

	_		** PUBLIC DISCLOSURE COPY * Return of Organization Exempt From		OMB No. 1545-0047					
Fo	m g	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (2022					
		of the Treasury	Do not enter social security numbers on this form as it may	•	Open to Public					
Inte	rnal Rev	enue Service	Go to www.irs.gov/Form990 for instructions and the lates		Inspection					
			ar year, or tax year beginning NOV 1 , 2022 and ending							
	Check in applicat	ala.	f organization G MEN'S CHRISTIAN ASSOCIATION	D Employer identification	ation number					
	Addr	ess on a	REATER OKLAHOMA CITY							
F	chan Nam	e Dit	usiness as YMCA OF GREATER OKLAHOMA CITY	73-057927	0					
F	chan Initia retur	i – J	and street (or P.O. box if mail is not delivered to street address) Room/si		0					
F	Final	500	N BROADWAY AVE		720					
	lretur term ated	in-	own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	36,473,553.					
Г	Ame retur		HOMA CITY, OK 73102	H(a) Is this a group ret						
	Appl		nd address of principal officer: KELLY KAY	for subordinates?						
	penc		AS C ABOVE	H(b) Are all subordinates inc						
Ι	Tax-e	kempt status:	X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or	527 If "No," attach a li	st. See instructions					
_	Webs		YMCAOKC.ORG	H(c) Group exemption						
		of organization:	X Corporation Trust Association Other L Y	/ear of formation: 1889 M	State of legal domicile: OK					
Ρ	art I	Summary								
٩	1		e the organization's mission or most significant activities: TO PUT C							
anc			E BY PROGRAMS THAT BUILD HEALTHY SPIRI	•						
Governance	2	Check this bo		1 1						
Š	3				<u> </u>					
ie e	5		<u>1860</u> 6089							
Activities &	6		of volunteers (estimate if necessary)	_	0.005					
Ā					0.					
	<u>۲</u>	Net unrelated		Prior Year	Current Year					
	8	Contributions	and grants (Part VIII, line 1h)	6,320,849.	10,136,942.					
	9		ce revenue (Part VIII, line 2g)	21,865,390.	23,804,898.					
Revenue	10	•	come (Part VIII, column (A), lines 3, 4, and 7d)	1,313,388.	495,148.					
ä	11		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	159,186.	157,351.					
	12	Total revenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	29,658,813.	34,594,339.					
	13	Grants and sir	nilar amounts paid (Part IX, column (A), lines 1-3)	21,600.	45,199.					
	14	Benefits paid	to or for members (Part IX, column (A), line 4)	0.	0.					
U d	15	Salaries, other	r compensation, employee benefits (Part IX, column (A), lines 5-10)	15,537,579.	17,653,159.					
is us	16 a	Professional for	undraising fees (Part IX, column (A), line 11e) ing expenses (Part IX, column (D), line 25) 698,497.	0.	72,000.					
Exnenses	<u>k</u> k				12 015 000					
ш	11	-	es (Part IX, column (A), lines 11a-11d, 11f-24e)	12,967,845.	13,915,928.					
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)	28,527,024. 1,131,789.	31,686,286.					
	/ <u>19</u>	Revenue less	expenses. Subtract line 18 from line 12	Beginning of Current Year	2,908,053. End of Year					
Net Assets or		Total accete /	Part V lina 16)	49,164,027.	53,381,060.					
Asse	20 1 21 21	Total assets (F	Part X, line 16) • (Part X, line 26)	10,861,152.	11,738,794.					
Net /	22		fund balances. Subtract line 21 from line 20	38,302,875.	41,642,266.					
	art II									
Un	der per	-	I declare that I have examined this return, including accompanying schedules and stat	tements, and to the best of my l	knowledge and belief, it is					
	-		. Declaration of preparer (other than officer) is based on all information of which prep		- / /					
				-						
~.		Signature of of	ficer	Date						

Sign	Signature of officer		Dale						
Here DAVID WARDE, VICE PRESIDENT & CFO									
	Type or print name and title								
Paid	Print/Type preparer's name JOSH MULLINS	Preparer's signature JOSH MULLINS	Date Check PTIN 03/14/24 self-employed P01602326						
Preparer	Firm's name ARLEDGE & ASSOCIA	TES, P.C.	Firm's EIN 73-1185089						
Use Only	Firm's address 7100 N CLASSEN BL	VD, STE 200							
	OKLAHOMA CITY, OK	73116	Phone no. $405 - 348 - 0615$						
May the II	RS discuss this return with the preparer shown abo	ve? See instructions	X Yes No						
			- 000 (

232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2022)

	n 990 (2022) OF GREATER OKLAHOMA CITY 73-0579270 Page 2 rt III Statement of Program Service Accomplishments
Fai	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE MISSION OF THE YMCA IS TO PUT CHRISTIAN PRINCIPLES INTO PRACTICE
	THROUGH PROGRAMS THAT BUILD HEALTHY SPIRIT, MIND AND BODY FOR ALL. IT
	ACCOMPLISHES ITS MISSION BY PROVIDING PROGRAMS IN YOUTH DEVELOPMENT,
	HEALTHY LIVING AND SOCIAL RESPONSIBILITY. PARTICIPATION IS OPEN TO ALL
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ? Yes X No
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 10,582,431. including grants of \$) (Revenue \$ 11,023,251.
	HEALTHY LIVING: BEING HEALTHY MEANS MORE THAN SIMPLY BEING PHYSICALLY
	ACTIVE. IT'S ABOUT MAINTAINING A BALANCED SPIRIT, MIND AND BODY THROUGH
	A WIDE ARRAY OF GROUP EXERCISE CLASSES FROM WATER AEROBICS TO CYCLING.
	THE Y IS A PLACE WHERE YOU CAN WORK TOWARD THAT BALANCE BY CHALLENGING
	YOURSELF TO LEARN A NEW SKILL OR HOBBY, FOSTERING CONNECTIONS WITH
	FRIENDS THROUGH OUR LIFELONG LEARNING PROGRAMS, OR BRINGING LOVED ONES
	CLOSER TOGETHER THROUGH OUR MANY FAMILY-CENTERED ACTIVITIES. AT THE Y,
	IT'S NOT ABOUT THE ACTIVITY YOU CHOOSE AS MUCH AS IT IS ABOUT THE
	BENEFITS OF LIVING HEALTHIER ON THE INSIDE AS WELL AS THE OUTSIDE.
	SERVING FAMILIES HAS ALWAYS BEEN AT THE HEART OF THE Y. WE ARE A PLACE
	WHERE THEY CAN FIND RESPITE FROM SOCIAL, ECONOMIC AND EDUCATIONAL
	CHALLENGES, AND LEARN HOW TO OVERCOME THEM. WE HAVE A FUNDAMENTAL
4b	(Code:) (Expenses \$ 13,038,988. including grants of \$) (Revenue \$ 11,644,161.
	YOUTH DEVELOPMENT: WE BELIEVE THE VALUES AND SKILLS LEARNED EARLY ON
	ARE VITAL BUILDING BLOCKS FOR LIFE. BECAUSE OF THE Y, MORE YOUNG PEOPLE
	IN NEIGHBORHOODS AROUND OUR COMMUNITY ARE TAKING A GREATER INTEREST IN
	LEARNING AND MAKING SMARTER LIFE CHOICES. AT THE Y, CHILDREN AND TEENS
	LEARN VALUES AND POSITIVE BEHAVIOR AND CAN EXPLORE THEIR UNIQUE TALENTS
	AND INTERESTS, HELPING THEM REALIZE THEIR POTENTIAL. THAT MAKES FOR
	CONFIDENT KIDS TODAY AND CONTRIBUTING AND ENGAGED ADULTS TOMORROW. THE
	Y MAKES SURE THAT EVERY CHILD HAS AN OPPORTUNITY TO ENVISION AND PURSUE
	A POSITIVE FUTURE, AND TO TAKE AN ACTIVE ROLE IN STRENGTHENING HIS OR
	HER COMMUNITY, THROUGH PROGRAMS LIKE OUR CHILD DEVELOPMENT CENTER OR
	BEFORE-AND-AFTER SCHOOL PROGRAM AND OTHERS LIKE YMCA YOUTH AND
	GOVERNMENT AND Y ACHIEVERS, WHICH OFFERS CAREER EXPLORATION AND COLLEGE
4c	(Code:) (Expenses \$2, 390, 618. including grants of \$45, 199.) (Revenue \$1, 137, 486.
	SOCIAL RESPONSIBILITY: AS A LEADING NOT-FOR-PROFIT COMMITTED TO
	STRENGTHENING COMMUNITY THROUGH YOUTH DEVELOPMENT, HEALTHY LIVING AND
	SOCIAL RESPONSIBILITY, THE Y WAS CREATED IN RESPONSE TO SOCIAL
	CHALLENGES AND REMAINS TO THIS DAY A LIFELINE IN COMMUNITIES AROUND THE
	WORLD. THE Y UNDERSTANDS THE CHALLENGES THAT KEEP INDIVIDUALS FROM
	REACHING THEIR FULL POTENTIAL AND RESPONDS WITH SERVICES AND SUPPORT
	WHICH HELP PEOPLE TO BE SELF-RELIANT, PRODUCTIVE AND CONNECTED TO THE
	COMMUNITY. EACH Y RESPONDS TO THE UNIQUE ISSUES INFLUENCING THE
	COMMUNITY AND PROVIDES SUPPORT THROUGH SERVICES FOCUSED ON CRITICAL
	AREAS, SUCH AS CHILD WELFARE, COMMUNITY HEALTH, QUALITY OF LIFE OR
	FAMILY SERVICES. TO BRING ABOUT MEANINGFUL CHANGE, INDIVIDUALS NEED
	·
	ONGOING ENCOURAGEMENT AND TOOLS. WE'RE HERE DAY-IN AND DAY-OUT TO
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 26,012,037.
4e	Total program service expenses 26,012,037. Form 990 (2022 2 12-13-22 SEE SCHEDULE O FOR CONTINUATION(S)

Part IV Checklist	of Required Schedules
Form 990 (2022)	OF GREATER OKLAHOMA CITY
	YOUNG MEN'S CHRISTIAN ASSOCIATION

			Yes	No				
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?							
	If "Yes," complete Schedule A	1	X					
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X					
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for							
	public office? If "Yes," complete Schedule C, Part I	3		<u>X</u>				
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect							
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u>X</u>				
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u>X</u>				
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		<u>X</u>				
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		x				
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II							
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete							
	Schedule D, Part III	8		X				
9	Did the organization report an amount in Part X, line 21, 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	9		<u>X</u>				
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		Ţ,					
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X					
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,							
	as applicable.							
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	X					
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			37				
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>				
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			77				
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u>X</u>				
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			v				
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	v	<u>X</u>				
-	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X					
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v					
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X					
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		v					
	Schedule D, Parts XI and XII	12a	X					
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			v				
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X X				
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13						
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>X</u>				
Ø	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	4.44		х				
15	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>				
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	45		х				
16	foreign organization? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15						
16		16		х				
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16						
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	17	x					
10	column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17						
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	18	x					
10	1c and 8a? If "Yes," complete Schedule G, Part II	10						
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"	10		х				
20-	complete Schedule G, Part III	19 20a		X				
20а ь	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a 20b		- 23				
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	200						
21	domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i>	21	x					
	domostio government on Fartix, column (-), inteller (Fartes, "complete Schedule I, Parts I and II	21						

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Form	990 (2022) OF GREATER OKLAHOMA CITY 73-057	9270	Р	age 4
Par	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			37
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
•	contributions? If "Yes," complete Schedule M	30		X X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			x
04	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			x
05 -	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<u>35a</u>		
a	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	05h		
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36		26		x
27	<i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
37		27		x
38	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	37	1	
30	• • • • •	38	x	
Par	Note: All Form 990 filers are required to complete Schedule O ttv Statements Regarding Other IRS Filings and Tax Compliance	1 30	- 22	1
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
19	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	9	163	
		5 T		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	-		
v	(gambling) winnings to prize winners?	1c	x	
		1 10		

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Form 990 (2022)

Form	990 (2022) OF GREATER OKLAHOMA CITY		73-0579	270	Р	_{age} 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)					
					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	1860			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?		2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a					
	financial account in a foreign country (such as a bank account, securities account, or other financial a			4a		x
b	If "Yes," enter the name of the foreign country		·····			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	count	s (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		o (,	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac			5b		x
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		<u> </u>
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th			50		
Ua				60		x
ь.	any contributions that were not tax deductible as charitable contributions?			6a		
a	If "Yes," did the organization include with every solicitation an express statement that such contributi		-	0		
-	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).			_	v	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser			7a	<u>X</u>	<u> </u>
				7b	Х	<u> </u>
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as requ	ired			37
	to file Form 8282?	1 1		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract	?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?		7f		x
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 889	99 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion file	e a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the)			
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		,	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
	Is the organization licensed to issue qualified health plans in more than one state?			13a		
-	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
<u>د</u>	Enter the amount of reserves on hand	13c				
				14a		x
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14a		<u> </u>
				140		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remunel			45		x
	excess parachute payment(s) during the year?			15		
40	If "Yes," see the instructions and file Form 4720, Schedule N.			40		v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	incom	ie?	16		X
<i>.</i>	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac					
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.			_	000	
232005	12-13-22			Form	990	(2022)

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OF GREATER OKLAHOMA CITY

Form	990 (2022) OF GREATER OKLAHOMA CITY		73-05	79270	Р	age 6
Par	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 th	nrough	7b below, and fo	ra "No" i	respor	ise
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.	See i	nstructions.			
	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1 a		56		
	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 on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b		56		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other			
	officer, director, trustee, or key employee?			. 2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the	direc	supervision			
	of officers, directors, trustees, or key employees to a management company or other person?			. 3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 99	90 wa	s filed?	. 4		X
5	Did the organization become aware during the year of a significant diversion of the organization's asse	ets?		. 5		X
6	Did the organization have members or stockholders?			. 6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point	one or			
	more members of the governing body?			. 7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, ste	ockho	ders, or			
	persons other than the governing body?			. 7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by the	following:			
а	The governing body?			8a	Х	
b	Each committee with authority to act on behalf of the governing body?			. 8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read					
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	/enue	Code.)			
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			. <u>10a</u>	Х	
b	If "Yes," did the organization have written policies and procedures governing the activities of such cha	apters	, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes? \dots			. 10b	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	befor	e filing the form?	11a	X	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			. 12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			. 12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," d	escribe			
	on Schedule O how this was done			<u>12c</u>	X	
13	Did the organization have a written whistleblower policy?			. 13	X	
14	Did the organization have a written document retention and destruction policy?			. 14	X	
15	Did the process for determining compensation of the following persons include a review and approval	by in	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
	The organization's CEO, Executive Director, or top management official				X	
b	Other officers or key employees of the organization			. 15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	nent w	th a			v
_	taxable entity during the year?			<u>16a</u>		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi					
<u> </u>	exempt status with respect to such arrangements?			. 16b		
	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed OK		T (1: 504()	(2)		
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	id 990	I (section 501(c)	(3)s only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.	-				
40	X Own website X Another's website X Upon request Other (explain		,	and fir -	مادا	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con	mict c	i interest policy, a	ano tinan	cial	
00	statements available to the public during the tax year.	ko				
20	State the name, address, and telephone number of the person who possesses the organization's boo DAVID WARDE, VICE PRESIDENT & CF0 - 405-297-7723	ks and	records			
	500 N BROADWAY, STE 500, OKLAHOMA CITY, OK 73102					
000000				Form	990	(2022)
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						~ ~

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YOU	JNG	MEN	'S	CHRISTIA	١N	ASSOCIATION
OF	GRE	CATE	R C	KLAHOMA	CI	ΓTY

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Form 990 (2022)	\mathbf{OF}	GREATE	R OKLZ	AHOMA	CITY			7	/3-(
Part VII	Compensation	of C	Officers, Di	rectors,	Trustee	s, Key	Employees,	Highest	Compensa	ated
	Employees an	d In	danandant	Contra	ctore					

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

		l	mzu			10011	oure			(F)
(A)	(B)			Pos	C) ition			(D)	(E)	
Name and title	Average		not c	heck	more	than o		Reportable compensation	Reportable	Estimated amount of
	hours per week					s both r/trus		from	compensation from related	other
	(list any	tor						the	organizations	compensation
	hours for	direc				Ð		organization	(W-2/1099-MISC/	from the
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	trust	al tru		oyee	om pe		1099-NEC)		and related
	below	Individual trustee or director	Institutional trustee	er	Key employee	Highest compensated employee	ner			organizations
	line)	Indiv	Insti	Officer	Key	High emp	Former			
(1) KELLY KAY	50.00									
CEO & PRESIDENT				Х				224,155.	0.	53,490.
(2) MICHAEL ROARK	50.00									
VP & COO				Х				143,982.	0.	17,760.
(3) DAVID WARDE	50.00									
VP OF FINANCE & CFO				Х				111,538.	0.	37,299.
(4) CHRIS BERRY	50.00									
EXECUTIVE DIRECTOR MITCH PARK						X		108,396.	0.	21,535.
(5) G. RAINEY WILLIAMS, JR	1.00									
BOARD MEMBER		Х						0.	0.	0.
(6) HARDY WATKINS	1.00									
BOARD MEMBER		Х						0.	0.	0.
(7) DAVID THOMPSON	1.00									
BOARD MEMBER		Х						0.	0.	0.
(8) JACK TALLEY	1.00									
BOARD MEMBER		Х						0.	0.	0.
(9) STEVE SLAWSON	1.00									
BOARD MEMBER		Х						0.	0.	0.
(10) STACY ROBERTS	1.00									
BOARD MEMBER		Х						0.	0.	0.
(11) ADAM RAINBOLT	1.00									
BOARD MEMBER		Х						0.	0.	0.
(12) FORD C. PRICE, JR.	1.00									
BOARD MEMBER		Х						0.	0.	0.
(13) HEATHER POWELL	1.00									
BOARD MEMBER		Х						0.	0.	0.
(14) TODD PEFFERMAN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(15) ROHIT PATEL	1.00									
BOARD MEMBER		Х						0.	0.	0.
(16) GIRMA MOANING	1.00									
BOARD MEMBER		Х						0.	0.	0.
(17) SCOTT MEACHAM	1.00									
BOARD MEMBER		Х						0.	0.	0.
232007 12-13-22				_	_					Form 990 (2022)

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OF GREATER OKLAHOMA CITY

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Form 990 (2022) OF GREAT	ER OKLAH	IO№	IA	CI	ΤY				73-0579	<u>270 Рас</u>	.ge 8
Part VII Section A. Officers, Directors, Trus	stees, Key Emp	oloy	ees,	and	d Hig	ghes	st C	ompensated Employee	s (continued)		
(A)	(B)				C)			(D)	(E)	(F)	
Name and title	Average			Pos	itior			Reportable	Reportable	Estimated	ч
Name and the	hours per	(do not check more than one box, unless person is both an						compensation	compensation	amount of	
	week	offi	cer and	d a d	a director/trustee)			from	from related	other	1
	(list any	tor						the	organizations	compensati	ion
	hours for	direc						organization	(W-2/1099-MISC/	from the	
	related	e or	stee			Isate		(W-2/1099-MISC/	1099-NEC)	organizatio	
	organizations	ruste	l trus		ee	mper		1099-NEC)	1000 1120)	and related	
	below	dual t	ltion	_	lold	st co	5			organization	
	line)	ndividual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former				
(18) ZEESHAN KHAN	1.00			0	×	1 - 0					
BOARD MEMBER	1.00	x						0.	0.		0.
(19) RICHARD KELLEY	1 00	<u> </u>	$\left \right $		-	-		0.	0.	<u> </u>	0.
	1.00							0	0		^
BOARD MEMBER		Х						0.	0.		0.
(20) DONNIE O. JONES	1.00										
BOARD MEMBER		Х						0.	0.		0.
(21) LORRIE JACOBS	1.00										
BOARD MEMBER		х						0.	0.		Ο.
(22) WES WALLER	1.00								•••		
BOARD MEMBER	<u> </u>	x						0.	0.		0.
	1.00	^	$\left \right $		-	\vdash		U•	0.	<u> </u>	0.
(23) STEVE IDOUX	L.00								^		~
BOARD MEMBER		Х			L	<u> </u>		0.	0.		0.
(24) DAVID HOUSTON	1.00										
BOARD MEMBER		Х						0.	0.		0.
(25) DAVID HOWALD	1.00										
BOARD MEMBER		х						0.	0.		Ο.
(26) JOE HODGES	1.00										
BOARD MEMBER		x						0.	0.		0.
								588,071.	0.	130,08	
1b Subtotal									0.		
c Total from continuation sheets to Part V								0.			0.
d Total (add lines 1b and 1c)								588,071.	0.	130,08	4.
2 Total number of individuals (including but r	not limited to th	ose	liste	d ab	ove	e) wh	io re	eceived more than \$100,	000 of reportable		
compensation from the organization										<u> </u>	4
										Yes	No
3 Did the organization list any former officer	, director, trust	ee, k	key e	mpl	oye	e, or	hig	hest compensated empl	oyee on		
line 1a? If "Yes," complete Schedule J for s			•	•						3	Х
4 For any individual listed on line 1a, is the su											
										4 X	
and related organizations greater than \$15										4 X	
5 Did any person listed on line 1a receive or a									lual for services		37
rendered to the organization? If "Yes." con	nplete Schedule	e J f	or su	ch i	bers	on .				5	Х
Section B. Independent Contractors											
1 Complete this table for your five highest co	mpensated inc	lepe	nder	nt co	ontra	acto	rs th	nat received more than \$	100,000 of compensa	tion from	
the organization. Report compensation for	the calendar ye	ear e	endin	g w	rith c	or wi	thin	the organization's tax y	ear.		
(A)								(B)		(C)	
Name and business	address	N	ONE					Description of s	ervices (Compensation	
							_				
2 Total number of independent contractors (i	ncluding but p	ot lir	nitod	l to	thos	se lie	ted	above) who received mo	ore than		
\$100,000 of compensation from the organi	•	51 III		0	داری ۱))					
SEE PART VII, SECTION		יאדי	יעדד	пт	י ער	, , ,	UT	ידיתיפ		Earry 000 (a)	
SEE FARI VII, SECTION	N A CONT	тΝ	OA.	тт	UN	S I	пĽ	C L LL		Form 990 (20	022)

