEF FINANCIAL OFFICER	J									

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OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public **Inspection**

Name of the organization
THE YOUNG MEN'S CHRISTIAN ASSOCIATION
OF COEATED THICA

Employer identification number

72 0570260

Da	rt I	Desc	on for Du	blic Charity Sta	tue (All or	nanization	must com	nlata this r	1/3-05/9				
				blic Charity Starte foundation because						iristi uctions.	•		
1	rigain.		· ·	on of churches, or a	-		-	•	-				
2	<u>'</u>		-	d in section 170(b)(1				eccion 170(i)(1)(A)(I).				
3	<u>'</u>			perative hospital se				n 170/b\/1\	(A)(iii)				
4	<u>'</u>			h organization operat						(1)(A)(iii) E	ntor the		
-	'			ty, and state	tea iii conjun	Ction with a	nospital des	cribed iii se t	.tion 170(b)	(I)(A)(III). L	iitei tiie		
5	Γ			erated for the benefi	t of a college	or universi	ty owned or o	perated by a	a governmer	ntal unit desc	rıbed ın	•	
		sect ion	170(b)(1)((A)(iv). (Complete P	art II)				_				
6	Γ	A feder	al, state, or	local government or	government	al unit desc	rıbed ın sect i	ion 170(b)(1	L)(A)(v).				
7	Γ	An orga	anization th	at normally receives	a substantia	al part of its	support from	a governme	ental unit or	from the gene	eral public		
	_	described in section 170(b)(1)(A)(vi). (Complete Part II)											
8	<u> </u>	A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)											
9	✓	An organization that normally receives (1) more than 331/3% 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 331/3% of											
		its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses											
	_			ganızatıon after June									
10	<u> </u>	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 Type III - Non-functionally integrated											
е	Γ	other t	_	ox, I certify that the on managers and ot	_					-	•		
f		If the o		received a written de	etermination	from the IR	S that it is a	Type I, Typ	e II, or Type	e III supporti	ng organiza	ition,	
g		Since A		2006, has the organ	zatıon accep	oted any gift	or contributi	on from any	of the			,	
		(i) A p	erson who d	irectly or indirectly o	ontrols, eith	er alone or	together with	persons des	scribed in (ii)	Yes	No	
		and (111) below, the	governing body of th	e supported	organızatıo	n?			11g	(i)		
		(ii) A f	amıly memb	er of a person descr	bed in (i) ab	ove?				11g	(ii)		
		(iii) A	35% contro	lled entity of a perso	n described	ın (ı) or (ıı)	above?			11g(iii)		
h		Provide	the followi	ng information about	the support	ed organızat	cion(s)						
(i	i) Nam	ne of	(ii) EIN	(iii) Type of	(iv) Is	the	(v) Did you	ı notıfy	(vi) Is	the	(vii) A mo	unt of	
	suppor			organization	organizati		the organi		organiza		moneta		
OI	ganiza	ation		(described on lines 1- 9 above	col (i) list your gove		ın col (i) o suppor	•	col (i) or	_	suppo	irt	
				or IRC section	docume	_	Suppor		in the U S ?				
				(see									
				instructions))	Yes	No	Yes	No	Yes	No	1		
						1	1.55		1	+			
Tota]						1			1			

Sch	edule A (Form 990 or 990-EZ) 2013						Page 2
Pa	(Complete only if you o	hecked the bo	x on line 5, 7,	or 8 of Part I o	r if the organiza	ation failed	to qualify under
_	Part III. If the organiza ection A. Public Support	tion fails to qu	alify under the	tests listed bel	low, please con	iplete Part .	.111.)
	endar year (or fiscal year beginning	(-) 2000	(1-) 2010	(-) 2011	(4) 2012	(-) 201	(5) T. I.
	in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 201:	3 (f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not include any "unusual						
	grants ")						
2	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its						
3	behalf The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
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						
S	ection B. Total Support	I	<u> </u>		I		I
	endar year (or fiscal year beginning	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	in) ►	(a) 2009	(b) 2010	(6) 2011	(u) 2012	(e) 2013	(I) I otal
7	A mounts from line 4						
8	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties						
	and income from similar						
	sources						
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)						
12	Gross receipts from related activities	es, etc (see inst	ructions)	•		12	1
13	First five years. If the Form 990 is t	for the organizati	on's first, second	l, thırd, fourth, or	fifth tax year as a	501(c)(3) o	rganızatıon, check
	this box and stop here				<u> </u>	<u> </u>	<u></u>
	ection C. Computation of Pub			4.4 1 (5)			
14	Public support percentage for 2013			11, column (f))		14	
15	Public support percentage for 2012	· ·	•			15	_
16a	33 1/3% support test—2013. If the condition have				line 14 is 33 1/3%	or more, che	ck this box
b	and stop here. The organization qua 33 1/3% support test—2012. If the				and line 15 is 33	8 1/3% or more	
	box and stop here. The organization				, 10 00	. 40.001111011	► F
17a	10%-facts-and-circumstances test-	-2013. If the org	anızatıon dıd not	check a box on lı			
	is 10% or more, and if the organizat						
	in Part IV how the organization mee	ts the "facts-and	d-circumstances'	test The organ	ızatıon qualıfıes a	s a publicly s	
Ь	organization 10%-facts-and-circumstances test-	-2012 . If the ora	anization did not	check a hov on li	ne 13 16a 16b	or 17a and L	▶ 厂
	15 is 10% or more, and if the organ						
	Explain in Part IV how the organizat						ublicly
	supported organization				4-71		▶ □
18	Private foundation. If the organizat instructions	ion aid not check	k a box on line 13	, 16a, 16b, 1/a,	or 1/p, check thi	s pox and se	e ▶□
							г,

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.)