SEE PART VII, SECTION A CONTINUATION SHEETS 232008 12-13-22

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Form 990 OF GREAT	ER OKLAH						-		73-057	9270
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average				ition			Reportable	Reportable	Estimated
	hours	(cl	neck	all	that	app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	or.				loyee		the	organizations	compensation
	(list any hours for	direct				d em p		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	related	e or c	stee			nsated		(00-271033-10100)		and related
	organizations	Individual trustee or director	Institutional trustee		yee	Highest com pen sated em ployee				organizations
	below	vidual	tution	er	Key employee	lest co	ıer			C C
	line)	Indiv	Insti	Officer	Key	High	Former			
(27) DAVID HOLT	1.00									
BOARD MEMBER		Х						0.	0.	0.
(28) DAVID HARLOW	1.00									<u>^</u>
BOARD MEMBER		Х						0.	0.	0.
(29) J. PATRICK HARE	1.00									
BOARD MEMBER		Х						0.	0.	0.
(30) WADE GOURLEY	1.00									
BOARD MEMBER		Х						0.	0.	0.
(31) STAN LINGO	1.00									-
BOARD MEMBER	1 00	Х						0.	0.	0.
(32) CARA GREENHAW	1.00							0	0	0
BOARD MEMBER	1 00	Х						0.	0.	0.
(33) KELLY GRAY BOARD MEMBER	1.00	x						0.	0.	0
(34) MARK W. FUNKE	1.00	^						0.	0.	0.
BOARD MEMBER	1.00	x						0.	0.	0.
(35) CRAIG FREEMAN	1.00	~						0.	0.	0.
BOARD MEMBER	1.00	x						0.	0.	0.
(36) ROBYN SUNDAY-ALLEN	1.00									
BOARD MEMBER		х						0.	0.	0.
(37) PARKER DOOLY	1.00									
BOARD MEMBER		х						0.	0.	0.
(38) JIM FARRIS	1.00									
BOARD MEMBER		Х						0.	Ο.	0.
(39) TRICIA EVEREST	1.00									
BOARD MEMBER		Х						0.	0.	0.
(40) JAMES H. EVEREST	1.00									
BOARD MEMBER		Х						0.	0.	0.
(41) MERIDETH HERALD	1.00									_
BOARD MEMBER		Х						0.	0.	0.
(42) NATHAN ELLIOTT	1.00							_		_
BOARD MEMBER	1 00	Х						0.	0.	0.
(43) ERIC S. EISSENSTAT	1.00							<u>^</u>	<u>^</u>	<u>^</u>
BOARD MEMBER	1 00	Х						0.	0.	0.
(44) ROBERT DUNCAN	1.00							^	<u> </u>	^
BOARD MEMBER	1 00	Х						0.	0.	0.
(45) LARRY DAVIS	1.00	37							<u> </u>	_
BOARD MEMBER	1 00	Х						0.	0.	0.
(46) SEAN CUMMINGS	1.00	x						0.	0.	0.
BOARD MEMBER		A						0.	0.	<u> </u>
Total to Dout VIII. Continue A line of a										
Total to Part VII, Section A, line 1c										

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	TER OKLAR	IOM	Α	CI	ΤY				73-057	9270
Part VII Section A. Officers, Directors,		nplo	yee			lighe	est (Compensated Employe	, ,	
(A) Name and title	(B) Average hours	Average Position			ly)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of		
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key em ployee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(47) TRACI COOK BOARD MEMBER	1.00	x						0.	0.	0.
(48) LANCE ROBERTSON	1.00									
BOARD MEMBER	1.00	x						0.	0.	0.
(49) HAKEEM ONAFOWOKAN	1.00									
BOARD MEMBER	1.00	x						0.	0.	0.
(50) WENDY CHANDLER	1.00									
BOARD MEMBER		х						0.	0.	0.
(51) JILL CASTILLA	1.00								.	
BOARD MEMBER		х						0.	0.	0.
(52) BRANDON BROOKS	1.00									
BOARD MEMBER		х						0.	0.	0.
(53) MICHAEL BERUBE	1.00									
BOARD MEMBER		Х						0.	Ο.	0.
(54) ELIZABETH FUDGE	1.00									
BOARD MEMBER		Х						0.	Ο.	0.
(55) TOM KUPIEC	1.00									
BOARD MEMBER		Х						0.	0.	0.
(56) JEFF EWING	5.00									
VICE CHAIR				Х				0.	0.	0.
(57) BILL SNIPES	5.00									
CHAIR ELECT				Х				0.	0.	0.
(58) TONY HOLDEN	5.00									
TREASURER				Х				0.	0.	0.
(59) MARK MCCUBBIN	5.00									_
CHAIR				Х				0.	0.	0.
(60) JENNIFER GRIGSBY	5.00								•	•
IMMEDIATE PAST CHAIR				X				0.	0.	0.
		1								
		1								
	•									

232201 04-01-22

=orm	ו 990) (2					LAHOMA CI	ASSOCIATIO TY		73-0579	270 Page 9
	rt V		Statement of Re	venu	ie						-
			Check if Schedule O	contai	ns a respo	nse (or note to any line	e in this Part VIII	(D)	(0)	
								(A) Total revenue	(B) Related or exempt function revenue	Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts ts	1 :	а	Federated campaigns		1a		267,129.				
Contributions, Gifts, Grants and Other Similar Amounts	I	b Membership dues 1b									
S, G Am	(Fundraising events				45,806.				
Gifi ilar			Related organizations				0.005.500				
ns, Sim			Government grants (contr				2,085,500.				
utio Ier (1	f	All other contributions, gifts,				7,738,507.				
trib Oth		~	similar amounts not included Noncash contributions included in				41,581.				
Con		-					,•	10,136,942.			
					<u></u>		Business Code	, , ,			
e	2 8	а	YOUTH DEVELOPMENT				900099	11,644,161.	11644161.		
e vic		b	HEALTHY LIVING			_	900099	11,023,251.	11023251.		
Sei		с	SOCIAL RESPONSIBILIT	ГҮ			900099	1,137,486.	1,137,486.		
am		d									
Program Service Revenue		е									
ā	1		All other program service								
		g	Total. Add lines 2a-2f					23,804,898.			
	3		Investment income (incluc					565,846.			565,846
	4		other similar amounts) Income from investment of				racaada	505,040.			505,040
	4 5		Royalties		•			53,091.			53,091
	Ŭ				(i) Real		(ii) Personal	• • • • • •			
	6	а	Gross rents	6a	184,0						
			Less: rental expenses	6b	194,3						
			Rental income or (loss)	6c	-10,2	75.					
		d	Net rental income or (loss))				-10,275.			-10,275
	7 :	а	Gross amount from sales of		(i) Securiti		(ii) Other				
			assets other than inventory	7a	1,347,1	13.					
	I	b	Less: cost or other basis		1 410 0	0.0					
enne			and sales expenses	7b	1,410,8						
eve			Gain or (loss)	7c	-63,6		,	-70,698.			-70,698
Other Rev			Net gain or (loss) Gross income from fundraisin			······		10,050.			70,050
Othe	0		including \$	-							
•			contributions reported on								
			Part IV, line 18			8a	35,008.				
	I	b	Less: direct expenses			8b	53,823.				
	(с	Net income or (loss) from	fundra	aising even	t <u>s</u>		-18,815.			-18,815.
	9 :	а	Gross income from gamin	-							
			Part IV, line 19			<u>9a</u>					
			Less: direct expenses			9b					
			Net income or (loss) from			°					
	10 8	d	Gross sales of inventory, I			10a	346,624.				
	1	h	and allowances Less: cost of goods sold			10a					
			Net income or (loss) from				,	133,350.	133,350.		
						,	Business Code		· ·		
suo ۽	11 :	а									
ane		b									
scellaneo Revenue		с									
Miscellaneous Revenue			All other revenue								
-		e	Total. Add lines 11a-11d								
	12		Total revenue. See instruction	ons .				34,594,339.	23938248.	0.	519,149.

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Sect	ion 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All oth	er organizations must con	nlete column (A)	
Jech	Check if Schedule O contains a respor				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21 \dots	41,407.	41,407.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	3,792.	3,792.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	588,070.		525,341.	62 720
~	trustees, and key employees	566,070.		525,541.	62,729.
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	14,089,379.	12,072,303.	1,775,609.	241,467.
8	Pension plan accruals and contributions (include	,,.,.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,,
5	section 401(k) and 403(b) employer contributions)	831,492.	631,767.	176,797.	22,928.
9	Other employee benefits	891,616.		189,581.	24,585.
10	Payroll taxes	1,252,602.	1,077,690.	148,790.	26,122.
11	Fees for services (nonemployees):				-
а	Management				
b	Legal	29,908.		29,908.	
с	Accounting	33,700.		33,700.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	72,000.			72,000.
f	Investment management fees	29,249.		29,249.	
g	Other. (If line 11g amount exceeds 10% of line 25,		221 252	155 000	20.012
	column (A), amount, list line 11g expenses on Sch 0.)	524,508.		155,236.	38,213.
12	Advertising and promotion	381,041.	265,369.	81,240.	34,432.
13	Office expenses	2,191,998.	1,982,356.	138,989.	70,653.
14	Information technology				
15	Royalties	5,215,349.	4,952,610.	247,667.	15,072.
16 17	Occupancy Travel	723,766.	584,824.	121,103.	17,839.
18	Payments of travel or entertainment expenses	125,100.	501,021.	121,103.	17,000.
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	196,410.	95,577.	89,932.	10,901.
20	Interest	246,574.	242,288.	,	4,286.
21	Payments to affiliates	365,306.		365,306.	
22	Depreciation, depletion, and amortization	1,674,212.	1,581,555.	66,264.	26,393.
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	EQUPMENT RENTAL AND MAI	1,715,852.	997,838.	699,912.	18,102.
b	BANK CHARGES	429,559.	349,053.	74,468.	6,038.
с	ORGANIZATION DUES	75,775.	63,831.	6,816.	5,128.
d	RECRUITMENT COSTS	75,097.	61,268.	12,792.	1,037.
е	All other expenses	7,624.		7,052.	572.
25	Total functional expenses. Add lines 1 through 24e	31,686,286.	26,012,037.	4,975,752.	698,497.
26	$\ensuremath{\textbf{Joint costs}}$. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Farm 990 (0000)

12

232010 12-13-22

Form 990 (2022)

Part IX Statement of Functional Expenses

Form 990 (2022)

Form 990 (2022)

Part X Balance Sheet

YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER OKLAHOMA CITY

73-0579270 Page 11

		Check if Schedule O contains a response or note	e to any	/ line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			6,150.	1	5,950.
	2	Savings and temporary cash investments			4,939,938.	2	5,667,562.
	3	Pledges and grants receivable, net			625,506.	3	4,474,607.
	4	Accounts receivable, net			2,918,314.	4	861,408.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, substa	antial c	ontributor, or 35%			
		controlled entity or family member of any of thes	e perso	ons		5	
	6	Loans and other receivables from other disqualif					
		under section 4958(f)(1)), and persons described	in sect	ion 4958(c)(3)(B)		6	
ŝ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			139,299.	8	204,976.
Äŝ	9	Prepaid expenses and deferred charges	252,984.	9	410,628.		
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	64,542,832.			
	b	Less: accumulated depreciation	10b	33,137,457.	31,972,211.	10c	31,405,375.
	11	Investments - publicly traded securities			7,338,341.	11	7,557,249.
	12	Investments - other securities. See Part IV, line 1	1		393,000.	12	419,500.
	13	Investments - program-related. See Part IV, line 1			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11	578,284.	15	2,373,805.		
	16	Total assets. Add lines 1 through 15 (must equa	3)	49,164,027.	16	53,381,060.	
	17	Accounts payable and accrued expenses			2,211,786.	17	2,199,192.
	18	Grants payable			18		
	19	Deferred revenue		351,896.	19	316,565.	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F	Part IV o	of Schedule D		21	
S	22	Loans and other payables to any current or form	er office	er, director,			
Liabilities		trustee, key employee, creator or founder, substa	antial c	ontributor, or 35%			
iabi		controlled entity or family member of any of thes	e perso	ons		22	
	23	Secured mortgages and notes payable to unrelate		· · · · · · · · · · · · · · · · · · ·	6,297,470.	23	5,546,889.
	24	Unsecured notes and loans payable to unrelated	third p	arties	2,000,000.	24	2,000,000.
	25	Other liabilities (including federal income tax, pay	/ables t	o related third			
		parties, and other liabilities not included on lines	17-24).	Complete Part X			
		of Schedule D			0.	25	1,676,148.
	26	Total liabilities. Add lines 17 through 25			10,861,152.	26	11,738,794.
(0		Organizations that follow FASB ASC 958, chee	ck here	• X			
Cei		and complete lines 27, 28, 32, and 33.			00 405 050		06 400 000
alan	27			······ -	28,435,278.	27	26,480,283.
Ä	28			······	9,867,597.	28	15,161,983.
ŭ		Organizations that do not follow FASB ASC 95	58, che	ck here			
ш		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds				29	
SSe	30	Paid-in or capital surplus, or land, building, or eq		F		30	
t A:	31	Retained earnings, endowment, accumulated inc			20 200 075	31	11 (10 0)
Re	32	Total net assets or fund balances			38,302,875.	32	41,642,266.
	33	Total liabilities and net assets/fund balances			49,164,027.	33	53,381,060.

Form 990 (2022)

YOUNG	MEN'S	CHRISTIAN	ASSOCIATION
	סידייעני	NATAROMA C	тту

Form	1990 (2022) OF GREATER OKLAHOMA CITY	/3-0	12/27	/ U	Page	e 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI				. [
1	Total revenue (must equal Part VIII, column (A), line 12)	1	34,			
2	Total expenses (must equal Part IX, column (A), line 25)	2	31,0			
3	Revenue less expenses. Subtract line 2 from line 1	3	2,9	908,	,05	3.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	38,3	302,	, 87	5.
5	Net unrealized gains (losses) on investments	5		<u>332</u>		
6	Donated services and use of facilities	6		98	<u>, 37</u>	9.
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	41,0	542	, 26	6.
Pa	rt XII Financial Statements and Reporting				_	
	Check if Schedule O contains a response or note to any line in this Part XII				. [
			_	Y	es	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b 2	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c 2	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a 2	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b 2	<u>x </u>	

Form **990** (2022)

232012 12-13-22

SCHEDULE A (Form 990) Department of the Treasury Internal Revenue Service			Co	Public Cha omplete if the organ 494 At Go to www.irs.gov/	OMB No. 1545-0047					
Nam	e of t	he organizati		NG MEN'S CHRISTIAN ASSOCIATION Employ						r identification number
				REATER OKL	3-0579270					
Pa	rtI	Reason	for Public C	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructior	IS.	
The	organ	ization is not a	private found	ation because it is: (I	For lines 1 through 12, cl	heck only o	one box.)			
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).								
2		A school des	cribed in sect i	ion 170(b)(1)(A)(ii). (Attach Schedule E (Form	ו 990).)				
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).								
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). E								the hospital's name,
		city, and state								
5		•	•		llege or university owned	l or operate	ed by a go	overnmental u	nit describe	ed in
		section 170	b)(1)(A)(iv). (C	Complete Part II.)						
6				•	nental unit described in			.,		
7					ntial part of its support fr	rom a gove	ernmental	unit or from tl	ne general j	public described in
		-		omplete Part II.)						
8					(1)(A)(vi). (Complete Par	,				
9		-	-		in section 170(b)(1)(A)(-		-	-
		2	or a non-land-g	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	e or
	v	university:								
10	X	•			than 33 1/3% of its supp			-		•
					t to certain exceptions; a					
					(less section 511 tax) fro	in busines	ses acqui	red by the org	Janization a	alter Julie 30, 1975.
11				mplete Part III.)	voluto toot for public oo	foty Soo	oootion E($\Omega(a)(A)$		
12		-	-	-	vely to test for public sat	•			rn out tho	purposes of one or
12		-	-	-	vely for the benefit of, to d in section 509(a)(1) o	-			•	
					f supporting organization					
а		7	-	• •	upervised, or controlled				-	aivina
					gularly appoint or elect a	• • • •	-			
				complete Part IV, Se						
b				-	or controlled in connect	ion with its	s supporte	ed organizatio	n(s), by hav	/ing
				-	anization vested in the sa			•		-
		organizatio	n(s). You mus	t complete Part IV,	Sections A and C.					
с] Type III fur	ctionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functiona	lly integrate	ed with,
		its supporte	ed organization	n(s) (see instructions)). You must complete I	Part IV, Se	ections A,	D, and E.		
d		Type III no	n-functionally	integrated. A supp	orting organization oper	ated in cor	nnection v	vith its suppo	rted organiz	zation(s)
		that is not f	unctionally int	egrated. The organiz	ation generally must sat	isfy a distri	ibution red	quirement and	l an attentiv	veness
		requiremen	t (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.		
е		Check this	box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Туре I, Туре	II, Type III	
					nally integrated supporting					
g				about the supporte (ii) EIN	d organization(s). (iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount o	fmonetany	(vi) Amount of other
	(in target is apport (see instruction) (in your governing document? (in your governing document?) (in your governing document?)							support (see instructions)		
	above (see instructions)) Yes No support (see instructions) support (see instructions)									
Tota										

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Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
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.						
Se	ction B. Total Support		-	-	-		
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots						
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 VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instructi	ons)			12	
13	First 5 years. If the Form 990 is for th	ne organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3)	
	organization, check this box and stop						
See	ction C. Computation of Publi	c Support Pe	rcentage			<u> </u>	
14	Public support percentage for 2022 (I	ine 6, column (f), c	divided by line 11,	column (f))		14	%
	Public support percentage from 2021					15	%
16 a	33 1/3% support test - 2022. If the o	organization did ne	ot check the box c	on line 13, and line	14 is 33 1/3% or n	nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	ported organization	ו			
b	33 1/3% support test - 2021. If the o	organization did ne	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	% or more, check th	nis box
	and stop here. The organization qual	ifies as a publicly	supported organiz	ation			
17a	10% -facts-and-circumstances test	- 2022. If the or	ganization did not	check a box on lin	ie 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstanc	ces test, check this	s box and stop he	e re. Explain in Parl	t VI how the organi	zation
	meets the facts-and-circumstances te	st. The organization	on qualifies as a p	ublicly supported o	organization		
b	10% -facts-and-circumstances test	- 2021. If the or	ganization did not	check a box on lin	ie 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circur	mstances test, che	eck this box and s	stop here. Explain	in Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	he organization qu	alifies as a publicly	y supported organ	ization	
18	Private foundation. If the organization	n did not check a	box on line 13, 16	6a, 16b, 17a, or 17	b, check this box a	and see instruction	s
						Schedule A	(Form 990) 2022

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Schedule A (Form 990) 2022

Part II

Schedule A (Form 990) 2022 OF GREATER OKLAHOMA CITY Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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.)

Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 6320849.10123053.25529377. 2045186 2831521. 4208768. include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 25704520.19851636.22823634.22256381.24200419.114836590 organization's tax-exempt purpose 3 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 45,000. 62,500. 75,000. 90,000. 45,000. the organization without charge 317,500. 27839706.22728157.27077402.28639730.34398472.140683467 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 130,476. 138,219. 123,928. 392,623. 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year Ο. c Add lines 7a and 7b 130,476. 138,219. 123,928. 392 623 40290844 Public support. (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total 27839706. 22728157.27077402.28639730.34398472.140683467 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, 440,570. 516,350. 602,439. 802,968. 492,375. 2854702. and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 492,375. 440,570. 516,350. 602,439. 802,968. 2854702. c Add lines 10a and 10b 11 Net income from unrelated business activities not included on 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 VI.) 28332081.23168727.27593752.29242169.35201440.143538169 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 97.74 % Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) 15 15 98.25 16 Public support percentage from 2021 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 1.99 17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) % 17 1.75 18 18 Investment income percentage from 2021 Schedule A, Part III, line 17 % 19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not _____X more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2021. 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 gualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions Schedule A (Form 990) 2022 232023 12-09-22

17

15380314 251366 7302

2022.05060 YOUNG MEN'S CHRISTIAN ASS 7302___1

1

2

3a

3b

3c

4a

4b

4c

Yes No

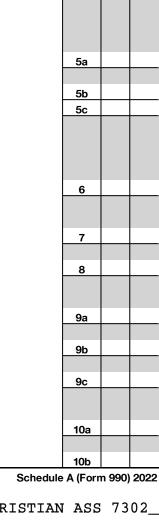
Schedule A (Form 990) 2022 OF (Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If* "Yes." *complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

232024 12-09-22



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Pa	't IV	Supporting Organizations (continued)			
				Yes	No
11	Has th	he organization accepted a gift or contribution from any of the following persons?			
а		son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
		elow, the governing body of a supported organization?	11a		
b		ily member of a person described on line 11a above?	11b		
с	A 35%	6 controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail	<i>in</i> Part VI.	11c		
Sec	tion E	3. Type I Supporting Organizations			
				Yes	No
1	Did th	e governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		ors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
		ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
		orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did th	ne organization operate for the benefit of any supported organization other than the supported			
	organ	ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part \	arphi how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	super	vised, or controlled the supporting organization.	2		
Sec	tion (C. Type II Supporting Organizations			
				Yes	No
1	Were	a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or tru	stees of each of the organization's supported organization(s)? If "No, " describe in Part VI how control			
	or ma	nagement of the supporting organization was vested in the same persons that controlled or managed			
0	the su	upported organization(s).	1		
Sec	tion L	D. All Type III Supporting Organizations			
				Yes	No
1	Did th	ne organization provide to each of its supported organizations, by the last day of the fifth month of the			
	-	ization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	•	(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	-	ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		<u> </u>
2		any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
		ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
•		rganization maintained a close and continuous working relationship with the supported organization(s).	2		<u> </u>
3	-	ason of the relationship described on line 2, above, did the organization's supported organizations have a			
	Ũ	icant voice in the organization's investment policies and in directing the use of the organization's			
		ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
Sec	<u>suppo</u>	orted organizations played in this regard. E. Type III Functionally Integrated Supporting Organizations	3		L
1		k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. <i>Complete</i> line 2 <i>below</i> .			
a b		The organization satisfied the Activities rest. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below.			
c		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	struction	c)	
2		ties Test. Answer lines 2a and 2b below.	liucion	Yes	No
a		ubstantially all of the organization's activities during the tax year directly further the exempt purposes of		100	110
u		upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		e supported organizations and explain how these activities directly furthered their exempt purposes,			
		he organization was responsive to those supported organizations, and how the organization determined			
		hese activities constituted substantially all of its activities.	2a		
b		he activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
		r more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		I the reasons for the organization's position that its supported organization(s) would have engaged in			
		activities but for the organization's involvement.	2b		
3		t of Supported Organizations. Answer lines 3a and 3b below.			
а	Did th	ne organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	truste	es of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did th	e organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard. 232025 12-09-22

3b | Schedule A (Form 990) 2022

15380314 251366 7302

Schedule A (Form 990) 2022

19 2022.05060 YOUNG MEN'S CHRISTIAN ASS 7302___1

Sche	edule A (Form 990) 2022 OF GREATER OKLAHOMA CIT	Y		73-0579270 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orgai		
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on	Nov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must		•	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
<u>a</u>	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2022

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YOUNG MEN'S CHRISTIAN ASSOCIATION OWT ATTOMA

	t V Type III Non-Functionally Integrated 509		nizations (continu	1	3-05/92/0 Page 7
	on D - Distributions			uea)	Current Year
<u>3ecu</u> 1	Amounts paid to supported organizations to accomplish exe	mot purposes		1	Guilent Tear
	Amounts paid to supported organizations to accomplish exe Amounts paid to perform activity that directly furthers exemp			<u> ' </u>	
-	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets		,	4	
5	Qualified set-aside amounts (prior IRS approval required - prior	ovide details in Part VI)		5	
6	Other distributions (<i>describe in</i> Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
-	(provide details in Part VI). See instructions.	······································		8	
9	Distributable amount for 2022 from Section C, line 6			9	
	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2022	ns	Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
с	From 2019				
d	From 2020				
e	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2018				
	Excess from 2019				
C	Excess from 2020				
	Excess from 2021				
е	Excess from 2022				

Schedule A (Form 990) 2022

232027 12-09-22

						ASSOCIAT	ION		
Schedule A	(Form 990) 2022		EATER					73-0579270	Page 8
	Supplemental Inform Part IV, Section A, lines 1, line 1; Part IV, Section D, Section D, lines 5, 6, and (See instructions.)	, 2, 3b, 3c, 4 lines 2 and 3	b, 4c, 5a, 6 3; Part IV, S	, 9a, 9b, 90 ection E, li	c, 11a, 11 nes 1c, 2a	o, and 11c; Part IV , 2b, 3a, and 3b; P	, Section B, lines Part V, line 1; Part	1 and 2; Part IV, Section V, Section B, line 1e; Pa	n C, art V,
232028 12-09-2	2							Schedule A (Form	990) 2022

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223451 11-15-22

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

YOUNG MEN'S CHRISTIAN ASSOCIATION

OF GREATER OKLAHOMA CITY

Organization	type	(check one):	
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Filers of:	Section:
Form 990 or 990-EZ	\boxed{X} 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2022)

** PUBLIC DISCLOSURE COPY **

Attach to Form 990 or Form 990-PF.

Go to www.irs.gov/Form990 for the latest information.

Schedule of Contributors

2022

Employer identification number

OMB No. 1545-0047

<u>73-057</u>9270

		\$12,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>2</u>		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u>No.</u> <u>3</u> 	Name, address, and ZIP + 4	Total contributions	Type of contribution Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>4</u>		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions	Type of contribution Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$10,121.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022) Name of organization

Part I

(a)

No.

1

YOUNG MEN'S CHRISTIAN ASSOCIATION

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(b)

Name, address, and ZIP + 4

OF GREATER OKLAHOMA CITY

Employer identification number

73-0579270

(d)

Type of contribution

X

(c)

Total contributions

24

2022.05060 YOUNG MEN'S CHRISTIAN ASS 7302___1

Schedule B (F	orm 990) (2022)
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73-0579270

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$14,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9_		\$ <u>1,000,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$38,824.	Person Payroll Noncash X (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

Schedule B (For	m 990) (2022)
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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$ <u>83,739.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14_		\$ <u>10,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15		\$ <u>25,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16_		\$7,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17		\$ <u>5,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

Schedule B (For	m 990) (2022)
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Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> 19</u>		\$ <u>103,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22		\$7,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24_		\$ <u> </u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

Schedule B (For	m 990) (2022)
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Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28		\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29_		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30		\$ <u>19,250.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

Schedule B (For	m 990) (2022)
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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$30,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33		\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
34		\$ <u>105,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
35		\$7,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
36_		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

Schedule B (For	m 990) (2022)
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Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37		\$ <u>307,780.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
38_		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
39		\$75,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
40		\$1,819,299.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ <u>75,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
42		\$8,719.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

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Schedule B (For	m 990) (2022)
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Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
44		\$20,125.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
45		\$60,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
46		\$7,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> 47 </u>		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
48_		\$ <u> </u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

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Schedule B (For	m 990) (2022)
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73-0579270

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>49</u>		\$ <u> </u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
50		\$14,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
51		\$107,461.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
52		\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
53		\$ <u> </u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
54		\$ <u> </u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

Schedule B (For	m 990) (2022)
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Page 2

73-0579270

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55		\$ <u>150,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
56		\$ <u>95,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
57_		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
58		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
59		\$95,625.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
60		\$ <u>5,056.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

Schedule B (Forn	n 990)	(2022)	
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Page 2

73-0579270

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61_		\$ <u>7,500.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
62		\$ <u>10,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
63		\$ <u>7,500.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
64		\$201,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

223452 11-15-22

	B (Form 990) (2022)		Page 3	
Name of organization YOUNG MEN'S CHRISTIAN ASSOCIATION			Employer identification number	
OF GREATER OKLAHOMA CITY			73-0579270	
Part II	Noncash Property (see instructions). Use duplicate copies of Pa	rt II if additional space is needed	·	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		
	DONATED ITEMS HEALTHY KIDS DAY			
12				
		\$38,8	24. 07/12/23	
(a) No. from Part I	(b) Description of noncash property given	-	(c) (d) FMV (or estimate) (See instructions.) Date received	
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	Liste received	
		\$		
		Ψ		

223453 11-15-22

Schedule B (Form 990) (2022)

Schedule	B (Form 990) (2022)			Page 4
	organization			Employer identification number
	MEN'S CHRISTIAN ASSOCIA	ATION		
	EATER OKLAHOMA CITY			73-0579270
Part III	Exclusively religious, charitable, etc., contributi, from any one contributor. Complete columns (a)	through (e) and the following line ent	ry. For organizations	
	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 or	ess for the year. (Enter this info.	once.) \$
(a) No.	Use duplicate copies of Part III if additional s	space is needed. I		
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held
Part I				
		(e) Transfer of git	t	
	Transferee's name, address, a	nd ZIP + 4	Relationship of tr	ansferor to transferee
(a) No.				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held
		(a) Transfer of all	•	
		(e) Transfer of gif	t	
	Transferee's name, address, a	nd ZIP + 4	Relationship of tr	ansferor to transferee
			•	
(a) No.				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held
		(e) Transfer of gif	t	
			Deletionship of th	
	Transferee's name, address, a		Relationship of tr	ansferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held
Part I				
	· · · · · · · · · · · · · · · · · · ·			
		(e) Transfer of git	t	
	Transferee's name, address, a	nd ZIP + 4	Relationship of tr	ansferor to transferee
223454 11-15	5-22	ł		Schedule B (Form 990) (2022)

36 2022.05060 YOUNG MEN'S CHRISTIAN ASS 7302___1

SCHEDULE D Supplementa			al Financial Statements		OMB No. 1545-0047
(Forr	n 990)		nization answered "Yes" on Form 990, , 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.		2022
Depart	ment of the Treasury		ttach to Form 990.		Open to Public
Interna	Revenue Service		0 for instructions and the latest information.		Inspection
Nam	e of the organization				identification number
Do		OF GREATER OKLAHOM	A CITY d Funds or Other Similar Funds or A		3-0579270
Pa		n answered "Yes" on Form 990, Part IV, line		CCOUNTS.	Complete if the
	organization		(a) Donor advised funds	(h) Funds an	d other accounts
4	Total number at or	ad of year			
1 2		nd of year f contributions to (during year)			
2		f grants from (during year)			
4		t end of year			
5			writing that the assets held in donor advised fu	nds	
-	-		exclusive legal control?		Yes No
6			dvisors in writing that grant funds can be used		
	•		r donor advisor, or for any other purpose confe	2	
	impermissible priva	ate benefit?	•••••••••••••••••••••••••••••••••••••••		Yes No
Pa			ganization answered "Yes" on Form 990, Part I		
1	Purpose(s) of cons	servation easements held by the organization	on (check all that apply).		
	Preservation	of land for public use (for example, recreat	tion or education) Preservation of a his	torically impo	tant land area
	Protection o	f natural habitat	Preservation of a ce	rtified historic	structure
	Preservation	of open space			
2	•	č č .	ied conservation contribution in the form of a c		
	day of the tax year				at the End of the Tax Year
а				1 1	
b	÷				
c			ucture included in (a)	2c	
a		vation easements included in (c) acquired a			
3			eased, extinguished, or terminated by the orga		the tax
3	year		eased, extinguished, or terminated by the orga	nization duning	J the tax
4		where property subject to conservation eas	ement is located		
5		tion have a written policy regarding the per			
-	•	orcement of the conservation easements it			Yes No
6	Staff and voluntee	r hours devoted to monitoring, inspecting,	handling of violations, and enforcing conservat		
7	Amount of expens	es incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservation e	asements dur	ing the year
8	Does each conserv	vation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(4)(I	3)(i)	
					Yes No
9		•	on easements in its revenue and expense state		
			ote to the organization's financial statements t	hat describes	the
Dai	t III Organization's acc	ounting for conservation easements.	Art, Historical Treasures, or Other	Similar As	sote
I GI		the organization answered "Yes" on Form			5013.
10				alanaa ahaat u	vorko
Id	•		8, not to report in its revenue statement and ba lic exhibition, education, or research in further		OIKS
			icial statements that describes these items.		
b	· •		8, to report in its revenue statement and balance	ce sheet work	sof
	-		exhibition, education, or research in furtherand		
		ng amounts relating to these items:			
				\$	
2			asures, or other similar assets for financial gain		
		unts required to be reported under FASB A			
а	Revenue included	on Form 990, Part VIII, line 1		\$	
				\$	
LHA	For Paperwork Re	eduction Act Notice, see the Instructions	for Form 990.	Sche	dule D (Form 990) 2022
23205	09-01-22		27		
			37		

		EN'S CHRIST			LATION			7 2 0		~	0
Schedule D (Form 990) 2022 OF GREATER OKLAHOMA CITY 73-057927 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (control of the control of the c											
Par	t III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	asures, o	r Othei	r Simila	ir Asse	ets _{(cont}	nued)
3	3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):										
а	Public exhibition	d	I 🗌 I	Loan or excl	hange progra	am					
b	Scholarly research	е		Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	ellections and explair	how the	ey further th	e organizatio	on's exer	npt purpo	ose in Pa	art XIII.		
5	During the year, did the organization solicit o										
	to be sold to raise funds rather than to be ma							ſ	Yes	Г	No
Par	t IV Escrow and Custodial Arran									r	
	reported an amount on Form 990, Pai			o ga				o, i a. i i	.,, ., .		
1a	Is the organization an agent, trustee, custodi	an or other intermed	iary for c	contributions	s or other as	sets not i	included				
	on Form 990, Part X?							Γ	Yes	Г	No
h	If "Yes," explain the arrangement in Part XIII									L	
, N			lowing te						Amoui	nt	
~	Beginning balance						1c				
	Additions during the year										
-	Distributions during the year										
f	Ending balance						. 1 f	<u>Г</u>			
	Did the organization include an amount on Fe						ity?	L	Yes		No
Par	If "Yes," explain the arrangement in Part XIII.							<u></u>			
Fai	t V Endowment Funds. Complete i							vooro bo		r voor	o hook
_		(a) Current year		rior year	(c) Two yea		(d) Three		. ,		
	Beginning of year balance	7,867,294.	9,	,454,866.	,	5,537.	7,8	802,17			,517.
	Contributions	16,269.		15,252.		3,939.		29,940			,843.
С	Net investment earnings, gains, and losses	582,259.	-1,	,240,687.	2,05	5,871.		225,763	1.	729	,124.
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs	387,278.		362,137.	34:	1,481.		332,333	3.	327	,307.
f	Administrative expenses							8	Β.		
g	End of year balance	8,078,544.	7,	,867,294.	9,45	4,866.	7,	725,53	7. 7	,802	177.
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g	ı, column (a)) held as:						
а	Board designated or quasi-endowment	4.1800	%								
b	Permanent endowment 58.5800	%	_								
с	Term endowment 37.2400	%									
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.									
3a	Are there endowment funds not in the posse		tion that	t are held an	d administer	ed for th	e				
	organization by:						-			Yes	No
	(i) Unrelated organizations								3a(i)	Х	
	(ii) Related organizations										x
h	If "Yes" on line 3a(ii), are the related organizations										+
1	Describe in Part XIII the intended uses of the								50		
Par	t VI Land, Buildings, and Equipm		willent it	unus.							
	Complete if the organization answere) Part IV	line 11a S	00 Form 990	Part X	line 10				
									(-1) D -		
	Description of property	(a) Cost or o basis (investn		• •	or other	. ,	ccumulat		(d) Boo	ok val	ue
			nent)	basis		ue	preciatior	1	1 0 2		- 0 0
	Land				<u>5,599.</u>	04		F (1,93		
	Buildings				4,526.		<u>658,1</u>		21,92		
	Leasehold improvements				4,811.		<u>030,6</u>		6,42		
d	Equipment				3,826.		068,0				<u>172.</u>
	Other			-	4,070.		380,6	1			<u>145.</u>
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part ,	<u>X, colum</u>	n <u> (B), line 1</u> ()c.)				31,40	5,3	375.
								Schedu	ule D (For	m 990	0) 2022

	KLAHOMA CITY	73-	-0579270 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" o			- f
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	n Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
-	Description		(b) Book value
(1)	·		.,
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	15.)		
	n Form 000 Det N/ Pro-	110 or 11f Coo Form 000 Doubly line of	
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	THE OF THE SEE FORM 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) FINANCE LEASE - EQUIPMENT	~		503,455.
(3) OPERATING LEASE - BUILDING			498,999.
(4) OPERATING LEASE - EQUIPMEN	Т		673,694.
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)		1,676,148.
2. Liability for uncertain tax positions. In Part XIII, provide t		•	

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... X

Schedule D (Form 990) 2022

232053 09-01-22

YOUNG	MEN'S	CHRISTIAN	ASSOCIATION
OF CRI	EATER (NKI'THUMP C.	rπv

	dule D (Form 990) 2022 OF GREATER OKLAHOMA CITY				0579270 Page
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	nts With	Revenue per Ret	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				
1	Total revenue, gains, and other support per audited financial statements			1	35,140,219
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	332,959.		
b	Donated services and use of facilities	. 2b	98,379.		
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	2d	194,306.		
е	Add lines 2a through 2d			2e	625,644
3	Subtract line 2e from line 1			3	34,514,575
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	29,249.		
b	Other (Describe in Part XIII.)	4b	50,515.		
с	Add lines 4a and 4b			4c	79,764
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	34,594,339
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem	ents With	Expenses per R	letur	n.
Ра	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		I Expenses per R	letur	
1 1				letur	n. 31,800,828
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				
1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements				
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	2a			
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a 2b			
1 2 a b	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b 2c			31,800,828
1 2 b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c 2d	194,306.		31,800,828
1 2 b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	194,306.	1	31,800,828
1 2 b c d e	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	194,306.	1 2e	31,800,828
1 2 b c d 3	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c 2d	194,306.	1 2e	31,800,828
1 2 3 4	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d 2d	194,306.	1 2e	31,800,828 194,306 31,606,522
1 2 3 4	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 4a 4b	194,306. 29,249. 50,515.	1 2e	31,800,828 194,306 31,606,522 79,764
1 2 a b c d e 3 4 a b c 5	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 4a 4b	194,306. 29,249. 50,515.	1 2e 3	31,800,828 194,306 31,606,522

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

PART X, LINE 2:

THE ASSOCIATION IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER
SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, AND ACCORDINGLY, NO
PROVISION HAS BEEN MADE FOR INCOME TAXES IN THE ACCOMPANYING FINANCIAL
STATEMENTS. MANAGEMENT EVALUATED THE ASSOCIATION'S TAX POSITIONS AND
CONCLUDED THAT THEY HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE
ADJUSTMENT TO THE FINANCIAL STATEMENTS. WITH FEW EXCEPTIONS, THE
ASSOCIATION IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE U.S.
FEDERAL, STATE, OR LOCAL TAX AUTHORITIES FOR YEARS BEFORE 2021.