Se	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🟲	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 20:	L 3	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual	8,663,603	8,695,404	9,691,390	3,414,212	20,7	54,599	51,219,208
	grants ")							
2	Gross receipts from admissions, merchandise sold or services							
	performed, or facilities furnished	478,844	440.906	407 411	06 656	,	02 756	1,926,473
	in any activity that is related to	478,844	449,806	407,411	96,656	4	93,756	1,926,473
	the organization's tax-exempt							
3	purpose Gross receipts from activities that							
•	are not an unrelated trade or							
	business under section 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							
6	charge Total. Add lines 1 through 5	9,142,447	9,145,210	10,098,801	3,510,868	21,2	48,355	53,145,681
	Amounts included on lines 1, 2,	, ,	, ,	, ,	, ,	,		, ,
	and 3 received from disqualified persons	5,000	15,000	12,500			36,000	68,500
Ь	A mounts included on lines 2 and 3 received from other than							
	disqualified persons that exceed							0
	the greater of \$5,000 or 1% of							
	the amount on line 13 for the year	5,000	15.000	12 500			36,000	68,500
с 8	Add lines 7a and 7b Public support (Subtract line 7c	5,000	15,000	12,500			36,000	,
0	from line 6)							53,077,181
Se	ction B. Total Support							
Cale	ndar year (or fiscal year	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 201	3	(f) Total
9	beginning in) ► A mounts from line 6	9,142,447	9,145,210	10,098,801	3,510,868	21.2	48,355	53,145,681
10a	Gross income from interest,	, ,	, ,	, ,	, ,	•		, ,
	dividends, payments received							
	on securities loans, rents,	41,091	39,625	37,309	12,301		27,050	157,376
	royalties and income from similar sources							
b	Unrelated business taxable							
	income (less section 511 taxes)							
	from businesses acquired after June 30, 1975							
c	Add lines 10a and 10b	41,091	39,625	37,309	12,301		27,050	157,376
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,	9,183,538	9,184,835	10,136,110	3,523,169	21.2	75,405	53,303,057
	11, and 12)	, ,	, ,	, ,			· ·	
14	First five years. If the Form 990 is to	for the organization	on's first, second	, third, fourth, or	fifth tax year as a	501(c)(3) organ	
Se	check this box and stop here ction C. Computation of Pub	lic Sunnort De	ercentage					<u>► </u>
15	Public support percentage for 2013			13. column (f))		15		99 580 %
16	Public support percentage from 201			,		-		
			·	7.0		16		98 390 %
<u>5e</u> 17	ction D. Computation of Investment income percentage for 2				n (f))	17		0 300 %
18	Investment income percentage from	•	* *	•	(17)	17		
					lone 4 F :- '	18	/ 1	0 420 %
тэа	33 1/3% support tests—2013. If the more than 33 1/3%, check this box a						₀,and	line 1 / is not ►√

33 1/3% support tests—2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18

is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).								
	Facts And Circumstances Test								
Retu	ırn Reference	Explanation							
		Schodulo A / Form 000 o	000 E7) 201						

Schedule A (Form 990 or 990-EZ) 2013

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DLN: 93493237008654

OMB No 1545-0047

SCHEDULE D

(Form 990)

Department of the Treasury

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ► Attach to Form 990. ► See separate instructions. ► Information about Schedule D (Form 990)

Open to Public

mal Revenue Se	ervice and its instruct	ions is at <u>www.irs.gov/10riii990</u> .			.nspecti	on
HE YOUNG M	e organization EN'S CHRISTIAN ASSOCIATION		Emp	loyer identification	on number	r
F GREATER 1				0579269		
	Organizations Maintaining Donor Adv organization answered "Yes" to Form 990		unds	or Accounts. (Complete	e if the
<u> </u>	organization answered Tes to Form 550	(a) Donor advised funds		(b) Funds and oth	ner accour	nts
Total nu	umber at end of year					
Aggrega	ate contributions to (during year)					
Aggrega	ate grants from (durıng year)					
A ggreg	ate value at end of year					
	organization inform all donors and donor advisore the organization's property, subject to the or		or advı	sed	┌ Yes	┌ No
used or	organization inform all grantees, donors, and d				┌ Yes	┌ No
	ing impermissible private benefit? Conservation Easements. Complete if	the organization answered "Ves" t	o Form	n 990 Part IV		, 110
│ Pre │ Pro │ Pre Comple	e(s) of conservation easements held by the org servation of land for public use (e g , recreation tection of natural habitat servation of open space ete lines 2a through 2d if the organization held a ent on the last day of the tax year	or education) Preservation of an Preservation of a G	certified	d historic structui	re	
easeille	ent on the last day of the tax year			Held at the Ei	nd of the \	Vear
Total n	umber of conservation easements		2a	ricid de elle El	id of the	- Cui
Total a	creage restricted by conservation easements		2b			
	r of conservation easements on a certified histo	oric structure included in (a)	2c			
	r of conservation easements included in (c) acc	juired after 8/17/06, and not on a	2d			
Numbe	r of conservation easements modified, transferr	ed, released, extinguished, or terminate	d by th	ie organization du	rıng	
the tax	year ►					
Numbe	r of states where property subject to conservat	ion easement is located ►				
	ne organization have a written policy regarding tement of the conservation easements it holds?	the periodic monitoring, inspection, hand	dling of	violations, and	┌ Yes	┌ No
Staff ar ►	nd volunteer hours devoted to monitoring, inspe	cting, and enforcing conservation easer	ments d	luring the year		
A moun	t of expenses incurred in monitoring, inspecting	, and enforcing conservation easements	s during	g the year		
► \$		·				
	ach conservation easement reported on line 2(oction 170(h)(4)(B)(II)?	d) above satisfy the requirements of sec	tion 17	70(h)(4)(B)(ı)	┌ Yes	┌ No
balance	XIII, describe how the organization reports coles sheet, and include, if applicable, the text of the anization's accounting for conservation easeme	e footnote to the organization's financial				
rt IIII	Organizations Maintaining Collection Complete if the organization answered "Y	s of Art, Historical Treasures,	or Otl	ner Similar As	sets.	
If the o	rganization elected, as permitted under SFAS 1 of art, historical treasures, or other similar asse e, provide, in Part XIII, the text of the footnote t	16 (ASC 958), not to report in its reveits held for public exhibition, education,	or rese	arch in furtherand		с
works o	rganization elected, as permitted under SFAS 1 of art, historical treasures, or other similar asse e, provide the following amounts relating to thes	ts held for public exhibition, education,				с
(i) Rev	enues included in Form 990, Part VIII, line 1			► \$		
(ii) _{Ass}	sets included in Form 990, Part X			► \$		
If the o	rganization received or held works of art, histor ig amounts required to be reported under SFAS		or finan	cıal gaın, provide	the	
Revenu	ies included in Form 990, Part VIII, line 1			► \$		

b Assets included in Form 990, Part X

Part	Organizations Maintaining Co	llections of Art, F	listorical	Treas	ures, or Ot	her Similar A	ssets (continued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other records,	, check any	of the fo	llowing that a	re a significant us	e of its
а	Public exhibition	•	d Γ Lo	an or exc	change progra	ams	
ь	Scholarly research	•	e 「Ot	her			
c	Preservation for future generations						
4	Provide a description of the organization's c Part XIII	ollections and explain l	how they fur	ther the	organization'	s exempt purpose	ın
5	During the year, did the organization solicit						F., F.,
Dav	assets to be sold to raise funds rather than t IV Escrow and Custodial Arrang						Yes No
FGI	Part IV, line 9, or reported an ar				ili alisweled	i les to loilli	990,
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?				or other asse	ets not	┌ Yes ┌ No
b	If "Yes," explain the arrangement in Part XI $$	II and complete the fol	llowing table	!	_	•	
					-		mount
С	Beginning balance				<u> </u>	1c	
d	Additions during the year				<u> </u>	1d	
e f	Distributions during the year				-	1e	_
f 2-	Ending balance	000 D-+	1.3			1f	
2a	Did the organization include an amount on F	orm 990, Part X, line 2	.17				┌ Yes ┌ No
ь	If "Yes," explain the arrangement in Part XI		-		-		<u></u>
Pa	rt V Endowment Funds. Complete		nswered '' (b)Prior year			Part IV, line 10. (d)Three years back	
1a	Beginning of year balance	1,077,168	1,067,2		1,134,886	1,096,769	
b	Contributions					22,707	,
c	Net investment earnings, gains, and losses	137,156	22,8	359	62,169	69,358	34,256
d	Grants or scholarships		<u> </u>		·		
e	Other expenditures for facilities and programs	45,568	12,9	943	129,803	53,948	53,947
f	Administrative expenses						
g	End of year balance	1,168,756	1,077,1		1,067,252	1,134,886	1,096,769
2	Provide the estimated percentage of the cur	•	(lıne 1g, col	umn (a))	held as		
а	Board designated or quasi-endowment ►	88 060 %					
b	Permanent endowment ► 11 940 %						
C	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c sho	uld equal 100%					
3a	Are there endowment funds not in the posse	ssion of the organization	on that are h	neld and	admınıstered	for the	
	organization by (i) unrelated organizations						Yes No
	(ii) related organizations						(ii) No
b	If "Yes" to 3a(II), are the related organization		n Schedule	R?.		3	ВЬ
4	Describe in Part XIII the intended uses of the						
Par	t VI Land, Buildings, and Equipme 11a. See Form 990, Part X, line		organizat	ion ans	wered 'Yes'	to Form 990, P	art IV, line
	Description of property			or other estment)	(b)Cost or oth basis (other		d (d) Book value
1a	Land				2,469,	808	2,469,808
b I	Buildings				22,714,	761 7,806,0	90 14,908,671
c I	Leasehold improvements				5,991,	624 1,418,0	11 4,573,613
			1		I 5004	299 5,692,5	201 200 770
a	Equipment				5,981,	299 3,092,3	20 288,779
е (=quipment			٠٠٠٠٠	1,143,		-