40

PART XI, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES NETTED WITH INCOME

194,306. Schedule D (Form 990) 2022

232054 09-01-22

	NG MEN'S CHRISTIAN ASSOCIATION GREATER OKLAHOMA CITY n (continued)	73-0579270 Page
- · · ·		
PART XI, LINE 4B - OTHE	R ADJUSTMENTS:	
CONFERENCE EXPENSES REP	ORTED IN FUNDRAISING EVENTS	50,515.
PART XII, LINE 2D - OTH	ER ADJUSTMENTS:	
RENTAL EXPENSES NETTED	WITH INCOME	194,306.
PART XII, LINE 4B - OTH	ER ADJUSTMENTS:	
CONFERENCE EXPENSES REP	ORTED IN FUNDRAISING EVENTS	50,515.
		Schedule D (Form 990) 20

SCHEDULE G	Suppleme	ental Information Regarding	g Fund	Iraisi	ing or Gaming A	ctivities	OMB No. 1545-0047
(Form 990)	Complete if the	2022					
Department of the Treasury		Open to Public					
Internal Revenue Service		o www.irs.gov/Form990 for instru					Inspection
							identification number 79270
Part I Fundrais		Complete if the organization answ	vered "Y	'es" or	n Form 990, Part IV, li		
	complete this par						
 a X Mail solicitat b X Internet and c X Phone solicit d X In-person so 2 a Did the organization key employees list 	ions email solicitations tations licitations on have a written o ed in Form 990, P highest paid indiv	f X Solicit g X Specia or oral agreement with any individual art VII) or entity in connection with viduals or entities (fundraisers) purs	tation of tation of al fundra al (incluc professi	non-g gover aising ding of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	X	
(i) Name and address or entity (fund		(ii) Activity	have c	ntrol of	(iv) Gross receipts from activity	(v) Amount pai to (or retained b fundraiser listed in col. (i	(v) to (or retained by)
DONOR BY DESIGN GRO		CONSULT ON CAPITAL	Yes	No	4		
GILBERT RD, PALATIN	NE, IL	CAMPAIGN		X	5,847,750.	72,00	5,775,750.
Total					5,847,750.	72,00	0. 5,775,750.
	ch the organizatic	on is registered or licensed to solicit	t contrib	utions			
OK							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990) 2022

232081 10-27-22

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b, List events with gross receipts greater than \$5,000.

		of fundraising event contributions and gro	oss income on Form 990	-EZ, lines 1 and 6b. List e	vents with gross receipt	s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			GOLF	ROSE ROCK		(add col. (a) through
			TOURNAMENT	TRAIN RUN	1	col. (c))
			(event type)	(event type)	(total number)	coi. (c))
Revenue	1	Gross receipts	40,440.	22,010.	18,364.	80,814.
	2	Less: Contributions	28,440.	8,191.	9,175.	45,806.
	3	Gross income (line 1 minus line 2)	12,000.	13,819.	9,189.	35,008.
	4	Cash prizes				
	5	Noncash prizes	4,330.			4,330.
penses	6	Rent/facility costs	20,837.			20,837.
Direct Expenses	7	Food and beverages	4,152.			4,152.
ā	8	Entertainment			1,200.	1,200.
	9	Other direct expenses	3,201.	18,723.	1,379.	23,303.
	10	Direct expense summary. Add lines 4 through	n 9 in column (d)			53,822.
	11	Net income summary. Subtract line 10 from li	((-18,814.
Pa	rt I	Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	1 990, Part IV, line 19, or r	eported more than	
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Reve	1	Gross revenue				
s	2	Cash prizes				

S	2	Cash phizes							
Direct Expenses	3	Noncash prizes							
Direct	4	Rent/facility costs							
	5	Other direct expenses							
	6	Volunteer labor	└── Yes % └── No	└── Yes % └── No	└── Yes % └── No				
	7	Direct expense summary. Add lines 2 through	5 in column (d)						
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)						
9	9 Enter the state(s) in which the organization conducts gaming activities:								
а	ls t	he organization licensed to conduct gaming ac	tivities in each of these s	states?		Yes	No		
		No," explain:							
~									

232082 10-27-22

Schedule G (Form 990) 2022

No

Coh	YOUNG MEN'S CHRISTIAN ASSOCIATION)5792	070	
-			/es	Page 3
	Does the organization conduct gaming activities with nonmembers? Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	Ľ	es	
	to administer charitable gaming?	Υ	'es	No No
13	Indicate the percentage of gaming activity conducted in:			
a	a The organization's facility	13a		%
	an outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	🗌 Y	'es	No No
k	If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount			
	of gaming revenue retained by the third party \$			
c	If "Yes," enter name and address of the third party:			
	Name			
	Address			
	Address			
16	Gaming manager information:			
	Gaming manager compensation \$			
	Description of some issue provided			
	Description of services provided			
	Director/officer Employee Independent contractor			
17				
a	a Is the organization required under state law to make charitable distributions from the gaming proceeds to	Γv	'es	No
ŀ	retain the state gaming license? Denter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		62	
L	organization's own exempt activities during the tax year \$			
Pa	IT IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	rt III, line	s 9, 9	b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			
-		_		
<u>sc</u>	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS	3:		
(I) NAME OF FUNDRAISER: DONOR BY DESIGN GROUP			
<u>(</u>]) ADDRESS OF FUNDRAISER: 725 W GILBERT RD, PALATINE, IL 60067			
2200	83 10 97 92 Caboo	ule C (F	orm (990) 2022
2020	83 10-27-22 Sched			JULL LULL

Schedule G (Form 990) 2022

Schedule G	6 (Form 990)	OF GREATER	OKLAHOMA CITY	73-0579270 _F	Page 4
Part IV	Supplemental I	OF GREATER nformation (continued)			
				Schedule G (For	m 990)
232084 04-01-	22				

OF GREATE Part I General Information on Grants a 1 Does the organization maintain records	m 990) Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Attach to Form 990. al Revenue Service Go to www.irs.gov/Form990 for the latest information. e of the organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER OKLAHOMA CITY Employee Complete information on Grants and Assistance							
2 Describe in Part IV the organization's pr	ocedures for monit	oring the use of grant	funds in the United	States.			X Yes No	
Part II Grants and Other Assistance to recipient that received more than	•				anization answered "Y	es" on Form 990, Part	IV, line 21, for any	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
BOYS AND GIRLS CLUB OF OKLAHOMA COUNTY - PO BOX 18701 - OKLAHOMA CITY, OK 73154	73-1472202	501(C)3	32,210.	0.			IMAGINE SCIENCE GRANT	
OKLAHOMA STATE UNIVERSITY OKLAHOMA STATE UNIVIERSITY STILLWATER, OK 74078	73-1383996	501(C)3	8,197.	0.			IMAGINE SCIENCE GRANT	
 2 Enter total number of section 501(c)(3) a 3 Enter total number of other organization 								

3 Enter total number of other organizations listed in the line 1 table

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2022

OF GREATER OKLAHOMA CITY

73-0579270

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

THE YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER OKLAHOMA CITY ONLY GRANTS

FUNDS TO ORGANIZATIONS WHOSE MISSION ALIGN WITH THE YMCA. THE YMCA MONITORS

THE USE OF FUNDS BY ENSURING THE ORGANIZATION IS FULFILLING THEIR MISSION.

SCI	HEDULE J	Compensation Information	1	OMB No. 1	545-004	47			
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	2022				
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		2022					
Denar	tment of the Treasury	Attach to Form 990.	Form 990, Part IV, line 23.						
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe					
Nam	e of the organization		Employer i			mber			
		OF GREATER OKLAHOMA CITY	73-0	57927	0				
Pa	rt I Question	s Regarding Compensation							
					Yes	No			
1a		ate box(es) if the organization provided any of the following to or for a person listed on Form	990,						
		line 1a. Complete Part III to provide any relevant information regarding these items.							
	First-class or c								
	Travel for com								
		ation and gross-up payments Health or social club dues or initiation fee							
		spending account Personal services (such as maid, chauffer	ir, chet)						
h	If any of the bayes	on line to an abacked did the exception follow a written policy recording powerst or							
b	•	on line 1a are checked, did the organization follow a written policy regarding payment or provision of all of the expenses described above? If "No," complete Part III to explain		1b					
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,							
	-	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2					
	trustees, and onice								
3	Indicate which if a	ny, of the following the organization used to establish the compensation of the organization's	:						
-	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to								
	establish compensation of the CEO/Executive Director, but explain in Part III.								
		Compensation committee Written employment contract							
	Independent compensation consultant IX Compensation survey or study								
	·	ther organizations X Approval by the board or compensation of	ommittee						
4	During the year, dic	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing							
	organization or a re	lated organization:							
а	Receive a severance	e payment or change-of-control payment?		4a		X			
b	Participate in or receive payment from a supplemental nonqualified retirement plan?					X			
с	Participate in or receive payment from an equity-based compensation arrangement?					X			
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.								
)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.							
5	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n						
	contingent on the r					x			
		e organization?							
		ation?		5 b		X			
		or 5b, describe in Part III.							
6	-	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n						
	contingent on the r	-		6a		x			
		nization?							
		ation?		6b		X			
		or 6b, describe in Part III.							
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments		_		v			
~		nes 5 and 6? If "Yes," describe in Part III		7		X			
8	-	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the				X			
•				8					
9		id the organization also follow the rebuttable presumption procedure described in							
		1 53.4958-6(c)?			- 000				
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Sched	lule J (Forn	1 990	, 2022			

232111 10-18-22

OF GREATER OKLAHOMA CITY

Schedule J (Form 990) 2022

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 on 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 aren't 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.

		(B) Breakdown of W	-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) KELLY KAY	(i)	224,155.	0.	0.	30,509.	22,981.	277,645.	0.
CEO & PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MICHAEL ROARK	(i)	143,982.	0.	0.	17,760.	0.	161,742.	0.
VP & COO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Page 2

73-0579270

Schedule J (Form 990) 2022

YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER OKLAHOMA CITY

73-0579270 Page 3

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.

Schedule J (Form 990) 2022

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public

22

20

Department of the Treasury Internal Revenue Service	1

Part I

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

Name of the organization

Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspection
organization	YOUNG MEN'S CHRISTIAN ASSOCIATION	Employer	identification number
	OF GREATER OKLAHOMA CITY	7	3-0579270
Types of	Property		

		(a) Obsolvit	(b) Number of	(c) Noncash contribution	(d)
		Check if applicable	contributions or	amounts reported on	Method of determining noncash contribution amounts
			items contributed	Form 990, Part VIII, line 1g	
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded				
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or				
	trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution -				
	Historic structures				
14	Qualified conservation contribution - Other \ldots				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other (<u>HEALTHY KIDS DA</u>)	X	1	38,824.	
26	Other (SIGNS)	Х	1	2,501.	
27	Other (TAPROOM)	Х	1	132.	
28	Other (GARDEN SUPPLIES)	Х	1	123.	COST
29	Number of Forms 8283 received by the organiz	ation during	g the tax year for co	ontributions	
	for which the organization completed Form 828	33, Part V, D	onee Acknowledge	ement 29	
					Yes No
30a	During the year, did the organization receive by	/ contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it

	must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for			
	exempt purposes for the entire holding period?	30a		X
b	If "Yes," describe the arrangement in Part II.			
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		Х	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash			
	contributions?			X
b	If "Yes," describe in Part II.			
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,			
	describe in Part II.			
і на	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	nedule M (For	m 990)	2022

work Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2022

232141 09-09-22

Schedule M (Form 990) 2022 Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

Part II

THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS IN COLUMN B.

Schedule M (Form 990) 2022

232142 09-09-22

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information. YOUNG MEN'S CHRISTIAN ASSOCIATION



73-0579270

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

OF GREATER OKLAHOMA CITY

REGARDLESS OF GENDER, AGE, RACE, ABILITIES, NATIONAL ORIGIN, RELIGION

OR ABILITY TO PAY. ALL PROGRAMS AND ACTIVITIES OFFERED BY THE

ASSOCIATION ARE DESIGNED AROUND ITS MISSION.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

DESIRE TO PROVIDE OPPORTUNITIES FOR EVERY FAMILY TO BUILD STRONGER

BONDS, THROUGH UNIQUE PROGRAMS THAT SUPPORT PHYSICAL, INTELLECTUAL AND

SPIRITUAL STRENGTH, LIKE SILVER SNEAKERS AND ACTIVE OLDER ADULT

PROGRAMS. WE BELIEVE SPORTS, FUN, AND EXPLORING NEW INTERESTS AREN'T

JUST FOR THE YOUNG. ALONG WITH IMPROVING HEALTH, WHENEVER TEAMWORK IS

INVOLVED, THERE'S THE ADDED BENEFIT OF BEING CONNECTED TO OTHERS.

THAT'S WHY YOU'LL FIND A RANGE OF RECREATIONAL ACTIVITIES AT THE Y,

FROM GROUP CLASSES TO ADULT SPORTS LEAGUES.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

PREPARATION. FOR OTHERS, THE Y IS THE STARTING POINT FOR KIDS TO LEARN

ABOUT BECOMING AND STAYING ACTIVE, AND DEVELOPING HEALTHY HABITS

THEY'LL CARRY WITH THEM THROUGHOUT THEIR LIVES. WHETHER IT'S GAINING

THE CONFIDENCE THAT COMES FROM LEARNING TO SWIM OR BUILDING THE

POSITIVE RELATIONSHIPS THAT LEAD TO GOOD SPORTSMANSHIP AND TEAMWORK,

PARTICIPATING IN YOUTH SPORTS PROGRAMS AT THE Y IS ABOUT BUILDING THE

WHOLE CHILD, FROM THE INSIDE OUT. VERY FEW ENVIRONMENTS ARE AS SPECIAL

AS CAMP, WHERE KIDS BECOME A COMMUNITY AS THEY LEARN BOTH HOW TO BE

MORE INDEPENDENT AND HOW TO CONTRIBUTE TO A GROUP AS THEY ENGAGE IN

 PHYSICAL, SOCIAL AND EDUCATIONAL ACTIVITIES. OUR SUMMER DAY CAMPS,

 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2022

15380314 251366 7302

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Schedule O (Form 990) 2022 Name of the organization YOUNG MEN'S CHRISTIAN ASSOCIATION	Page 2
OF GREATER OKLAHOMA CITY	Employer identification number 73-0579270
SPECIALTY CAMPS AND RESIDENT CAMP TEACHES SELF-RELIANCE, A	LOVE FOR
NATURE AND THE OUTDOORS, AND THE DEVELOPMENT OF ATTITUDES	AND PRACTICES
THAT BUILD CHARACTER AND LEADERSHIP.	
FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMEN	TS:
PROVIDE RESOURCES OUR COMMUNITIES NEED. THE Y ADDRESSES SO	CIAL ISSUES,
THROUGH OUR Y SENIOR CENTER, THE YMCA MILITARY WELCOME CEN	TER, OUTDOOR
EDUCATION AT YMCA CAMP CLASSEN AND THE SAFETY AROUND WATER	PROGRAM THAT
TEACHES UNDERSERVED KIDS HOW TO SWIM. ONE OF THE MOST IMPO	RTANT ASPECTS
OF BUILDING A GLOBAL COMMUNITY IS GIVING YOUNG PEOPLE OPPO	RTUNITIES TO
UNDERSTAND AND CELEBRATE DIVERSITY. THE Y HELPS PEOPLE TO	DEVELOP

THOUSANDS OF VOLUNTEERS AND PUBLIC AND PRIVATE DONORS THAT WE ARE ABLE

CULTURAL COMPETENCIES AND THE KEY SKILLS TO COLLABORATE WITH THEIR

THE CORE OF OUR EXISTENCE. IT IS ONLY THROUGH THE SUPPORT OF OUR

PEERS AROUND THE WORLD THROUGH OUR INTERNATIONAL CAMP COUNSELOR PROGRAM

AND BRAZILIAN EXCHANGE PROGRAM. FINALLY, THE GENEROSITY OF OTHERS IS AT

TO GIVE BACK TO THE COMMUNITIES WE SERVE.

FORM 990, PART VI, SECTION A, LINE 2:

G. RAINEY WILLIAMS JR. AND BILL SNIPES HAVE A FAMILY RELATIONSHIP.

FORM 990, PART VI, SECTION A, LINE 6:

MEMBERS

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS REVIEWED IN DETAIL WITH THE AUDIT COMMITTEE OF THE BOARD OF

DIRECTORS. AN ELECTRONIC VERSION IS THEN SHARED WITH THE FULL BOARD AND

THEY	ARE	GIVEN	AN	OPPORTUNITY	то	ASK	QUESTIONS	PRIOR	то	FILING	
------	-----	-------	----	-------------	----	-----	-----------	-------	----	--------	--

Schedule O (Form 990) 2022

15380314 251366 7302

232212 10-28-22

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2022.05060 YOUNG MEN'S CHRISTIAN ASS 7302___1

FORM 990, PART VI, SECTION B, LINE 12C:

ALL BOARD MEMBERS, OFFICERS AND OTHER HIGHER LEVEL EMPLOYEES ARE REQUIRED TO FILL OUT A CONFLICT OF INTEREST STATEMENT ON AN ANNUAL BASIS. THESE STATEMENTS ARE REVIEWED BY THE AUDIT COMMITTEE OF THE BOARD. IN ADDITION, A THIRD PARTY HOTLINE IS MAINTAINED FOR REPORTING ANY CONFLICTS OF INTEREST OR SUSPECTED IMPROPER ACTIVITY. ANY SUCH REPORTS ARE FORWARDED BY THE THIRD PARTY TO A LEVEL OF MANAGEMENT HIGH ENOUGH TO ACT ON THE ISSUE OR TO THE HEAD OF THE AUDIT COMMITTEE IF THE REPORT INVOLVES MANAGEMENT.

FORM 990, PART VI, SECTION B, LINE 15:

THE COMPENSATION COMMITTEE OF THE BOARD ANNUALLY REVIEWS THE RANGES OF SALARIES FOR THE PRESIDENT, TOP MANAGEMENT AND OTHER STAFF. SALARIED STAFF ARE PAID BASED ON A POINT LEVEL FOR THE SPECIFIC JOB WHICH DEFINES A RANGE FOR THE JOB. HOURLY STAFF ARE PAID BASED ON A JOB GRADE LEVEL AND AN ACCEPTED RANGE FOR THAT GRADE. THE RANGES ARE REVIEWED BY THE COMPENSATION COMMITTEE WHICH COMPARES DATA PROVIDED BY THE YMCA OF THE USA AND LOCAL/REGIONAL DATA TO DETERMINE THE APPROPRIATENESS OF THE RANGES.

FORM 990, PART VI, SECTION C, LINE 19:
COPIES OF FORM 990 AND THE AUDIT ARE AVAILABLE ON THE ASSOCIATION'S
WEBSITE. COPIES OF THE FORM 990, AUDIT AND OTHER DOCUMENTS ARE AVAILABLE
UPON REQUEST FORM THE ASSOCIATION OFFICES.