rait VIII	See Form 990, Part X, line 12.	p	answered 'Yes' to Form 990, Part IV, line 11b.
(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			cost of cital of year market value
(2)Closely-	held equity interests		
Other			
	n (b) must equal Form 990, Part X, col (B) line 12)	•	
Part VIII	Investments—Program Related. See Form 990, Part X, line 13.	Complete if the organization	n answered 'Yes' to Form 990, Part IV, line 11c
	(a) Description of investment	(b) Book value	(c) Method of valuation
			Cost or end-of-year market value
Total. (Colum	n (b) must equal Form 990, Part X, col (B) line 13)	*	
Part IX	Other Assets. Complete If the organiza		, Part IV, line 11d See Form 990, Part X, line 15
	(a) Des	cription	(b) Book value
Total. (Colum	nn (b) must equal Form 990, Part X, col.(B) line	e 15.)	
Total. (Colur Part X	Other Liabilities. Complete if the or		▶ D Form 990, Part IV, line 11e or 11f. See
Part X	Other Liabilities. Complete if the or Form 990, Part X, line 25.	ganızatıon answered 'Yes' to	
Part X	Other Liabilities. Complete if the or Form 990, Part X, line 25. (a) Description of liability		
Part X 1 Federal inco	Other Liabilities. Complete if the or Form 990, Part X, line 25. (a) Description of liability ome taxes	(b) Book value	
Part X 1 Federal inco	Other Liabilities. Complete if the or Form 990, Part X, line 25. (a) Description of liability	ganızatıon answered 'Yes' to	
Part X 1 Federal inco	Other Liabilities. Complete if the or Form 990, Part X, line 25. (a) Description of liability ome taxes	(b) Book value	
Part X 1 Federal inco	Other Liabilities. Complete if the or Form 990, Part X, line 25. (a) Description of liability ome taxes	(b) Book value	
Part X 1 Federal inco	Other Liabilities. Complete if the or Form 990, Part X, line 25. (a) Description of liability ome taxes	(b) Book value	
Part X 1 Federal inco	Other Liabilities. Complete if the or Form 990, Part X, line 25. (a) Description of liability ome taxes	(b) Book value	
Part X 1 Federal inco	Other Liabilities. Complete if the or Form 990, Part X, line 25. (a) Description of liability	(b) Book value	
Part X 1 Federal inco	Other Liabilities. Complete if the or Form 990, Part X, line 25. (a) Description of liability	(b) Book value	
Part X 1 Federal inco	Other Liabilities. Complete if the or Form 990, Part X, line 25. (a) Description of liability	(b) Book value	
Part X 1 Federal inco	Other Liabilities. Complete if the or Form 990, Part X, line 25. (a) Description of liability	(b) Book value	
Part X 1 Federal inco	Other Liabilities. Complete if the or Form 990, Part X, line 25. (a) Description of liability	(b) Book value	
Part X 1 Federal inco	Other Liabilities. Complete if the or Form 990, Part X, line 25. (a) Description of liability	(b) Book value	
Part X 1 Federal inco DERIVATIV	Other Liabilities. Complete if the or Form 990, Part X, line 25. (a) Description of liability	(b) Book value	

Part		Revenue per Audited Financial Sta wered 'Yes' to Form 990, Part IV, line :		nts With	Revenue p	oer Re	turn Complete if
1		er support per audited financial statements				1	22,281,580
2	A mounts included on line 1 bu	ut not on Form 990, Part VIII, line 12					
а	Net unrealized gains on inves	tments	2a		229,151		
b	Donated services and use of f	facilities	2b		3,021		
c	Recoveries of prior year grant	· · · · · · · · · · · · · · · · · · ·	2c				
d	Other (Describe in Part XIII))	2d		781,325		
e	Add lines 2a through 2d .		·			2e	1,013,497
3	Subtract line ${f 2e}$ from line ${f 1}$.					3	21,268,083
4	A mounts included on Form 99	0, Part VIII, line 12, but not on line 1					
а	Investment expenses not inc	luded on Form 990, Part VIII, line 7b .	4a				
b	Other (Describe in Part XIII))	4b				
C	Add lines 4a and 4b		· · ·			4c	0
5	Total revenue Add lines 3 and	d 4c. (This must equal Form 990, Part I, line	12)			5	21,268,083
Part		xpenses per Audited Financial Stanswered 'Yes' to Form 990, Part IV, line			n Expenses	s per l	Return. Complete
1	Total expenses and losses pe	r audited financial statements				1	10,758,823
2	Amounts included on line 1 bu	ut not on Form 990, Part IX, line 25					
а	Donated services and use of f	acılıtıes	2a		3,021		
b	Prior year adjustments		2b				
c	Other losses		2c				
d	Other (Describe in Part XIII))	2d		53,537		
e	Add lines 2a through 2d					2e	56,558
3	Subtract line $\bf 2e$ from line $\bf 1$.					3	10,702,265
4	Amounts included on Form 99	0, Part IX, line 25, but not on line 1:					
а	Investment expenses not incl	luded on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII))	4b		3		
С	Add lines 4a and 4b					4c	3
5	•	nd 4c. (This must equal Form 990, Part I, lir	ne 18)			5	10,702,268
Part	XIII Supplemental In	formation					
Part		r Part II, lines 3, 5, and 9, Part III, lines 1a , lines 2d and 4b, and Part XII, lines 2d and					e any additional
	Return Reference	Explanation					
	XI, LINE 2D - OTHER STMENTS	COST OF GOODS SOLD 53,537 ASSET	[MPA]	RMENT 7	27,788		
	XI, LINE 4B - OTHER STMENTS	ROUNDING					
	XII, LINE 2D - OTHER STMENTS	COST OF GOODS SOLD 53,537					
	XII, LINE 4B - OTHER STMENTS	ROUNDING 3					