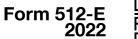
55

232212 10-28-22

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

STATE COPY

Oklahoma Return of Organization Exempt from Income Tax Section 501(c) of the Internal Revenue Code





PAF									
	For the year January 1 - December 31, 2022, or other taxable year beginning: NOV 1 ending:	OC'	r 31	2023					
Nam	e of Organization Federal Employer Identification Number	Date	Qualified for Tax Exe	mpt Status					
Y Y	YOUNG MEN'S CHRISTIAN ASSOCIATION O 73-0579270 08/31/1942								
Addr	ess (Number and Street)]					
5	00 N BROADWAY AVE								
City	State or Province Country		ZIP or Foreign Post	al Code					
	KLAHOMA CITY OKLAHOMA		73102						
Plac	ce an 'X' if: (1) Initial Return (2) Final Return (3) Amended return (See Schedule	9512E->	(on page 2)						
	RT 2: STATEMENT OF UNRELATED BUSINESS TAXABLE INCOME Total Federal ase read instructions on pages 3-4) Total Federal		Allocable C	klahoma					
A	Total unrelated trade or business income - applicable Federal Form(s) 990								
в	Total unrelated trade or business deductions - applicable Fed. Form(s) 990								
с	Unrelated business taxable income - enter here and on line 1 below								
INC	OME SUBJECT TO TAX]							
1	Unrelated business taxable income - from statement above (allocable to Oklahoma)	1		00					
2	Other net income - provide schedule	2		00					
3	Oklahoma Capital Gain deduction (provide Form 561-C)	3		00					
4	Oklahoma taxable income (total of lines 1, 2 and 3)	4		00					
	COMPUTATION]							
5	Tax at 4% of line 4. If trust - see rate schedule on page 3 and place an '1' in the box. If recapturing the Oklahoma Affordable Housing Tax Credit, add the recaptured credit here and								
	enter a '2' in the box. If making an Okla. installment payment pursuant to IRC Sec. 965(h) and 68 OS Sec. 2368(K), add the installment payment here and enter a "3" in the box	5		00					
6	Less: Other Credits Form (total from Form 511CR)	6		00					
7	Balance of tax due (line 5 minus line 6, but not less than zero)	7		00					
8	2022 Oklahoma estimated tax and extension payments and prior year carryforward	8		00					
9	Oklahoma withholding (provide Form 1099, Form 500A, Form 500B or other withholding statement)	9		00					
10	Amount paid with original return and amount paid after it was filed (amended return only)	10		00					
11	Any refunds or overpayment applied (amended return only)	11 () 00					
12	Total of lines 8 through 11	12		00					
13	Overpayment (if line 12 is larger than line 7 enter amount overpaid)	13		00					
14	Amount of line 13 to be credited to 2023 estimated tax (original return only)	14		00					

Name of Organization: YOUNG MEN'S CHRIST	IAN ASSOCIATIO	O NC		ral Employer Ide $3-057927$	ntification Number: 0
			Amount from line 14 on pag	e 1	00
Line 15 provides you the opportuni organizations. Place the line numbe the amount you are donating. If giv schedule showing how you would l	er of the organization from ing to more than one org	m page 4 of this	form in the box below and e		
15 Donations from your refund	\$2	\$5	\$	15	00
Add lines 14 and 15 and enter a	mount			16	00
17 Amount to be refunded to you (I	ine 13 minus line 16)		Re	fund 17	00
Direct Deposit Note: —]				
All refunds must be by direct deposit. See Direct Deposit Information on page 5 for details.	Deposit my refund in Routing Number:	-	unt that is located outside of the necking Account	Savings Accou	YesNo
18 Tax Due (if line 7 is larger than li	ne 12 enter tax due)			Due 18	ос
19 Donation: Public School Classro	oom Support Fund (For info	ormation regardi	ng this fund, see page 4, #5)	19	00
For delinquent payment, add pe	nalty of 5% plus interest at	1.25% per mon	th	20	00
21 Underpayment of estimated tax	interest		Annualized	21	oc
2 Total tax, penalty and interest d	ue - Add lines 18-21; pay ir	n full with return	Balance	Due 22	00
	ontained in this document, attachme Date	ents and schedules and Check this box if the Oklahoma Tax	e true and correct to the best of my know Signature of Preparer	ledge and belief.	Date
		Commission	JOSH MULLINS		
Signature of Officer or Trustee		may discuss this return with your	Printed Name of Preparer		
Signature of Officer or Trustee Printed Name DAVID WARDE	- North	may discuss this return with your tax preparer.	JOSH MULLINS	Dunnal	
Signature of Officer or Trustee Printed Name DAVID WARDE Title Pho	one Number 05-297-7723	may discuss this return with your		Preparer' P01	s PTIN: 602326
Signature of Officer or Trustee Printed Name DAVID WARDE Title VICE PRESIDENT & 4	05-297-7723	The second secon	JOSH MULLINS Phone Number: 405-348-0615		
Signature of Officer or Trustee Printed Name DAVID WARDE Title VICE PRESIDENT & 4 SCHEDULE 512-E-X: AMENDED RI A Did you file an amended Federal	05-297-7723 ETURN SCHEDULE (See income tax return?	instructions on	JOSH MULLINS Phone Number: 405-348-0615 page 3) es X No	P01	602326
Title Phot Phot Phot Phot Phot Phot Phot Phot	05-297-7723 ETURN SCHEDULE (See income tax return? Federal return and a copy of	instructions on	JOSH MULLINS Phone Number: 405-348-0615 page 3) es X No Adjustment", IRS refund check	P01	602326

The Oklahoma Tax Commission is not required to give actual notice to taxpayers of changes in any state tax law.

	_		** PUBLIC DISCLOSURE COPY * Return of Organization Exempt From		OMB No. 1545-0047		
Fo	m g	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (2022		
		of the Treasury	be made public.	Open to Public Inspection			
Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.							
			ar year, or tax year beginning NOV 1 , 2022 and ending				
	Check in applicat	ala.	f organization G MEN'S CHRISTIAN ASSOCIATION	D Employer identification	ation number		
	Addr	ess on a	REATER OKLAHOMA CITY				
F	chan Nam	e Dit	usiness as YMCA OF GREATER OKLAHOMA CITY	73-057927	0		
F	chan Initia retur	i – J	and street (or P.O. box if mail is not delivered to street address) Room/si		0		
F	Final	500	N BROADWAY AVE		720		
	lretur term ated	in-	own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	36,473,553.		
Г	Ame retur		HOMA CITY, OK 73102	H(a) Is this a group ret			
	Appl		nd address of principal officer: KELLY KAY	for subordinates?			
	penc		AS C ABOVE	H(b) Are all subordinates inc			
Ι	Tax-e	kempt status:	X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or	527 If "No," attach a li	st. See instructions		
_	Webs		YMCAOKC.ORG	H(c) Group exemption			
		of organization:	X Corporation Trust Association Other L Y	/ear of formation: 1889 M	State of legal domicile: OK		
Ρ	art I	Summary					
٩	1		e the organization's mission or most significant activities: TO PUT C				
anc			E BY PROGRAMS THAT BUILD HEALTHY SPIRI	•			
Governance	2	Check this bo		1 1			
Š	3		ting members of the governing body (Part VI, line 1a)		<u> </u>		
			1860				
ie e	5		of individuals employed in calendar year 2022 (Part V, line 2a)		6089		
Activities &	6		of volunteers (estimate if necessary)		0.005		
Ā					0.		
	<u>۲</u>	Net unrelated		Prior Year	Current Year		
	8	Contributions	and grants (Part VIII, line 1h)	6,320,849.	10,136,942.		
	9		ce revenue (Part VIII, line 2g)	21,865,390.	23,804,898.		
Revenue	10	•	come (Part VIII, column (A), lines 3, 4, and 7d)	1,313,388.	495,148.		
ä	11		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	159,186.	157,351.		
	12	Total revenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	29,658,813.	34,594,339.		
	13	Grants and sir	nilar amounts paid (Part IX, column (A), lines 1-3)	21,600.	45,199.		
	14	Benefits paid	to or for members (Part IX, column (A), line 4)	0.	0.		
U d	15	Salaries, other	r compensation, employee benefits (Part IX, column (A), lines 5-10)	15,537,579.	17,653,159.		
is us	16 a	Professional for	undraising fees (Part IX, column (A), line 11e) ing expenses (Part IX, column (D), line 25) 698,497.	0.	72,000.		
Exnenses	<u>k</u> k				12 015 000		
ш	11	-	es (Part IX, column (A), lines 11a-11d, 11f-24e)	12,967,845.	13,915,928.		
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)	28,527,024. 1,131,789.	31,686,286.		
	/ <u>19</u>	Revenue less	expenses. Subtract line 18 from line 12	Beginning of Current Year	2,908,053. End of Year		
Net Assets or		Total accete /	Part V lina 16)	49,164,027.	53,381,060.		
Asse	20 1 21 21	Total assets (F	Part X, line 16) • (Part X, line 26)	10,861,152.	11,738,794.		
Net /	22		fund balances. Subtract line 21 from line 20	38,302,875.	41,642,266.		
	art II						
Un	der per	-	I declare that I have examined this return, including accompanying schedules and stat	tements, and to the best of my l	knowledge and belief, it is		
	-		. Declaration of preparer (other than officer) is based on all information of which prep		- / /		
				-			
~.		Signature of of	ficer	Date			

Sign	Signature of officer		Dale
Here	DAVID WARDE, VICE PRESIDE	NT & CFO	
	Type or print name and title		
Paid	Print/Type preparer's name JOSH MULLINS	Preparer's signature JOSH MULLINS	Date Check PTIN 03/14/24 self-employed P01602326
Preparer	Firm's name ARLEDGE & ASSOCIA	TES, P.C.	Firm's EIN 73-1185089
Use Only	Firm's address 7100 N CLASSEN BL	VD, STE 200	
	OKLAHOMA CITY, OK	73116	Phone no. $405 - 348 - 0615$
May the II	RS discuss this return with the preparer shown abo	ve? See instructions	X Yes No
			- 000 (

232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2022)

	YOUNG MEN'S CHRISTIAN ASSOCIATION
	990 (2022) OF GREATER OKLAHOMA CITY 73-0579270 Page 2
Pa	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: THE MISSION OF THE YMCA IS TO PUT CHRISTIAN PRINCIPLES INTO PRACTICE
	THROUGH PROGRAMS THAT BUILD HEALTHY SPIRIT, MIND AND BODY FOR ALL. IT
	ACCOMPLISHES ITS MISSION BY PROVIDING PROGRAMS IN YOUTH DEVELOPMENT,
	HEALTHY LIVING AND SOCIAL RESPONSIBILITY. PARTICIPATION IS OPEN TO ALL
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$10,582,431. including grants of \$) (Revenue \$11,023,251.)
	HEALTHY LIVING: BEING HEALTHY MEANS MORE THAN SIMPLY BEING PHYSICALLY
	ACTIVE. IT'S ABOUT MAINTAINING A BALANCED SPIRIT, MIND AND BODY THROUGH
	A WIDE ARRAY OF GROUP EXERCISE CLASSES FROM WATER AEROBICS TO CYCLING.
	THE Y IS A PLACE WHERE YOU CAN WORK TOWARD THAT BALANCE BY CHALLENGING YOURSELF TO LEARN A NEW SKILL OR HOBBY, FOSTERING CONNECTIONS WITH
	FRIENDS THROUGH OUR LIFELONG LEARNING PROGRAMS, OR BRINGING LOVED ONES
	CLOSER TOGETHER THROUGH OUR MANY FAMILY-CENTERED ACTIVITIES. AT THE Y,
	IT'S NOT ABOUT THE ACTIVITY YOU CHOOSE AS MUCH AS IT IS ABOUT THE
	BENEFITS OF LIVING HEALTHIER ON THE INSIDE AS WELL AS THE OUTSIDE.
	SERVING FAMILIES HAS ALWAYS BEEN AT THE HEART OF THE Y. WE ARE A PLACE
	WHERE THEY CAN FIND RESPITE FROM SOCIAL, ECONOMIC AND EDUCATIONAL
	CHALLENGES, AND LEARN HOW TO OVERCOME THEM. WE HAVE A FUNDAMENTAL
4b	(Code:) (Expenses \$ 13,038,988. including grants of \$) (Revenue \$ 11,644,161.)
	YOUTH DEVELOPMENT: WE BELIEVE THE VALUES AND SKILLS LEARNED EARLY ON
	ARE VITAL BUILDING BLOCKS FOR LIFE. BECAUSE OF THE Y, MORE YOUNG PEOPLE
	IN NEIGHBORHOODS AROUND OUR COMMUNITY ARE TAKING A GREATER INTEREST IN
	LEARNING AND MAKING SMARTER LIFE CHOICES. AT THE Y, CHILDREN AND TEENS
	LEARN VALUES AND POSITIVE BEHAVIOR AND CAN EXPLORE THEIR UNIQUE TALENTS AND INTERESTS, HELPING THEM REALIZE THEIR POTENTIAL. THAT MAKES FOR
	CONFIDENT KIDS TODAY AND CONTRIBUTING AND ENGAGED ADULTS TOMORROW. THE
	Y MAKES SURE THAT EVERY CHILD HAS AN OPPORTUNITY TO ENVISION AND PURSUE
	A POSITIVE FUTURE, AND TO TAKE AN ACTIVE ROLE IN STRENGTHENING HIS OR
	HER COMMUNITY, THROUGH PROGRAMS LIKE OUR CHILD DEVELOPMENT CENTER OR
	BEFORE-AND-AFTER SCHOOL PROGRAM AND OTHERS LIKE YMCA YOUTH AND
	GOVERNMENT AND Y ACHIEVERS, WHICH OFFERS CAREER EXPLORATION AND COLLEGE
4c	
	SOCIAL RESPONSIBILITY: AS A LEADING NOT-FOR-PROFIT COMMITTED TO
	STRENGTHENING COMMUNITY THROUGH YOUTH DEVELOPMENT, HEALTHY LIVING AND
	SOCIAL RESPONSIBILITY, THE Y WAS CREATED IN RESPONSE TO SOCIAL
	CHALLENGES AND REMAINS TO THIS DAY A LIFELINE IN COMMUNITIES AROUND THE
	WORLD. THE Y UNDERSTANDS THE CHALLENGES THAT KEEP INDIVIDUALS FROM REACHING THEIR FULL POTENTIAL AND RESPONDS WITH SERVICES AND SUPPORT
	WHICH HELP PEOPLE TO BE SELF-RELIANT, PRODUCTIVE AND CONNECTED TO THE
	COMMUNITY. EACH Y RESPONDS TO THE UNIQUE ISSUES INFLUENCING THE
	COMMUNITY AND PROVIDES SUPPORT THROUGH SERVICES FOCUSED ON CRITICAL
	AREAS, SUCH AS CHILD WELFARE, COMMUNITY HEALTH, QUALITY OF LIFE OR
	FAMILY SERVICES. TO BRING ABOUT MEANINGFUL CHANGE, INDIVIDUALS NEED
	ONGOING ENCOURAGEMENT AND TOOLS. WE'RE HERE DAY-IN AND DAY-OUT TO
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 26,012,037.
	Form 990 (2022)
23200	SEE SCHEDULE O FOR CONTINUATION(S)

		YO	UNG MEN'	S CHRISTIA	AN ASS	OCIATION
Form 990 (2		-	-	OKLAHOMA	CITY	
Part IV	Checklist of F	Requi	red Schedul	es		

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	•		v
	public office? If "Yes," complete Schedule C, Part I	3		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			х
F	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
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 Rev. Proc. 98-19? <i>If</i> "Yes," <i>complete Schedule C, Part III</i>	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	5		
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
Ŭ	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
Ū	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	x	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, 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	x	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
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		Х
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		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u>X</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>X</u>
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			v
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u>X</u>
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			v
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	46		х
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	17	x	
18	column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	1/		
10		18	x	
19	1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes."	10		
13		19		х
20-2	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
	domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i>	21	x	
232003				2022)

YOUNG MEN'S CHRISTIAN ASSOCIATION Form 990 (2022) OF GREATER OKLAHOMA CITY Part IV Checklist of Required Schedules (continued)

73-0579270 Page 4

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			37
	Schedule K. If "No," go to line 25a	24a		<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	040		
لم	any tax-exempt bonds?	24c 24d		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240		
258	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		х
h	transaction with a disqualified person during the year? <i>If</i> "Yes," <i>complete Schedule L, Part I</i> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	254		- 23
U	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		25b		х
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		_X_
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			37
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<u>35a</u>		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	0.51		
00	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?	0		х
27	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		<u></u>
37		37		х
38	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	- 57		
00	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance	. 00		
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 209			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	-		
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
232004	12-13-22	Form	990	(2022)

15380314 251366 7302

Form	990 (2022) OF GREATER OKLAHOMA CITY		73-0579	270	Р	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)					
					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	1860			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	o		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority o	over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?		4a		X
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	counts (FBAR).			
				5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact			5b		x
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e organiz	ation solicit			
	any contributions that were not tax deductible as charitable contributions?			6a		X X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or gif	ts			
	were not tax deductible?			6b		
7	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 service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for \$75 made partly as a contribution and \$75 made partly as a contributi	ices prov/	ided to the payor?	7a	<u> </u>	<u> </u>
				7b	Х	<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa	•				
	to file Form 8282?			7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	7d				37
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co			7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		x
-	If the organization received a contribution of qualified intellectual property, did the organization file Fol			7g		<u> </u>
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizat		Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the		-		
				8		
9	Sponsoring organizations maintaining donor advised funds.			-		
				9a		<u> </u>
				9b		
10	Section 501(c)(7) organizations. Enter:	10-				
	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	10b				
11	Section 501(c)(12) organizations. Enter:	ا مهم				
	Gross income from members or shareholders	<u>11a</u>				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against	446				
10-	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	11b 10/12		120		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		12a		
ы 13	Section 501(c)(29) gualified nonprofit health insurance issuers.	120				
	Is the organization licensed to issue qualified health plans in more than one state?			13a		
u	Note: See the instructions for additional information the organization must report on Schedule O.			100		
h	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
0	Enter the amount of reserves on hand	13c				
14a				14a		x
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner					
	excess parachute payment(s) during the year?			15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	,	16		x
	If "Yes," complete Form 4720, Schedule O.			.5		
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any act	ivities				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					
232005	12-13-22			Form	990	(2022)

232005 12-13-22

Form	990 (2022) OF GREATER OKLAHOMA CITY		73-0579	270	Р	age 6
Par	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 th	nrough	7b below, and for a	"No" r	espor	ise
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.				•	
	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	56			
	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 on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	56			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship					
_	officer, director, trustee, or key employee?			2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the					
-				3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 99			4		x
5	Did the organization become aware during the year of a significant diversion of the organization's ass			5		x
6	Did the organization have members or stockholders?			6	Х	
- 7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap					
	more members of the governing body?			7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st					
	persons other than the governing body?			7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea					
	The governing body?	-	-	8a	Х	
	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read					
•	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re-			-		<u> </u>
		<u>venue</u>	0000./		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a	X	
	If "Yes," did the organization have written policies and procedures governing the activities of such ch					
	and branches to ensure their operations are consistent with the organization's exempt purposes?		,	10b	Х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	befor	e filing the form?	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		Ū.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	'es," de	escribe			
	on Schedule O how this was done	· · · · · · · · · · · ·		12c	Х	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approval	l by ind	lependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	Х	
b	Other officers or key employees of the organization			15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	nent w	th a			
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	e its p	articipation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	ization	's			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 990	T (section 501(c)(3)s	only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website X Another's website X Upon request Other (explain	on Sc	hedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con	nflict o	f interest policy, and	financ	cial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and	l records			
	DAVID WARDE, VICE PRESIDENT & CF0 - 405-297-7723					
	500 N BROADWAY, STE 500, OKLAHOMA CITY, OK 73102					
232006	12-13-22			Form	990	(2022)

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YOUI	NG	MEN '	S	CHRISTIA	١N	ASSOCIATION
OF (GRE	ATER	2 0	KLAHOMA	CI	ΓTY

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1 01111 0000 (2		
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.

Form 990 (2022)

• List all of the organization's current key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average	(do			ition		ane	Reportable	Reportable	Estimated
	hours per	box	(do not check more than one box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week		cer an	id a d	Irecto	or/trus	tee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for related	e or di	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	rustee	l trus		ee	npen		1099-NEC)	1099-NEC)	and related
	below	dual ti	ıtiona		nploy	st cor	-	1000 NEO		organizations
	line)	ndividual trustee or director	nstitutional trustee	Officer	ƙey employee	Highest compensated employee	Former			organizatione
(1) KELLY KAY	50.00	_	_			<u> </u>				
CEO & PRESIDENT		1		х				224,155.	Ο.	53,490.
(2) MICHAEL ROARK	50.00									
VP & COO				Х				143,982.	0.	17,760.
(3) DAVID WARDE	50.00									
VP OF FINANCE & CFO				Х				111,538.	0.	37,299.
(4) CHRIS BERRY	50.00									
EXECUTIVE DIRECTOR MITCH PARK						Х		108,396.	0.	21,535.
(5) G. RAINEY WILLIAMS, JR	1.00									
BOARD MEMBER		Х						0.	0.	0.
(6) HARDY WATKINS	1.00									
BOARD MEMBER		Х						0.	0.	0.
(7) DAVID THOMPSON	1.00									
BOARD MEMBER		Х						0.	0.	0.
(8) JACK TALLEY	1.00									
BOARD MEMBER		Х						0.	0.	0.
(9) STEVE SLAWSON	1.00									
BOARD MEMBER		Х						0.	0.	0.
(10) STACY ROBERTS	1.00									
BOARD MEMBER		Х						0.	0.	0.
(11) ADAM RAINBOLT	1.00									
BOARD MEMBER		Х						0.	0.	0.
(12) FORD C. PRICE, JR.	1.00									
BOARD MEMBER		Х						0.	0.	0.
(13) HEATHER POWELL	1.00									
BOARD MEMBER		Х						0.	0.	0.
(14) TODD PEFFERMAN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(15) ROHIT PATEL	1.00									
BOARD MEMBER		Х						0.	0.	0.
(16) GIRMA MOANING	1.00									
BOARD MEMBER		Х						0.	0.	0.
(17) SCOTT MEACHAM	1.00									_
BOARD MEMBER		Х						0.	0.	0.