	<u> </u>	
Part XIII	Supplemental Info	ormation (continued)
Ret	turn Reference	Explanation

Schedule D (Form 990) 2013

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OMB No 1545-0047

Schedule J

(Form 990)

Department of the Treasury Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23. ► Attach to Form 990. ► See separate instructions. ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization THE YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER TULSA

Employer identification number

73-0579269

Pa	rt I Questions Regarding Compensatio	n				
					Yes	No
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part II					
	First-class or charter travel	厂	Housing allowance or residence for personal use			
	Travel for companions		Payments for business use of personal residence			
	Tax idemnification and gross-up payments		Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the o reimbursement or provision of all of the expenses d			1b		
2	Did the organization require substantiation prior to directors, trustees, officers, including the CEO/Exe			2		
3	Indicate which, if any, of the following the filing orga organization's CEO/Executive Director Check all t used by a related organization to establish compens	hat appl	•			
	▼ Compensation committee	Г	Written employment contract			
	☐ Independent compensation consultant	굣	Compensation survey or study			
	Form 990 of other organizations	<u>~</u>	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, or a related organization	Part VII	, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control	paymen	t?	4a		Νo
b	Participate in, or receive payment from, a suppleme	ntal non	qualified retirement plan?	4b		Νo
C	Participate in, or receive payment from, an equity-b	ased co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pr	ovide th	e applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only me	ust comp	olete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A compensation contingent on the revenues of					
а	The organization?			5a		No
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in Form 990, Part VII, Section A compensation contingent on the net earnings of	, lıne 1a	, did the organization pay or accrue any			
а	The organization?			6a		No
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A payments not described in lines 5 and 6? If "Yes,"			7		No
8	Were any amounts reported in Form 990, Part VII,					
	subject to the initial contract exception described in Part III	n Regula	tions section 53 4958-4(a)(3)? If "Yes," describe			
				8		Νo
9	If "Yes" to line 8, did the organization also follow th section 53 $4958-6(c)$?	e rebutti	able presumption procedure described in Regulations	9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of (i) Base compensation	f W-2 and/or 1099-MIS (ii) Bonus & Incentive compensation	C compensation (iii) Other reportable compensation	(C) Retirement and other deferred compensation	other deferred benefits		(F) Compensation reported as deferred in prior Form 990
(1)SUSAN PLANK CHIEF EXECUTIVE OFFICER	(i) (ii)	150,654 0	0	0	18,079 0	1,425 0	170,158 0	0

Schedule J (Form 990) 2013

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Return Reference **Explanation**

Schedule J (Form 990) 2013

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(Form 990)

2

financed property?

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

> ► Attach to Form 990. ▶ See separate instructions.

▶Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

DLN: 93493237008654

Open to Public **Inspection**

Department of the Treasury Internal Revenue Service Name of the organization **Employer identification number** THE YOUNG MEN'S CHRISTIAN ASSOCIATION 73-0579269 OF GREATER TULSA Part I Bond Issues (h) On (i) Pool (g) Defeased behalf of financing (a) Issuer name (b) Issuer EIN (c) CUSIP # (d) Date issued (e) Issue price (f) Description of purpose ıssuer Yes No Yes No Yes No TULSA INDUSTRIAL SEE STATEMENT IN AUTHORITY 8996767KX 11-01-2006 17,000,000 Х Χ Χ SCHEDULE O Part II **Proceeds** В С D Α Amount of bonds retired Amount of bonds legally defeased 2 3 Total proceeds of issue 17,000,000 4 Gross proceeds in reserve funds 5 Capitalized interest from proceeds 284,998 Proceeds in refunding escrows 6 Issuance costs from proceeds 7 243,881 Credit enhancement from proceeds 8 Working capital expenditures from proceeds 9 Capital expenditures from proceeds 10 9,616,011 Other spent proceeds 11 7,383,989 Other unspent proceeds 12 Year of substantial completion 13 2008 Yes No Yes Yes No Yes No No Were the bonds issued as part of a current refunding issue? Χ 14 Were the bonds issued as part of an advance refunding issue? 15 Х Has the final allocation of proceeds been made? Χ 16 Does the organization maintain adequate books and records to support the final 17 Χ allocation of proceeds? **Private Business Use** Part III C Α В D Yes No Yes No Yes No Yes No Was the organization a partner in a partnership, or a member of an LLC, which owned Χ property financed by tax-exempt bonds?