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Form 990 (2022)

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Form 990 (2022) OF GREATE	ER OKLAH	[OM	IA	CI	TY				73-0579	270	Page 8
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
(A)	(B)			(C)			(D)	(E)	(F)	
Name and title	Average	(-1-			sitior			Reportable	Reportable	Estima	
	hours per					than d is both		compensation	compensation	amoun	t of
	week	offic	cer an	id a c	directo	or/trus	tee)	from	from related	othe	er
	(list any	director						the	organizations	compens	sation
	hours for	r dire				fed		organization	(W-2/1099-MISC/	from t	he
	related	tee o	ustee			ensat		(W-2/1099-MISC/	1099-NEC)	organiza	ation
	organizations	l trus	nal tr		oyee	dwo		1099-NEC)		and rela	ated
	below	Individual trustee or	Institutional trustee	cer	Key employee	nest o	ner			organiza	tions
	line)	Indi	Inst	Officer	Key	Highest compensated employee	Former				
(18) ZEESHAN KHAN	1.00										
BOARD MEMBER		Х						0.	0.	<u> </u>	0.
(19) RICHARD KELLEY	1.00										•
BOARD MEMBER	1 00	Х						0.	0.	<u> </u>	0.
(20) DONNIE O. JONES	1.00										•
BOARD MEMBER		Х						0.	0.	<u> </u>	0.
(21) LORRIE JACOBS	1.00										•
BOARD MEMBER	1	Х						0.	0.	<u> </u>	0.
(22) WES WALLER	1.00										-
BOARD MEMBER		Х						0.	0.	<u> </u>	0.
(23) STEVE IDOUX	1.00										-
BOARD MEMBER	1 00	Х						0.	0.	<u> </u>	0.
(24) DAVID HOUSTON	1.00								0		^
BOARD MEMBER	1 0 0	Х						0.	0.	<u> </u>	0.
(25) DAVID HOWALD	1.00	77							0		0
BOARD MEMBER (26) JOE HODGES	1.00	Х			-	-		0.	0.	+	0.
BOARD MEMBER	1.00	x						0.	0.		0.
dh. Cubbabal								588,071.	0.	130,0	
1b Subtotal								0.	0.	1 1 3 0 , 0	0.
c Total from continuation sheets to Part VI								588,071.	0.	130,0	
d Total (add lines 1b and 1c)										130,0	504.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d at	oove	e) wh	io re	eceived more than \$100,	000 of reportable		1
compensation from the organization										Yes	4 5 No
										Tes	
3 Did the organization list any former officer,			•	•					•		x
line 1a? If "Yes," complete Schedule J for s										3	
4 For any individual listed on line 1a, is the su											
and related organizations greater than \$150										4 X	-
5 Did any person listed on line 1a receive or a	-				-			-			37
rendered to the organization? <i>If "Yes," com</i>	plete Schedule	e J fo	or su	ıch .	pers	on .				5	X
Section B. Independent Contractors					<u> </u>						
1 Complete this table for your five highest con	-									ition from	
the organization. Report compensation for t	ne calendar ye	ear e	enain	ng w	/itn c	or wi	<u>tnin</u>		ear.	(0)	
(A) Name and business	address	NC	ONE	2				(B) Description of s	ervices	(C) Compensati	on
		110	,,,,,	-							
2 Total number of independent contractors (in	ncluding but no	ot lin	nitec	d to	thos	se lis	ted	above) who received mo	ore than		

\$100,000 of compensation from the organization 0 SEE PART VII, SECTION A CONTINUATION SHEETS

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Form 990 OF GREATI							-		73-057	9270
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
(A) Name and title	(B) Average hours	(C) Position (check all that apply)				ly)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of	
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Offlicer	Key em ployee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(27) DAVID HOLT	1.00	.,,							0	0
BOARD MEMBER	1 0 0	Х						0.	0.	0.
(28) DAVID HARLOW BOARD MEMBER	1.00	x						0.	0.	0.
(29) J. PATRICK HARE	1.00									
BOARD MEMBER		х						0.	0.	0.
(30) WADE GOURLEY BOARD MEMBER	1.00	x						0.	0.	0.
(31) STAN LINGO	1.00	Λ						0.	0.	0.
BOARD MEMBER	1.00	x						0.	0.	0.
(32) CARA GREENHAW	1.00							0	0	0
BOARD MEMBER	1 00	Х						0.	0.	0.
(33) KELLY GRAY BOARD MEMBER	1.00	x						0.	0.	0.
(34) MARK W. FUNKE	1.00	Δ						0.	0.	0.
BOARD MEMBER	1.00	x						0.	0.	0.
(35) CRAIG FREEMAN	1.00									
BOARD MEMBER		х						0.	0.	0.
(36) ROBYN SUNDAY-ALLEN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(37) PARKER DOOLY BOARD MEMBER	1.00	x						0.	0.	0.
(38) JIM FARRIS	1.00									0.
BOARD MEMBER		x						0.	0.	0.
(39) TRICIA EVEREST	1.00								_	_
BOARD MEMBER	1 00	Х						0.	0.	0.
(40) JAMES H. EVEREST BOARD MEMBER	1.00	x						0.	0.	0.
(41) MERIDETH HERALD	1.00	Λ							0.	0.
BOARD MEMBER	1.00	x						0.	0.	0.
(42) NATHAN ELLIOTT	1.00									
BOARD MEMBER		х						0.	0.	0.
(43) ERIC S. EISSENSTAT	1.00									
BOARD MEMBER		Х						0.	0.	0.
(44) ROBERT DUNCAN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(45) LARRY DAVIS	1.00									
BOARD MEMBER		Х						0.	0.	0.
(46) SEAN CUMMINGS	1.00								•	0
BOARD MEMBER		Х						0.	0.	0.
Total to Part VII, Section A, line 1c						<u></u>	<u></u>			

232201 04-01-22

Form 990 OF GREAT	ER OKLAH						-		73-057	9270
Part VII Section A. Officers, Directors, T		nplo	yee			lighe	est (, ,	1
(A) Name and title	(B) Average hours	(C) Position (check all that apply)				ly)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of	
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key em ployee	Highest com pensated em ployee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(47) TRACI COOK	1.00								0	
BOARD MEMBER	1 00	Х						0.	0.	0.
(48) LANCE ROBERTSON BOARD MEMBER	1.00	x						0.	0.	0.
(49) HAKEEM ONAFOWOKAN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(50) WENDY CHANDLER BOARD MEMBER	1.00	x						0.	0.	0.
(51) JILL CASTILLA	1.00									
BOARD MEMBER (52) BRANDON BROOKS	1.00	Х						0.	0.	0.
BOARD MEMBER	1.00	x						0.	0.	0.
(53) MICHAEL BERUBE	1.00	Δ							0.	0.
BOARD MEMBER	1.00	х						0.	0.	0.
(54) ELIZABETH FUDGE	1.00									
BOARD MEMBER		х						0.	0.	0.
(55) TOM KUPIEC	1.00									
BOARD MEMBER		Х						0.	0.	0.
(56) JEFF EWING	5.00									
VICE CHAIR				Х				0.	0.	0.
(57) BILL SNIPES	5.00									
CHAIR ELECT				Х				0.	0.	0.
(58) TONY HOLDEN	5.00			37					0	
TREASURER (59) MARK MCCUBBIN	5.00			Х				0.	0.	0.
CHAIR	5.00	-		x				0.	0.	0.
(60) JENNIFER GRIGSBY	5.00			~					0.	0.
IMMEDIATE PAST CHAIR				x				0.	0.	0.
Total to Part VII, Section A, line 1c										

232201 04-01-22

=orm	1 990	(2022) OF GREATER OK		ASSOCIATIO TY		73-0579	270 Page 9
Ра	rt VI						
		Check if Schedule O contains a response of	or note to any line	<u>e in this Part VIII</u> (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ເ ເ ເ ເ ເ	1 a	a Federated campaigns	267,129.				
rant	k	b Membership dues 1b					
s, G	c	c Fundraising events	45,806.				
Sifts ar /	c	d Related organizations 1d					
Contributions, Gifts, Grants and Other Similar Amounts	e	e Government grants (contributions) 1e	2,085,500.				
er S	f	F All other contributions, gifts, grants, and					
Oth		similar amounts not included above 1f	7,738,507.				
ont nd (Ç L	g Noncash contributions included in lines 1a-1f 1g \$ h Total. Add lines 1a-1f	41,581.	10,136,942.			
D a		h lotal. Add lines 1a-1f	Business Code	10,100,012.			
Ð	2 a	a YOUTH DEVELOPMENT	900099	11,644,161.	11644161.		
vic e	k		900099	11,023,251.	11023251.		
Ser	c	c SOCIAL RESPONSIBILITY	900099	1,137,486.	1,137,486.		
am eve	c	d					
Program Service Revenue	e						
4	•	f All other program service revenue		22 004 000			
		g Total. Add lines 2a-2f		23,804,898.			
	3	Investment income (including dividends, intere other similar amounts)	´ I	565,846.			565,846
	4	other similar amounts) Income from investment of tax-exempt bond p		,			,
	5	Royalties	1	53,091.			53,091
		(i) Real	(ii) Personal				
	6 a	a Gross rents					
	k	b Less: rental expenses 6b 194,306.					
	c	c Rental income or (loss) 6c -10,275.					
		d Net rental income or (loss)		-10,275.			-10,275
	7 a	a Gross amount from sales of (i) Securities	(ii) Other				
	L	assets other than inventory 7a 1,347,113. b Less: cost or other basis					
e	L	and sales expenses	7,005.				
enue	c	c Gain or (loss)	-7,005.				
Rev		d Net gain or (loss)		-70,698.			-70,698
Other Rev		a Gross income from fundraising events (not including \$					
		contributions reported on line 1c). See					
		Part IV, line 18	35,008.				
		b Less: direct expenses 8b	53,823.	-18,815.			-18,815
		 c Net income or (loss) from fundraising events a Gross income from gaming activities. See 		10,013.			10,015
	50	Part IV, line 19 9a					
	t	b Less: direct expenses 9b					
		c Net income or (loss) from gaming activities					
	10 a	a Gross sales of inventory, less returns					
		and allowances 10a					
		b Less: cost of goods sold 10b	213,274.	122 250	100 050		
	C	c Net income or (loss) from sales of inventory	Business Code	133,350.	133,350.		
snu	11 a	a	Jusiness Coue				
neo	c 	a					
Miscellaneous Revenue							
/lisc Be		d All other revenue					
2		e Total. Add lines 11a-11d					
	12	Total revenue. See instructions		34,594,339.	23938248.	٥.	519,149

3												
Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).												
Check if Schedule O contains a response or note to any line in this Part IX												
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses							
1	Grants and other assistance to domestic organizations											
	and domestic governments. See Part IV, line 21	41,407.	41,407.									
2	Grants and other assistance to domestic											
	individuals. See Part IV, line 22	3,792.	3,792.									
3	Grants and other assistance to foreign		-									
-	organizations, foreign governments, and foreign											
	individuals. See Part IV, lines 15 and 16											
4	Benefits paid to or for members											
5	Compensation of current officers, directors,											
5		588,070.		525,341.	62,729.							
~	trustees, and key employees	500,070.		525,541.	02,723.							
6	Compensation not included above to disqualified											
	persons (as defined under section $4958(f)(1)$) and											
	persons described in section 4958(c)(3)(B)	14 000 270	10 070 202	1 775 600	041 467							
7	Other salaries and wages	14,089,379.	12,072,303.	1,775,609.	241,467.							
8	Pension plan accruals and contributions (include	004 404	co4		~~ ~~~							
	section 401(k) and 403(b) employer contributions)	831,492.	631,767.	176,797.	<u>22,928.</u> 24,585.							
9	Other employee benefits	891,616.	677,450.	189,581.	24,585.							
10	Payroll taxes	1,252,602.	1,077,690.	148,790.	26,122.							
11	Fees for services (nonemployees):											
а	Management											
	Legal	29,908.		29,908.								
	Accounting	33,700.		33,700.								
	Lobbying											
	Professional fundraising services. See Part IV, line 17	72,000.			72,000.							
f	Investment management fees	29,249.		29,249.	,							
	Other. (If line 11g amount exceeds 10% of line 25,											
9	column (A), amount, list line 11g expenses on Sch O.)	524,508.	331,059.	155,236.	38 213							
40		381,041.	265,369.	81,240.	<u>38,213.</u> 34,432.							
12	Advertising and promotion	2,191,998.	1,982,356.	138,989.	70,653.							
13	Office expenses	2,191,990.	1,902,550.	130,909.	10,055.							
14	Information technology											
15	Royalties		4 050 610		15 070							
16	Occupancy	5,215,349.	4,952,610.	247,667.	15,072.							
17	Travel	723,766.	584,824.	121,103.	17,839.							
18	Payments of travel or entertainment expenses											
	for any federal, state, or local public officials \ldots											
19	Conferences, conventions, and meetings	196,410.	95,577.	89,932.	10,901.							
20	Interest	246,574.	242,288.		4,286.							
21	Payments to affiliates	365,306.		365,306.								
22	Depreciation, depletion, and amortization	1,674,212.	1,581,555.	66,264.	26,393.							
23	Insurance											
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25. column (A).											
	amount, list line 24e expenses on Schedule 0.)											
	EQUPMENT RENTAL AND MAI	1,715,852.	997,838.	699,912.	18,102.							
b	BANK CHARGES	429,559.	349,053.	74,468.	6,038.							
с	ORGANIZATION DUES	75,775.	63,831.	6,816.	5,128.							
d	RECRUITMENT COSTS	75,097.	61,268.	12,792.	1,037.							
	All other expenses	7,624.	,	7,052.	572.							
25	Total functional expenses. Add lines 1 through 24e	31,686,286.	26,012,037.	4,975,752.	698,497.							
26	Joint costs. Complete this line only if the organization		,,••,•	_,_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								
20	reported in column (B) joint costs from a combined											
	educational campaign and fundraising solicitation.											

232010 12-13-22

Form 990 (2022)

Part IX Statement of Functional Expenses

Form 990 (2022)

Check here

if following SOP 98-2 (ASC 958-720)

Form 990 (2022)

Part X Balance Sheet

YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER OKLAHOMA CITY

73-0579270 Page 11

		Check if Schedule O contains a response or note	e to any	line in this Part X			
		· ·			(A)		(B)
					Beginning of year		End of year
	1			·····	6,150.	1	5,950.
	2	Savings and temporary cash investments	4,939,938.	2	5,667,562.		
	3	Pledges and grants receivable, net	625,506.	3	4,474,607.		
	4			·····	2,918,314.	4	861,408.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes		5			
	6	Loans and other receivables from other disqualif					
		under section 4958(f)(1)), and persons described				6	
ets	7	Notes and loans receivable, net			120 200	7	204 076
Assets	8	Inventories for sale or use		·····	139,299.	8	204,976. 410,628.
4	9			····· -	252,984.	9	410,028.
	10a	Land, buildings, and equipment: cost or other	10-	61 512 832			
	L	basis. Complete Part VI of Schedule D	10a	64,542,832. 33,137,457.	31,972,211.	10c	31,405,375.
	11	Less: accumulated depreciation			7,338,341.	11	7,557,249.
	12	Investments - publicly traded securities Investments - other securities. See Part IV, line 1		393,000.	12	419,500.	
	13	Investments - program-related. See Part IV, line 1	555,000.	13	419,3000		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	578,284.	15	2,373,805.		
	16	Total assets. Add lines 1 through 15 (must equa			49,164,027.	16	53,381,060.
	17	Accounts payable and accrued expenses			2,211,786.	17	2,199,192.
	18	Grants payable			18		
	19	Deferred revenue		351,896.	19	316,565.	
	20	Tax-exempt bond liabilities	-	20			
	21	Escrow or custodial account liability. Complete F			21		
s	22	Loans and other payables to any current or form	er office	er, director,			
Liabilities		trustee, key employee, creator or founder, substa	antial co	ontributor, or 35%			
abi		controlled entity or family member of any of thes	e perso	ns		22	
	23	Secured mortgages and notes payable to unrela	6,297,470.	23	5,546,889.		
	24	Unsecured notes and loans payable to unrelated	l third p	arties	2,000,000.	24	2,000,000.
	25	Other liabilities (including federal income tax, pay	yables t	o related third			
		parties, and other liabilities not included on lines	17-24).	Complete Part X	•		
		of Schedule D			0.	25	1,676,148.
	26			.	10,861,152.	26	11,738,794.
S		Organizations that follow FASB ASC 958, check	ck here	X			
nce	07	and complete lines 27, 28, 32, and 33. Net assets without donor restrictions			28,435,278.	27	26 480 283
ala	27 28	Net assets without donor restrictions	9,867,597.	27	26,480,283. 15,161,983.		
dВ	20	Organizations that do not follow FASB ASC 9			5,007,557.	20	15,101,505.
Fun		and complete lines 29 through 33.					
ŗ	29	Capital stock or trust principal, or current funds			29		
ets	30	Paid-in or capital surplus, or land, building, or eq				30	
Ass	31	Retained earnings, endowment, accumulated inc				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			38,302,875.	32	41,642,266.
~	33				49,164,027.	33	53,381,060.
z							

Form 990 (2022)

232011 12-13-22

YOUNG	MEN'S	CHRISTIAN	ASSOCIATION

Form	1990 (2022) OF GREATER OKLAHOMA CITY	/3-0	157927	<u>U P</u>	age 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	34,5		
2	Total expenses (must equal Part IX, column (A), line 25)	2	31,6		
3	Revenue less expenses. Subtract line 2 from line 1	3	2,9	08,0	053.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	38,3	02,8	375.
5	Net unrealized gains (losses) on investments	5			959.
6	Donated services and use of facilities	6		98,3	379.
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	41,6	42,2	266.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
			_	Yes	s No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2	а	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2	b X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2	c X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		·····	a X	<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3	b X	

Form **990** (2022)

232012 12-13-22

SCHEDULE A (Form 990) Department of the Treasury Internal Revenue Service		Co	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. Go to www.irs.gov/Form990 for instructions and the latest information.							
Nam	e of t	he organizati			RISTIAN ASSO	CIATIC	ON			r identification number
				REATER OKL						3-0579270
Pa	rtI	Reason	for Public C	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructior	IS.	
The	organ	ization is not a	private found	ation because it is: (I	For lines 1 through 12, cl	heck only o	one box.)			
1		A church, cor	nvention of ch	urches, or associatio	n of churches described	in sectio	n 170(b) (1	1)(A)(i).		
2		A school des	cribed in sect i	ion 170(b)(1)(A)(ii). (Attach Schedule E (Form	ו 990).)				
3		A hospital or	a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	ii).		
4		A medical res	earch organiz	ation operated in cor	njunction with a hospital	described	in sectio	on 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state								
5		•	•		llege or university owned	l or operate	ed by a go	overnmental u	nit describe	ed in
		section 170	b)(1)(A)(iv). (C	Complete Part II.)						
6				•	nental unit described in			.,		
7					ntial part of its support fr	rom a gove	ernmental	unit or from tl	ne general j	public described in
		-		omplete Part II.)						
8					(1)(A)(vi). (Complete Par	,				
9		-	-		in section 170(b)(1)(A)(-		-	-
		2	or a non-land-g	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	e or
	v	university:								
10	X	•			than 33 1/3% of its supp			-		•
					t to certain exceptions; a					
					(less section 511 tax) fro	in busines	ses acqui	red by the org	Janization a	alter Julie 30, 1975.
11				mplete Part III.)	voluto toot for public oo	foty Soo	oootion E($\Omega(a)(A)$		
12		-	-	-	vely to test for public sat	•			rn out tho	purposes of one or
12		-	-	-	vely for the benefit of, to d in section 509(a)(1) o	-			•	
					f supporting organization					
а		7	-	• •	upervised, or controlled				-	aivina
					gularly appoint or elect a	• • • •	-			
				complete Part IV, Se						
b				-	or controlled in connect	ion with its	s supporte	ed organizatio	n(s), by hav	/ing
				-	anization vested in the sa			•		-
		organizatio	n(s). You mus	t complete Part IV,	Sections A and C.					
с] Type III fur	ctionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functiona	lly integrate	ed with,
		its supporte	ed organization	n(s) (see instructions)). You must complete I	Part IV, Se	ections A,	D, and E.		
d		Type III no	n-functionally	integrated. A supp	orting organization oper	ated in cor	nnection v	vith its suppo	rted organiz	zation(s)
		that is not f	unctionally int	egrated. The organiz	ation generally must sat	isfy a distri	ibution red	quirement and	l an attentiv	veness
		requiremen	t (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.		
е		Check this	box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Туре I, Туре	II, Type III	
					nally integrated supporting					
g		vide the followi i) Name of support		about the supporte (ii) EIN	d organization(s). (iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount o	fmonetany	(vi) Amount of other
	,	organization			(described on lines 1-10	in your governi	ng document?	support (see in	-	support (see instructions)
		5			above (see instructions))	Yes	No		,	
Tota										

YOUNG MEN'S CHRISTIAN ASSOCIATION Schedule A (Form 990) 2022 OF GREATER OKLAHOMA CITY 73-0579270 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)					
	(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization				
	fails to qualify under the tests listed below, please complete Part III.)				