Are there any lease arrangements that may result in private business use of bond-

Fei	Private Business Use (Continued)								
			A		3	С		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		х						
ь	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
С	Are there any research agreements that may result in private business use of bond-financed property?		Х						
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government								
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government								
6	Total of lines 4 and 5								
7	Does the bond issue meet the private security or payment test?		Х						
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		х						
ь	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								_
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?		х						

Part IV Arbitrage

		Α	Α			С		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T?		×						
2	If "No" to line 1, did the following apply?								
а	Rebate not due yet?		Х						
ь	Exception to rebate?		Х						
С	No rebate due?		Х						
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	Х							
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X							
ь	Name of provider	BANKOFOKI	_A H O M A						
С	Term of hedge	5 00000	0000000						
d	Was the hedge superintegrated?		Х						
e	Was the hedge terminated?		Х						
							Scl	hedule K (Forn	1 990) 2013

Part IV Arbitrage (Continued)

Return Reference

		A B		С		D			
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		х						
b	Name of provider								
С	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		х						
7	Has the organization established written procedures to monitor the requirements of section 148?		x						
Pa	rt V Procedures To Undertake Corrective Action								
		А		В		С		D	
		Yes	No	Yes	No	Yes	No	Yes	No
	Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?		Х						
P	art VI Supplemental Information. Provide additional inform	nation for resi	ponses to au	l lestions on S	L chedule K (s	ee instructio	ns).		

Explanation

Schedule K (Form 990) 2013

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As Filed Data -

DLN: 93493237008654

73-0579269

OMB No 1545-0047

2013

Open to Public
Inspection

SCHEDULE O (Form 990 or 990-EZ)

Name of the organization

THE YOUNG MEN'S CHRISTIAN ASSOCIATION

Department of the Treasury
Internal Revenue Service

OF GREATER TULSA

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.
Information about Schedule 0 (Form 990 or 990-FZ) and

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number

Return Reference	Explanation
FORM 990, PART	WE HAVE AN EXECUTIVE COMMITTEE THAT ACTS ON THE BOARDS BEHALF WHEN THE BOARD DOES NOT MEET THESE MEMBERS ARE ALSO MEMBERS OF THE BOARD

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THE ORGANIZATION HAS MEMBERS

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	THE ORGANIZATION HAS MEMBERS WHO ANNUALLY ELECT THE GOVERNING BODY

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	THE CFO PROVIDES OUR INDEPENDENT ACCOUNTANTS INFORMATION REGARDING THE 990 TAX RETURN AFTER THE ACCOUNTANTS HAVE PREPARED THE RETURN, A COPY IS PROVIDED BACK TO THE CFO FOR REVIEW THE CFO REVIEWS THE RETURN IN DETAIL AND COMMUNICATES BACK TO THE ACCOUNTANTS ANY QUESTIONS OR CHANGES AFTER THE FINAL DRAFT COPY HAS BEEN PREPARED AND REVIEWED, THE CFO THEN REVIEWS THE RETURN WITH THE CEO OF THE ASSOCIATION AFTER APPROVAL FROM THE CEO, THE DRAFT COPY OF THE 990 RETURN IS THEN REVIEWED BY THE ASSOCIATION'S FINANCE COMMITTEE. AFTER THE FINANCE COMMITTEE REVIEWS THE RETURN, THEN THEY MAKE A RECOMMENDATION FOR APPROVAL TO THE BOARD OF DIRECTORS THE BOARD OF DIRECTORS THEN REVIEWS THE RETURN.

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THE ORGANIZATION'S BOARD MEMBERS AND EMPLOYEES ARE REQUIRED TO SIGN THE CONFLICT OF INTEREST POLICY ANNUALLY ADDITIONALLY, BOARD MEMBERS MAY RECUSE THEMSELVES OR APPOINT ANOTHER BOARD MEMBER FOR RECUSAL IF A CONFLICT OF INTEREST ARISES DURING A BOARD MEETING ONGOING BOARD EDUCATION OCCURS THROUGHOUT THE YEAR TO REMIND MEMBERS OF THE ORGANIZATION'S CONFLICT OF INTEREST POLICY

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	ALL OF THE ORGANIZATION'S COMPENSATION PACKAGES ARE DETERMINED THROUGH THE USE OF THE HAY SALARY ADMINISTRATION SYSTEM, A POINT AND BASE PAY SYSTEM THIS PROCESS COMES FROM YUSA TO YMCA'S AS A MEANS OF DETERMINING COMPENSATION THE ORGANIZATION ALSO USES COMPARABILITY DATA FROM OTHER LIKE SIZE YMCA'S WHEN IT COMES TO ANY COMPENSATION/BENEFIT THAT IS NOT SALARY BASED