Sec	tion A. Public Support		-	_	-	-	-
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
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.						
	ction B. Total Support	L	l		1		I
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts 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 VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)		•	12	
13	First 5 years. If the Form 990 is for th					01(c)(3)	
	organization, check this box and stop	-			•		
Sec	ction C. Computation of Publi						
14	Public support percentage for 2022 (I	ine 6, column (f), c	livided by line 11, o	column (f))		14	%
15	Public support percentage from 2021	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2022. If the o	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				
b	33 1/3% support test - 2021. If the o	organization did no	ot check a box on	line 13 or 16a, and	l line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	ifies as a publicly s	supported organization	ation			
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop he	ere. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	on qualifies as a pu	blicly supported c	organization	-	
b	10% -facts-and-circumstances test	-					
	more, and if the organization meets th	-					
	organization meets the facts-and-circu						
18	Private foundation. If the organization		-		•••••		
	<u> </u>		, : =				(Eorm 990) 2022

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022 Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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.)

Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 6320849.10123053.25529377. 2045186 2831521. 4208768. include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 25704520.19851636.22823634.22256381.24200419.114836590 organization's tax-exempt purpose 3 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 62,500. 75,000. 90,000. 45,000. 45,000. the organization without charge 317,500. 27839706.22728157.27077402.28639730.34398472.140683467 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 130,476. 138,219. 123,928. 392,623. 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year Ο. 130,476. 138,219. 123,928. 392 623 c Add lines 7a and 7b 40290844 Public support. (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total 27839706. 22728157.27077402.28639730.34398472.140683467 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, 440,570. 516,350. 602,439. 492,375. 802,968. 2854702. and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 492,375. 440,570. 516,350. 602,439. 802,968. 2854702. c Add lines 10a and 10b 11 Net income from unrelated business activities not included on 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 VI.) 28332081.23168727.27593752.29242169.35201440.143538169 **13** Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 97.74 % Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) 15 15 98.25 16 Public support percentage from 2021 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 1.99 17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) % 17 1.75 18 18 Investment income percentage from 2021 Schedule A, Part III, line 17 % 19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not _____X more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2021. 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 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions Schedule A (Form 990) 2022

1

Yes No

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If* "Yes." *complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

232024 12-09-22

2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b Schedule A (Form 990) 2022

Sche	edule A (Form 990) 2022 OF GREATER OKLAHOMA CITY	73-057927	0 Pa	age 5
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of o			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's of directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)	Ticers,		
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported areas and the organization of the organizatio of the organization of the organi	ported		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
<u> </u>	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
Sec	alon C. Type in Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	1		
Sec	the supported organization(s). tion D. All Type III Supporting Organizations			
			Yes	No
-	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Tes	NO
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No." explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a	_		
Ŭ	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations	I		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructions).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a governmental en	tity (see instructior	1 <u>s).</u>	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes, " explain in			

these activities but for the organization's involvement. 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

Part VI the reasons for the organization's position that its supported organization(s) would have engaged in

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. 232025 12-09-22

3b Schedule A (Form 990) 2022

2b

3a

Sche	edule A (Form 990) 2022 OF GREATER OKLAHOMA CIT			73-0579270 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orgai	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on	Nov. 20, 1970 (explain ir	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must			
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
_7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2022

YOUNG MEN'S CHRISTIAN ASSOCIATION OVT ATTOMA

	t V Type III Non-Functionally Integrated 509		nizations (continu		3-0579270 Page 7
	on D - Distributions		nizations (continu		Current Year
1	Amounts paid to supported organizations to accomplish exe	mot ourooses		1	Ourient real
2	Amounts paid to perform activity that directly furthers exemption				
-	organizations, in excess of income from activity				
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	2	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - prior	ovide details in Part VI)		5	
6	Other distributions (<i>describe in</i> Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.	5		8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	าร	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
с	From 2019				
d	From 2020				
e	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
C	Excess from 2020				
	Excess from 2021				
е	Excess from 2022				

Schedule A (Form 990) 2022

		YOUNG	MEN'S	CHRI	STIAN	ASSOCIAT	FION		
Schedule A	(Form 990) 2022	OF GR	EATER	OKLAH	IOMA C	ITY		73-0579270	Page 8
Part VI	Supplemental Inforr Part IV, Section A, lines 1, line 1; Part IV, Section D, I Section D, lines 5, 6, and 8 (See instructions.)	nation. F 2, 3b, 3c, 4 ines 2 and 3	Provide the e lb, 4c, 5a, 6 3; Part IV, S	explanatio 5, 9a, 9b, 9 ection E, I	ns required oc, 11a, 11 ines 1c, 2a	d by Part II, line 1 b, and 11c; Part I , 2b, 3a, and 3b;	IV, Section B, lines Part V, line 1; Part	or 17b; Part III, line 12; 1 and 2; Part IV, Sectior V, Section B, line 1e; Pa	ı C,

Schedule A (Form 990) 2022

223451 11-15-22

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

YOUNG MEN'S CHRISTIAN ASSOCIATION

OF GREATER OKLAHOMA CITY

Organization	type	(check one):	
--------------	------	--------------	--

Filers of:	Section:
Form 990 or 990-EZ	\boxed{X} 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2022)

** PUBLIC DISCLOSURE COPY **

Attach to Form 990 or Form 990-PF.

Go to www.irs.gov/Form990 for the latest information.

Schedule of Contributors

2022

Employer identification number

OMB No. 1545-0047

<u>73-057</u>9270

		\$ <u>12,000.</u>	Noncash
			(Complete Part II for
			noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2		\$ <u> </u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3		\$ <u>15,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>7,500.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
6		\$10,121.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization YOUNG MEN'S CHRISTIAN ASSOCIATION

OF GREATER OKLAHOMA CITY

Schedule B (Form 990) (2022)

Part I

(a)

No.

1

Employer identification number

(d)

Type of contribution

X

73-0<u>579270</u>

Person Payroll

(c)

Total contributions

Schedule B (Form 990) (2022)

223452 11-15-22

15380314 251366 7302

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(b)

Name, address, and ZIP + 4

Schedule B (Forn	n 990)	(2022)	
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Name of organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER OKLAHOMA CITY

73-0579270

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$14,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$ <u>5,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$ <u>1,000,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ <u>5,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ <u>5,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$38,824.	Person Payroll Noncash X (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

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Name of organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER OKLAHOMA CITY

73-0579270

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$ <u>83,739.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14_		\$ <u> </u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15		\$ <u>25,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16		\$7,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17_		\$ <u>5,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18_		\$ <u> </u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

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ĺ	2022

Name of organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER OKLAHOMA CITY

73-0579270

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		\$ <u>103,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22		\$7,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23		\$ <u>10,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24_		\$16,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

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Name of organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER OKLAHOMA CITY

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73-0579270

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$ <u>10,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26		\$ <u>5,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ <u> </u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28		\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29		\$ <u> </u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30		\$19,250.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

223452 11-15-22

Name of organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER OKLAHOMA CITY

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73-0579270

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	al space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$ <u>30,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32		\$ <u> 10,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33		\$ <u>100,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions \$105,000.	Type of contribution Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
35		\$7,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
36		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

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Name of organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER OKLAHOMA CITY

Part I	Contributors (see instructions). Use duplicate copies of Part I i	if additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37		\$ <u>307,780.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
38		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>39</u>		\$75,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
40		\$1,819,299.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
41		\$75,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)

Name, address, and ZIP + 4

Schedule B (Form 990) (2022)

Type of contribution

Person Payroll

Noncash

(Complete Part II for noncash contributions.)

X

223452 11-15-22

15380314 251366 7302

No.

42

8,719.

Total contributions

\$

Name of organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER OKLAHOMA CITY

73-0579270

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43		\$ <u>5,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
44_		\$20,125.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>45</u>		\$ <u>60,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
46		\$ <u>7,500.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
47		\$ <u>10,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
48		\$ <u> </u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

223452 11-15-22

Name of organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER OKLAHOMA CITY

73-0579270

Part I	Contributors (see instructions). Use duplicate copies of Part I if addit	ional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>49</u>		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
50		\$14,500.	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions \$	Type of contribution Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
52	Name, address, and ZIP + 4	\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
53		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No	(b)	(c) Total contributions	(d) Type of contribution
No.	Name, address, and ZIP + 4	\$5,000.	Person X Payroll (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

223452 11-15-22

Name of organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER OKLAHOMA CITY

73-0579270

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55			Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
56			Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
57			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>58</u>			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> 59 </u>			Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
60			Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

223452 11-15-22

(2022	
ĺ	2022

Name of organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER OKLAHOMA CITY

73-0579270

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61		\$ <u>7,500.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
62		\$ <u> </u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
63		\$7,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
64_		\$ <u>201,500.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

223452 11-15-22

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Schedule I	B (Form 990) (2022)			Page 3
			Emplo	yer identification number
	MEN'S CHRISTIAN ASSOCIATION EATER OKLAHOMA CITY		72	-0579270
				-0379270
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	f additional space is needed	d.	
(a)		(c)		
No.	(b)	FMV (or estimate	e)	(d)
from Part I	Description of noncash property given	(See instructions		Date received
Faili	DONATED ITEMS HEALTHY KIDS DAY			
12		-		
		-		
		\$38,8	24.	07/12/23
(a)	<i>a</i> .	(c)		())
No. from	(b) Description of noncash property given	FMV (or estimate	e)	(d) Date received
Part I	Description of horicash property given	(See instructions	.)	Date received
		-		
		_		
		_ \$		
(-)				
(a) No.	(b)	(c)		(d)
from	Description of noncash property given	FMV (or estimate		Date received
Part I		(See instructions	.)	
		_		
		-		
		-		
		_ ^{\$}		
(a)				
No.	(b)	(c) FMV (or estimate	2	(d)
from	Description of noncash property given	(See instructions		Date received
Part I		· · · · · · · · · · · · · · · · · · ·	,	
		-		
		-		
		- \$		
(a)		(c)		
No. from	(b)	FMV (or estimate	e)	(d)
Part I	Description of noncash property given	(See instructions	.)	Date received
		-		
		-		
		\$		
(a) No.	16.)	(c)		(ام)
from	(b) Description of noncash property given	FMV (or estimate		(d) Date received
Part I		(See instructions	.)	Baterooolivu
		_		
		_		
		-		
		_ \$		

Schedule B (Form 990) (2022)

Schedule	B (Form 990) (2022)				Page 4			
Name of o	organization				Employer identification number			
YOUNG	MEN'S CHRISTIAN ASSOCIA	ATION						
	EATER OKLAHOMA CITY				73-0579270			
Part III	Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a)	ons to organizations describ	ed in section 50	1(c)(7), (8), or (10) the	hat total more than \$1,000 for the year			
	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1	,000 or less for th	ne year. (Enter this info.	once.) \$			
	Use duplicate copies of Part III if additional	space is needed.						
(a) No. from	(b) Purpose of gift	(c) Use of g	ift	(d) Des	cription of how gift is held			
Part I		(c) Ose of g		(u) Des				
		(e) Transfe	er of gift					
	The second se							
	Transferee's name, address, a	na ZIP + 4	K	elationship of tra	ansferor to transferee			
(a) No.								
from Part I	(b) Purpose of gift	(c) Use of g	ift	(d) Des	cription of how gift is held			
		(e) Transfe	er of gift					
	Transferee's name, address, a	R	elationship of tra	ansferor to transferee				
(a) No.								
`from Part I	(b) Purpose of gift	(c) Use of g	ift	(d) Des	cription of how gift is held			
		(e) Transfe	er of gift					
	Transferee's name, address, a	nd ZIP + 4	R	elationship of tra	ansferor to transferee			
(a) No.		<u> </u>						
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	ift	(d) Des	cription of how gift is held			
<u> </u>								
		(e) Transfe	er of gift					
		.,	-					
	Transferee's name, address, a	nd ZIP + 4	R	elationship of tra	ansferor to transferee			
	·							
223454 11-15	5-22				Schedule B (Form 990) (2022)			

^{2022.05060} YOUNG MEN'S CHRISTIAN ASS 7302___1

SC	HEDULE D	Supplementa	al Financial Statements	5		OMB No. 1545-0047
(Forr	n 990)		nization answered "Yes" on Form 990, , 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12	h		2022
	ment of the Treasury	A	ttach to Form 990. 0 for instructions and the latest informa			Open to Public
	I Revenue Service	F armal and an	Inspection			
Nam	e of the organizatio	on YOUNG MEN'S CHRIST: OF GREATER OKLAHOM				identification number 3-0579270
Pa	rt I Organiza	tions Maintaining Donor Advise		or Acc		
		answered "Yes" on Form 990, Part IV, lin				
			(a) Donor advised funds	(b) Funds and	d other accounts
1	Total number at en	d of year				
2		contributions to (during year)				
3	Aggregate value of	grants from (during year)				
4	Aggregate value at	end of year				
5	-	n inform all donors and donor advisors in v	-			
		n's property, subject to the organization's				Yes No
6	•	n inform all grantees, donors, and donor a	• •		•	
		oses and not for the benefit of the donor o			•	
Pa	impermissible priva	ation Easements. Complete if the org	vanization annuared "Vea" on Form 000 F		ina 7	Yes No
		ervation easements held by the organization		Part IV, II	ine 7.	
1		of land for public use (for example, recrea	· · · · · · · · · · · · · · · · · · ·	a histor	ically impor	tant land area
		natural habitat	Preservation of Preservation of			
		of open space		acertin		Siluciule
2		through 2d if the organization held a qualif	ied conservation contribution in the form (of a cons	servation e	esement on the last
-	day of the tax year.	o o .				at the End of the Tax Year
а	Total number of co	nservation easements			2a	
b					2b	
с	•	ration easements on a certified historic stru			2c	
d		ation easements included in (c) acquired a		Γ		
	historic structure lis	sted in the National Register	•	[2d	
3		ation easements modified, transferred, rel			ation during	the tax
	year					
4	Number of states w	where property subject to conservation eas	ement is located			
5	Does the organization	ion have a written policy regarding the per	iodic monitoring, inspection, handling of			
	,	prcement of the conservation easements it				Yes No
6	Staff and volunteer	hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	ervation	easements	s during the year
_		<u> </u>				
7	Amount of expense	es incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservat	tion ease	ements duri	ng the year
8	Does each conserv	 ration easement reported on line 2(d) abov	e satisfy the requirements of section 170/	b)(4)(B)(i)		
0		(4)(B)(ii)?				Yes No
9		e how the organization reports conservation				
-		include, if applicable, the text of the footn				the
		punting for conservation easements.				
Pa		tions Maintaining Collections of	Art, Historical Treasures, or Ot	her Sir	milar Ass	sets.
	Complete if	the organization answered "Yes" on Form	990, Part IV, line 8.			
1a	If the organization e	elected, as permitted under FASB ASC 95	8, not to report in its revenue statement a	nd balar	nce sheet w	orks
	of art, historical trea	asures, or other similar assets held for pub	lic exhibition, education, or research in fu	rtheranc	e of public	
	service, provide in I	Part XIII the text of the footnote to its finar	icial statements that describes these item	s.		
b	-	elected, as permitted under FASB ASC 95				
	art, historical treasu	ures, or other similar assets held for public	exhibition, education, or research in furth	ierance o	of public se	rvice,
		ng amounts relating to these items:				
		ded on Form 990, Part VIII, line 1				
~						
2		received or held works of art, historical treater required to be reported upder EASE A		i gain, pr	oviae	
-	-	nts required to be reported under FASB A	-		¢	
a b		on Form 990, Part VIII, line 1				
	Assets included in For Paperwork Be	eduction Act Notice, see the Instructions	for Form 990.			dule D (Form 990) 2022
	1 09-01-22				0010	

		EN'S CHRIS			LATION			-			^	•
	Schedule D (Form 990) 2022 OF GREATER OKLAHOMA CITY 73-0579270 Page									Page 2		
Par	Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)											
3	3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):											
а	a Public exhibition d Loan or exchange program											
b	Scholarly research	е		Other								
с	Preservation for future generations											
4	Provide a description of the organization's co	ollections and explair	how th	ney further th	e organizatio	on's exer	mpt p	ourpose	in Part	XIII.		
5												
	to be sold to raise funds rather than to be ma	aintained as part of t	he orgar	nization's col	lection?				[Yes		No
Par	t IV Escrow and Custodial Arran	gements. Comple	ete if the	e organizatio	n answered '	"Yes" or	n Fori	n 990, F	Part IV,	line 9, or		
	reported an amount on Form 990, Pa											
1a	Is the organization an agent, trustee, custodi	an or other intermed	iary for	contributions	s or other ass	sets not	inclu	ded				
	on Form 990, Part X?									Yes		No
b	If "Yes," explain the arrangement in Part XIII											
		·	Ũ				ſ			Amoun	t	
с	Beginning balance						F	1c				
	Additions during the year							1d				
	Distributions during the year							1e				
f	Ending balance						F	1f				
	Did the organization include an amount on Fe						∟ litv?			Yes		No
	If "Yes," explain the arrangement in Part XIII.						•		∟			
Par												
		(a) Current year		Prior year	(c) Two yea			Three yea	ars back	(e) Fou	r vears	back
10	Beginning of year balance	7,867,294.		,454,866.		5,537.	(/		2,177.	. ,		,517.
	Contributions	16,269.	-	15,252.	,	3,939.			9,940.	-		,843.
		582,259.	1	,240,687.		6,871.			5,761.	-		,124.
	Net investment earnings, gains, and losses			,210,00,.	2,00	•,•,•		225	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		725	,
	Grants or scholarships											
е	Other expenditures for facilities	387,278.		362,137.	34.	1,481.		333	2,333.		327	,307.
	and programs	507,270.		502,157.	54.	1,401.		552	<u>8.</u>		527	, 307.
	Administrative expenses	0 070 E44	7	,867,294.	0.45	1 966		7 7 2		-	000	177
	End of year balance	8,078,544.			,	4,866.		1,12	5,537.	1	,002	,177.
2	Provide the estimated percentage of the curr			g, column (a)) held as:							
a	Board designated or quasi-endowment	4.1800	_%									
b	Permanent endowment 58.5800	%										
С		%										
	The percentages on lines 2a, 2b, and 2c sho											
3a	Are there endowment funds not in the posse	ssion of the organiza	ation tha	at are held an	id administer	red for th	ne					
	organization by:										Yes	No
	(i) Unrelated organizations										Х	
	(ii) Related organizations											<u> </u>
b	If "Yes" on line 3a(ii), are the related organization	tions listed as requir	ed on S	chedule R?						. 3 b		
4	Describe in Part XIII the intended uses of the		wment f	funds.								
Par	t VI Land, Buildings, and Equipm		_		_							
	Complete if the organization answere	d "Yes" on Form 990), Part IV	/, line 11a. S	ee Form 990), Part X,	, line	10.				
	Description of property	(a) Cost or o basis (investr		(b) Cost basis	or other (other)	1		nulated iation		(d) Boo	k valu	le
1a	Land		-		5,599.					1,93	5,5	99.
	Buildings				4,526.	24.	658	3,150	6. 2	<u>1,92</u>		
	Leasehold improvements				4,811.),622		6,42		
					3,826.			3,054				72.
	Equipment				4,070.),62				45.
	Other		V all		-					<u>84</u> 31,40		
Total	. Add lines 1a through 1e. (Column (d) must e	<u>qual Form 990, Part .</u>	<u>х. colun</u>	nn (<u>B). line 1</u> (JC.)							
								50	Inedul	e D (Forr	11 990	j 2022

YOUNG MEN'S CHRISTIAN ASSOCIATION

Schedule D (Form 990) 2022 OF GREATER C Part VII Investments - Other Securities.	KLAHOMA CITY	73-	-0579270 Page
Complete if the organization answered "Yes" of	n Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
1) Financial derivatives			
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 990 Part IV line	11c See Form 990 Part X line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-vear market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" o		TId. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1)			
(2)			
(3)			
<u>(4)</u> (5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15)		
Part X Other Liabilities.			
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
(a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) FINANCE LEASE - EQUIPMENT			503,455.
(3) OPERATING LEASE - BUILDING	S		498,999.
(4) OPERATING LEASE - EQUIPMEN	Τ		673,694.
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Column (b) must equal Form 990, Part X, col. (B) line	25.)		1,676,148.
Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 2. Liability for uncertain tax positions. In Part XIII, provide t		· · · · · · · · · · · · · · · · · · ·	

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... 🗴

Schedule D (Form 990) 2022

232053 09-01-22

YOU	JNG MEN	S C	HRISTI	AN	ASSOCIATION
OF	GREATER	S OK	LAHOMA	C	ITY

Sche	dule D (Form 990) 2022 OF GREATER OKLAHOMA CITY				0579270 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.			
1	Total revenue, gains, and other support per audited financial statements			1	35,140,219.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	. 2a	332,959.		
b	Donated services and use of facilities	. 2b	98,379.		
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	2d	194,306.		
е	Add lines 2a through 2d			2e	625,644.
3	Subtract line 2e from line 1			3	34,514,575.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	29,249.		
b	Other (Describe in Part XIII.)	. 4b	50,515.		
с	Add lines 4a and 4b			4c	79,764.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	34,594,339.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem	ents With	Expenses per F	Retur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.		-	
1	Total expenses and losses per audited financial statements			1	31,800,828.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	. 2 a			
b	Prior year adjustments	. 2b			
С	Other losses	. 2c			
d	Other (Describe in Part XIII.)	2d	194,306.		
е	Add lines 2a through 2d			2e	194,306.
3	Subtract line 2e from line 1			3	31,606,522.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	29,249.		
b	Other (Describe in Part XIII.)	. 4b	50,515.		
-				1	70 764
C	Add lines 4a and 4b			4c	79,764.
	Add lines 4a and 4b <u>Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>) rt XIII Supplemental Information.</u>			4c 5	<u>79,784</u> . 31,686,286.