Return Reference	Explanation
,	THE ORGANIZATION'S CONFLICT OF INTEREST POLICY IS AVAILABLE UPON REQUEST THE ORGANIZATION IS IN THE PROCESS OF MAKING THE CONFLICT INTEREST POLICY AVAILABLE THROUGH ITS WEBSITE THE ORGANIZATION'S FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST AND INCLUDED WITH ITS ANNUAL REPORT ON THE ORGANIZATION'S WEBSITE

Return Reference	Explanation
FORM 990, PART VIII, IX AND X	ORGANIZATION CHANGED ACCOUNTING YEAR FROM AN AUGUST 31ST FISCAL YEAR END TO CALENDAR YEAR END EFFECTIVE DECEMBER 31, 2012 THE DECEMBER 31, 2013 TAX RETURN IS THE FIRST FULL REPORT YEAR SINCE CHANGING FROM A FISCAL YEAR TO A CALENDAR YEAR

Return Reference	Explanation
FORM 990, PART XI, LINE 9	THORNTON GYM IMPAIRMENT DUE TO STORM DAMAGE 727,790

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	THE ORGANIZATION'S FINANCE COMMITTEE MEETS MONTHLY AND IS RESPONSIBLE FOR REVIEWING AND APPROVING MONTHLY FINANCIAL STATEMENTS AND REPORTS IT IS RESPONSIBLE FOR REVIEW AND APPROVAL OF THE ORGANIZATION'S AUDIT REPORT EVERY 3 TO 5 YEARS, THE FINANCE COMMITTEE REVIEWS AUDIT PROPOSALS AND MAKES AN INDEPENDENT AUDITOR SELECTION THIS PROCESS IS CONSISTENT WITH PRIOR YEARS

Return Reference	Explanation
FORM 990, PART III, LINE 1	THE YMCA OF GREATER TULSA IS A VOLUNTEER LED PUBLIC CHARITY THAT INCLUDES MEN, WOMEN AND CHILDREN OF ALL AGES, ABILITIES, INCOMES, RACES AND RELIGIONS OUR MISSION IS TO PUT CHRISTIAN PRINCIPLES INTO PRACTICE THROUGH PROGRAMS THAT BUILD STRONG KIDS, FAMILIES AND COMMUNITIES THE CORE YMCA VALUES OF HONESTY, CARING, RESPECT AND RESPONSIBILITY ARE CONSCIOUSLY INCORPORATED INTO EACH YMCA ACTIVITY, CREATING AN ENVIRONMENT WHERE MEMBERS, VOLUNTEERS AND STAFF CAN TRULY REACH THEIR FULL POTENTIAL WHILE THESE CORE PRINCIPLES REMAIN STEADFASTLY THE SAME, YMCA PROGRAMS ARE CONSTANTLY CHANGING TO MEET THE EVOLVING NEEDS OF TODAY'S FAMILIES AND COMMUNITIES THE YMCA OF TODAY OFFERS COMPREHENSIVE COMMUNITY PROGRAMING AND WHOLESOME ACTIVITIES FOR PEOPLE OF ALL AGES LAST YEAR, THROUGH THE HELP OF INDIVIDUAL DONORS AND A GENEROUS PHILANTHROPIC COMMUNITY, THE YMCA OF GREATER TULSA PROVIDED OVER \$1.5 MILLION IN DIRECT FINANCIAL ASSISTANCE. THIS SUPPORT ALLOWS OUR YMCA TO KEEP OUR MISSION DRIVEN PROMISE OF NEVER TURNING A CHILD OR FAMILY AWAY BECAUSE THEY ARE UNABLE TO PAY

PART III, LÎNE PEOPLE NEED AND DESERVE. CHALLENGE. ÎN A TIME OF LIMITED RESOURCES, HUMAN SERVICE ORGANIZ ATIONS ARE STRETCHED BEYOND CAPACITY TO MEET COMMUNITY NEEDS OUR APPROACH INCREASE THE N UMBER OF MEMBERS AND PARTICIPANTS WHO VOLUNTEER FOR AND GIVE TO OUR Y GROW THE NUMBER OF	Return Reference	Explanation	
GREATER TULSA AWARDED \$645,000 IN SUPPORT BY THE TULSA AREA UNITED WAY ENGAGED 155 BOAR I MEMBERS AND 2,670 PROGRAM VOLUNTEERS PARTNERED WITH MORE THAN 50 AGENCIES, SCHOOL DISTR ICTS, UNIVERSITIES, AND MEDICAL INSTITUTIONS CONTINUED 100% OF BOARD AND STAFF MEMBERS' C		PART III, LÍNE	ATIONS ARE STRETCHED BEYOND CAPACITY TO MEET COMMUNITY NEEDS OUR APPROACH INCREASE THE N UMBER OF MEMBERS AND PARTICIPANTS WHO VOLUNTEER FOR AND GIVE TO OUR Y GROW THE NUMBER OF M EMBERS WHO SEE THE Y AS HAVING A POSITIVE IMPACT ON THE COMMUNITY INCREASE THE NUMBER OF M EMBERS AND PARTICIPANTS WHO GAIN MORE KNOWLEDGE, SKILLS AND ABILITIES FOR THEMSELVES AND T HEIR FAMILIES ORGANIZE AND TRAIN OUR STAFF AND VOLUNTEERS TO EXECUTE OUR STRATEGIC PLAN IN CREASE EARNED AND CONTRIBUTED INCOME MANAGE THE Y'S ASSETS AND LIABILITIES TO ACCOMPLISH O UR STRATEGIC VISION OUR IMPACT OVER THE NEXT THREE YEARS 90% OF MEMBERS REPORT THEY HAVE GAINED KNOWLEDGE, SKILLS AND ABILITIES THE NUMBER OF MEMBERS AND PARTICIPANTS VOLUNTEERING FOR THEY WILL GROW FROM 5% TO 10% AND INCREASE GIVING TO THEY FROM 10% TO 18%, EXCEEDIN G THE NATIONAL AVERAGES 90% OF MEMBERS REPORT THEY BELIEVE THEY IS STRENGTHENING THE COMM UNITY INCREASE CONTRIBUTED DOLLARS FROM 10% TO 15% OF REVENUE GROW MEMBERSHIP INCOME TO TO TAL 60% OF REVENUE IMPROVE MEMBERSHIP RETENTION TO 65% DEVELOP AND EXECUTE A PLAN FOR DEBT REDUCTION REDUCE COSTS AND INCREASE EFFICIENCY IN TECHNOLOGY ACHIEVE CAPITAL CAMPAIGN GOA L BY 2014 2013 ACHIEVE MEMBERS RAISED MORE THAN \$17,000,000 IN CAPITAL SUPPORT FOR THE NEW TANDY YMCA RECEIVED \$709,647 FROM OUR GENEROUS DONORS TO SUPPORT THE MISSION OF THE YMCA OF GREATER TULSA AWARDED \$645,000 IN SUPPORT BY THE TULSA AREA UNITED WAY ENGAGED 155 BOAR DIMEMBERS AND 2,670 PROGRAM VOLUNTEERS PARTNERED WITH MORE THAN 50 AGENCIES, SCHOOL DISTRICTS, UNIVERSITIES, AND MEDICAL INSTITUTIONS CONTINUED 100% OF BOARD AND STAFF MEMBERS' CONTRIBUTING TO OUR YMCA INCREASED THE NUMBER OF BOARD AND STAFF TO REFLECT THE DIVERSITY OF THE COMMUNITY SUCCESS STORY FAMILY FRIENDS AND NEIGHBORS OUR GIVING LIBRARY IS A PROGRAM

Return Reference	Explanation
FORM 990, PART VI, LINE 19	THE FORM 990 TAX RETURN IS AVAILABLE THROUGH GUIDE STAR AND IT IS AVAILABLE UPON REQUEST THE CONFLICT OF INTEREST POLICY AND THE FINANCIAL STATEMENTS ARE ALSO AVAILABLE UPON REQUEST THE ANNUAL REPORT IS ACCESSIBLE ON OUR WEBSITE. WE ARE IN THE PROCESS OF MAKING THE FORM 990 AND THE CONFLICT OF INTEREST POLICY AVAILABLE ON OUR WEBSITE.

Return Reference	Explanation
SCHEDULE K, PART I, LINE A, COLUMN (F)	(A) THE RENOVATION OF EXISTING YMCA FACILITY, INCLUDING ROOF RENOVATION AND REPLACEMENT, LOCATED AT 5002 SOUTH FULTON, TULSA, OK, AND (B) THE ACQUISITION AND CONSTRUCTION OF A NEW YMCA FACILITY TO BE LOCATED AT 1120 EAST PINE, TULSA, OK, AND (C) THE CONSTRUCTION AND EQUIPPING OF AN ADDITION TO THE REFINANCING OF INTERIM BANK INDEBTEDNESS INCURRED TO FINANCE THE CONSTRUCTION OF A NEW YMCA FACILITY LOCATED AT 8300 OWASSO EXPRESSWAY, OWASSO, OK, AND (D) THE ACQUISITION AND CONSTRUCTION OF A NEW FACILITY TO BE LOCATED AT 8501 SOUTH GARNETT ROAD, BROKEN ARROW, OK, AND (E) THE REFUNDING AND REDEMPTION OF OUTSTANDING REVENUE BONDS (YMCA OF GREATER TULSA PROJECT), SERIES 1999 ISSUED IN THE ORIGINAL AGGREGATE PRINCIPAL AMOUNT OF \$6,000,000 BY THE TULSA INDUSTRIAL AUTHORITY

Return Reference	Explanation
' '	THE FOLLOWING QUESTIONS ARE NOT APPLICABLE TO THE ORGANIZATION PART IV QUESTIONS 20B, 35B PART V QUESTIONS 3B, 5C, 6B, 7B, 7D, 7G, 7H, 8-13C, 14B PART VI, SECTION B QUESTION 16B PART XII QUESTION 3B