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

PART X, LINE 2:

THE ASSOCIATION IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER
SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, AND ACCORDINGLY, NO
PROVISION HAS BEEN MADE FOR INCOME TAXES IN THE ACCOMPANYING FINANCIAL
STATEMENTS. MANAGEMENT EVALUATED THE ASSOCIATION'S TAX POSITIONS AND
CONCLUDED THAT THEY HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE
ADJUSTMENT TO THE FINANCIAL STATEMENTS. WITH FEW EXCEPTIONS, THE
ASSOCIATION IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE U.S.
FEDERAL, STATE, OR LOCAL TAX AUTHORITIES FOR YEARS BEFORE 2021.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES NETTED WITH INCOME

194,306.

Schedule D (Form 990) 2022

232054 09-01-22

YOUNG MEN'S CHRISTIAN ASSOCIATION Schedule D (Form 990) 2022 OF GREATER OKLAHOMA CITY Part XIII Supplemental Information (continued)	73-0579270 Page 5
PART XI, LINE 4B - OTHER ADJUSTMENTS:	
CONFERENCE EXPENSES REPORTED IN FUNDRAISING EVENTS	50,515.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
RENTAL EXPENSES NETTED WITH INCOME	194,306.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
CONFERENCE EXPENSES REPORTED IN FUNDRAISING EVENTS	50,515.
	Schedule D (Form 990) 202

232055 09-01-22

SCHEDULE G	Suppleme	ental Information Regarding	g Fund	Iraisi	ing or Gaming A	ctivit	ies	OMB No. 1545-0047		
(Form 990)		Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.								
Department of the Treasury	Attach to Form 990 or Form 990-EZ. Open to Public Inspection									
Internal Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.									
Name of the organization YOUNG MEN'S CHRISTIAN ASSOCIATION Employer ide										
Part I Fundrais		TER OKLAHOMA CITY					73-057			
	complete this par	 Complete if the organization answ t 	ered "Y	'es" or	n Form 990, Part IV, I	ine 17.	Form 990-E	Z filers are not		
		sed funds through any of the followi	na activ	vities	Check all that apply					
a X Mail solicitat	-		-		overnment grants					
	email solicitations			-	-					
c X Phone solici	tations	g 🔀 Specia	al fundra	aising	events					
d 🛛 In-person so	licitations									
e e		or oral agreement with any individua	•	•		tees, o				
• • •		art VII) or entity in connection with p			-	_	X Ye			
	-	viduals or entities (fundraisers) purs	uant to	agree	ments under which th	ne func	Iraiser is to I	be		
compensated at le	ast \$5,000 by the	organization.								
(i) Name and addres	o of individual		(iii)	Did	(iv) Gross receipts		mount paid	(vi) Amount paid		
or entity (fund		(ii) Activity	have c	ustody htrol of	from activity	to (or retained by fundraiser		to (or retained by)		
	,			utions?	,	liste	ed in col. (i)	organization		
DONOR BY DESIGN GRO	DUP - 725 W	CONSULT ON CAPITAL	Yes	No	_					
GILBERT RD, PALATIN	NE, IL	CAMPAIGN		x	5,847,750.		72,000	. 5,775,750.		
			_							
<u>Total</u>					5,847,750.		72,000			
 List all states in whit or licensing. 	ch the organizatio	on is registered or licensed to solicit	contrib	utions	or has been notified	it is ex	empt from I	egistration		
OK										
<u></u>										

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS Schedule G (Form 990) 2022

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YOUNG MEN'S CHRISTIAN ASSOCIATION 73-0579270 Page 2 OF GREATER OKLAHOMA CITY Schedule G (Form 990) 2022 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events GOLF ROSE ROCK (add col. (a) through TOURNAMENT TRAIN RUN 1 col. (c)) (event type) (event type) (total number) Revenue 40,440. 22,010. 18,364. 80,814. Gross receipts 1 9,175. 45,806. 2 Less: Contributions 28,440. 8,191. 12,000. 9,189. Gross income (line 1 minus line 2) 13,819. 35,008. 3 4 Cash prizes 5 Noncash prizes 4,330. 4,330. Direct Expense: 20,837. 20,837. 6 Rent/facility costs 4,152. 4,152. 7 Food and beverages <u>1,</u>200. <u>1,</u>200. 8 Entertainment 3,201. 18,723. 379. 23,303. 9 Other direct expenses 53,822. **10** Direct expense summary. Add lines 4 through 9 in column (d) -18,814.11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming (a) Bingo Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 1 2 Cash prizes Direct Expenses 3 Noncash prizes Rent/facility costs 4 Other direct expenses 5 % Yes % Yes % Yes 6 Volunteer labor No No No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? Yes No **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No b If "Yes," explain: _

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Schedule G (Form 990) 2022

Sch			5 CHRISTIAN ASSOC OKLAHOMA CITY		-0579270) Page 3
	Does the organization conduct gam					
	Is the organization a grantor, benef	iciary or trustee of a t	rust, or a member of a partnershi	p or other entity formed		
13	to administer charitable gaming? Indicate the percentage of gaming a				Ves	└── No
	The organization's facility				13a	%
	An outside facility					%
	Enter the name and address of the					
	Name					
	Address					
15a	Does the organization have a contra	act with a third party	from whom the organization rece	ives gaming revenue?	Yes	🗌 No
b	If "Yes," enter the amount of gamin	g revenue received b	y the organization \$	and the amount	t	
	of gaming revenue retained by the	third party \$				
c	If "Yes," enter name and address o	f the third party:				
	Name					
	Address					
16	Gaming manager information:					
	Name					
	Gaming manager compensation	\$				
	Description of services provided					
		Employee		hav		
		Employee	Independent contract			
17	Mandatory distributions:					
a	Is the organization required under s	state law to make cha	ritable distributions from the gam	ing proceeds to		
L	retain the state gaming license? Enter the amount of distributions re		w to be distributed to other even		Ves	└── No
	organization's own exempt activitie	•	w to be distributed to other exem \$	ipt organizations or spent in the	2	
Pa			explanations required by Part I, li	ne 2b, columns (iii) and (v); and	Part III, lines 9,	9b, 10b,
			de any additional information. See		, ,	
SC	HEDULE G, PART I, I	I.TNE 2B I.T	ST OF TEN HIGHES		BG.	
50	<u>ILDOLL G, IAKI I, </u>	<u> </u>		I TAID FUNDATISE	ing :	
			W DEGION ODOUD			
(1) NAME OF FUNDRAIS	ER: DONOR E	Y DESIGN GROUP			
<u>(</u>]) ADDRESS OF FUNDR.	AISER: 725	W GILBERT RD, PA	LATINE, IL 6006	7	

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	YOUNG MEN'S CHRISTIAN ASSOCIATION	72 0570270
Schedule G (Form 990) Part IV Supplemental Inform	OF GREATER OKLAHOMA CITY	73-0579270 Page 4
	(continued)	
		Schedule G (Form 990)

OF GREAT Part I General Information on Grants	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Attach to Form 990. Go to www.irs.gov/Form990 for the latest information. atton YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER OKLAHOMA CITY Information on Grants and Assistance						
 Does the organization maintain record criteria used to award the grants or as Describe in Part IV the organization's p Part II Grants and Other Assistance to recipient that received more that 	sistance? procedures for monit o Domestic Organiz	oring the use of grant zations and Domestic	funds in the United c Governments. C	States.	anization answered "Y		X Yes No
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
BOYS AND GIRLS CLUB OF OKLAHOMA COUNTY - PO BOX 18701 - OKLAHOMA CITY, OK 73154	73-1472202	501(C)3	32,210.	0.			IMAGINE SCIENCE GRANT
OKLAHOMA STATE UNIVERSITY OKLAHOMA STATE UNIVIERSITY STILLWATER, OK 74078	73-1383996	501(C)3	8,197.	0.			IMAGINE SCIENCE GRANT
 2 Enter total number of section 501(c)(3) 3 Enter total number of other organization 		-	e line 1 table				2.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2022

YOUNG MEN'S CHRISTIAN ASSOCIATION

Schedule I (Form 990) 2022

OF GREATER OKLAHOMA CITY

73-0579270

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

THE YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER OKLAHOMA CITY ONLY GRANTS

FUNDS TO ORGANIZATIONS WHOSE MISSION ALIGN WITH THE YMCA. THE YMCA MONITORS

THE USE OF FUNDS BY ENSURING THE ORGANIZATION IS FULFILLING THEIR MISSION.

SC	HEDULE J	Compensation Information	I	OMB No. 1	1545-004	47	
(Fo	rm 990) For certain Officers, Directors, Trustees, Key Employees, and Highest			20	2022		
	-	Compensated Employees		ZU	22	-	
Dono	tment of the Treasury	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.	Open to Public				
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe	ction		
Nam	e of the organization	YOUNG MEN'S CHRISTIAN ASSOCIATION	Employer id			mber	
		OF GREATER OKLAHOMA CITY	73-0	57927	0		
Pa	rt I Question	s Regarding Compensation					
					Yes	No	
1a	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Form	990,				
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.					
	First-class or c	harter travel Housing allowance or residence for perso	nal use				
	Travel for com	panions Payments for business use of personal re-	sidence				
	Tax indemnific	ation and gross-up payments Health or social club dues or initiation fee	S				
	Discretionary :	spending account Personal services (such as maid, chauffer	ır, chef)				
b	•	on line 1a are checked, did the organization follow a written policy regarding payment or					
		rovision of all of the expenses described above? If "No," complete Part III to explain		1 b			
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,					
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2			
3		ny, of the following the organization used to establish the compensation of the organization's					
		ector. Check all that apply. Do not check any boxes for methods used by a related organization	on to				
		stablish compensation of the CEO/Executive Director, but explain in Part III.					
	X Compensation committee Written employment contract						
	Independent compensation consultant						
	Form 990 of other organizations						
4	4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing						
4							
а	organization or a related organization: a Receive a severance payment or change-of-control payment?					x	
b						X	
						X	
c Participate in or receive payment from an equity-based compensation arrangement? 4 If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.							
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n				
	contingent on the r						
а	-			. 5a		X	
b	Any related organization?				X		
		r 5b, describe in Part III.					
6	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n				
	contingent on the r	contingent on the net earnings of:					
а	The organization?	e organization?		6a		X	
		lated organization?				X	
		or 6b, describe in Part III.					
7		persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments					
		ot described on lines 5 and 6? If "Yes," describe in Part III				X	
8	Were any amounts	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to th	e				
	initial contract exce	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X	
9		id the organization also follow the rebuttable presumption procedure described in					
		1 53.4958-6(c)?		9			
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Sched	ule J (Forn	n 990)) 2022	

232111 10-18-22

YOUNG MEN'S CHRISTIAN ASSOCIATION

OF GREATER OKLAHOMA CITY

Schedule J (Form 990) 2022

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 on 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 aren't listed on Form 990, Part VII.

73-0579270

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.

		(B) Breakdown of W	/-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) KELLY KAY	(i)	224,155.	0.	0.	30,509.	22,981.	277,645.	0.
CEO & PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MICHAEL ROARK	(i)	143,982.	0.	0.	17,760.	0.	161,742.	0.
VP & COO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Page **2**

Schedule J (Form 990) 2022

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.

Schedule J (Form 990) 2022

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public

Department of the Treasury
Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

Inspection YOUNG MEN'S CHRISTIAN ASSOCIATION Employer identification number

(_)

73-0579270

(۳)

OF GREATER OKLAHOMA CITY Part I **Types of Property** () /h-)

		Check if applicable	Number of contributions or items contributed	Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	termini		5
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other \ldots							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (<u>HEALTHY KIDS DA</u>)	X	1	38,824.				
26	Other (SIGNS))	X	1	2,501.				
27	Other (<u>TAPROOM</u>)	X	1	132.				
28	Other (GARDEN SUPPLIES)	X	1	123.	COST			
29	Number of Forms 8283 received by the organiz	-						
	for which the organization completed Form 828	83, Part V, D	onee Acknowledg	ement 29				
							Yes	No
30a	During the year, did the organization receive by				•			
	must hold for at least 3 years from the date of		ntribution, and whi	ch isn't required to be used t	for			
	exempt purposes for the entire holding period?	?				30a		<u>X</u>

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? b If "Yes," describe in Part II. 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

describe in Part II.

For Paperwork Reduction Act Notice, see the Instructions for Form 990. LHA

Schedule M (Form 990) 2022

31

32a

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73-0579270 Page 2

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

Schedule M (Form 990) 2022

THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS IN COLUMN B.

Schedule M (Form 990) 2022

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SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information. YOUNG MEN'S CHRISTIAN ASSOCIATION



73-0579270

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

OF GREATER OKLAHOMA CITY

REGARDLESS OF GENDER, AGE, RACE, ABILITIES, NATIONAL ORIGIN, RELIGION

OR ABILITY TO PAY. ALL PROGRAMS AND ACTIVITIES OFFERED BY THE

ASSOCIATION ARE DESIGNED AROUND ITS MISSION.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

DESIRE TO PROVIDE OPPORTUNITIES FOR EVERY FAMILY TO BUILD STRONGER

BONDS, THROUGH UNIQUE PROGRAMS THAT SUPPORT PHYSICAL, INTELLECTUAL AND

SPIRITUAL STRENGTH, LIKE SILVER SNEAKERS AND ACTIVE OLDER ADULT

PROGRAMS. WE BELIEVE SPORTS, FUN, AND EXPLORING NEW INTERESTS AREN'T

JUST FOR THE YOUNG. ALONG WITH IMPROVING HEALTH, WHENEVER TEAMWORK IS

INVOLVED, THERE'S THE ADDED BENEFIT OF BEING CONNECTED TO OTHERS.

THAT'S WHY YOU'LL FIND A RANGE OF RECREATIONAL ACTIVITIES AT THE Y,

FROM GROUP CLASSES TO ADULT SPORTS LEAGUES.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

PREPARATION. FOR OTHERS, THE Y IS THE STARTING POINT FOR KIDS TO LEARN

ABOUT BECOMING AND STAYING ACTIVE, AND DEVELOPING HEALTHY HABITS

THEY'LL CARRY WITH THEM THROUGHOUT THEIR LIVES. WHETHER IT'S GAINING

THE CONFIDENCE THAT COMES FROM LEARNING TO SWIM OR BUILDING THE

POSITIVE RELATIONSHIPS THAT LEAD TO GOOD SPORTSMANSHIP AND TEAMWORK,

PARTICIPATING IN YOUTH SPORTS PROGRAMS AT THE Y IS ABOUT BUILDING THE

WHOLE CHILD, FROM THE INSIDE OUT. VERY FEW ENVIRONMENTS ARE AS SPECIAL

AS CAMP, WHERE KIDS BECOME A COMMUNITY AS THEY LEARN BOTH HOW TO BE

MORE INDEPENDENT AND HOW TO CONTRIBUTE TO A GROUP AS THEY ENGAGE IN

 PHYSICAL, SOCIAL AND EDUCATIONAL ACTIVITIES. OUR SUMMER DAY CAMPS,

 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2022

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 Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Name of the organization YOUNG MEN'S CHRISTIAN ASSOCIATION	Page 2
OF GREATER OKLAHOMA CITY	Employer identification number 73-0579270
SPECIALTY CAMPS AND RESIDENT CAMP TEACHES SELF-RELIANCE, A	LOVE FOR
NATURE AND THE OUTDOORS, AND THE DEVELOPMENT OF ATTITUDES	AND PRACTICES
THAT BUILD CHARACTER AND LEADERSHIP.	
FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMEN	TS:
PROVIDE RESOURCES OUR COMMUNITIES NEED. THE Y ADDRESSES SO	CIAL ISSUES,
THROUGH OUR Y SENIOR CENTER, THE YMCA MILITARY WELCOME CEN	TER, OUTDOOR
EDUCATION AT YMCA CAMP CLASSEN AND THE SAFETY AROUND WATER	PROGRAM THAT
TEACHES UNDERSERVED KIDS HOW TO SWIM. ONE OF THE MOST IMPO	RTANT ASPECTS
OF BUILDING A GLOBAL COMMUNITY IS GIVING YOUNG PEOPLE OPPO	RTUNITIES TO
UNDERSTAND AND CELEBRATE DIVERSITY. THE Y HELPS PEOPLE TO	DEVELOP

TO GIVE BACK TO THE COMMUNITIES WE SERVE.

FORM 990, PART VI, SECTION A, LINE 2:

G. RAINEY WILLIAMS JR. AND BILL SNIPES HAVE A FAMILY RELATIONSHIP.

CULTURAL COMPETENCIES AND THE KEY SKILLS TO COLLABORATE WITH THEIR

THE CORE OF OUR EXISTENCE. IT IS ONLY THROUGH THE SUPPORT OF OUR

PEERS AROUND THE WORLD THROUGH OUR INTERNATIONAL CAMP COUNSELOR PROGRAM

AND BRAZILIAN EXCHANGE PROGRAM. FINALLY, THE GENEROSITY OF OTHERS IS AT

THOUSANDS OF VOLUNTEERS AND PUBLIC AND PRIVATE DONORS THAT WE ARE ABLE

FORM 990, PART VI, SECTION A, LINE 6:

MEMBERS

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS REVIEWED IN DETAIL WITH THE AUDIT COMMITTEE OF THE BOARD OF

DIRECTORS. AN ELECTRONIC VERSION IS THEN SHARED WITH THE FULL BOARD AND

THEY ARE GIVEN AN OPPORTUNITY TO ASK QUESTIONS PRIOR TO FILING

232212 10-28-22

Schedule O (Form 990) 2022

FORM 990, PART VI, SECTION B, LINE 12C:

ALL BOARD MEMBERS, OFFICERS AND OTHER HIGHER LEVEL EMPLOYEES ARE REQUIRED TO FILL OUT A CONFLICT OF INTEREST STATEMENT ON AN ANNUAL BASIS. THESE STATEMENTS ARE REVIEWED BY THE AUDIT COMMITTEE OF THE BOARD. IN ADDITION, A THIRD PARTY HOTLINE IS MAINTAINED FOR REPORTING ANY CONFLICTS OF INTEREST OR SUSPECTED IMPROPER ACTIVITY. ANY SUCH REPORTS ARE FORWARDED BY THE THIRD PARTY TO A LEVEL OF MANAGEMENT HIGH ENOUGH TO ACT ON THE ISSUE OR TO THE HEAD OF THE AUDIT COMMITTEE IF THE REPORT INVOLVES MANAGEMENT.

FORM 990, PART VI, SECTION B, LINE 15:

THE COMPENSATION COMMITTEE OF THE BOARD ANNUALLY REVIEWS THE RANGES OF SALARIES FOR THE PRESIDENT, TOP MANAGEMENT AND OTHER STAFF. SALARIED STAFF ARE PAID BASED ON A POINT LEVEL FOR THE SPECIFIC JOB WHICH DEFINES A RANGE FOR THE JOB. HOURLY STAFF ARE PAID BASED ON A JOB GRADE LEVEL AND AN ACCEPTED RANGE FOR THAT GRADE. THE RANGES ARE REVIEWED BY THE COMPENSATION COMMITTEE WHICH COMPARES DATA PROVIDED BY THE YMCA OF THE USA AND LOCAL/REGIONAL DATA TO DETERMINE THE APPROPRIATENESS OF THE RANGES.

FORM 990, PART VI, SECTION C, LINE 19:
COPIES OF FORM 990 AND THE AUDIT ARE AVAILABLE ON THE ASSOCIATION'S
WEBSITE. COPIES OF THE FORM 990, AUDIT AND OTHER DOCUMENTS ARE AVAILABLE
UPON REQUEST FORM THE ASSOCIATION OFFICES.
UPON REQUEST FORM THE ASSOCIATION OFFICES.

232212 10-28-22

Schedule O (Form 990) 2022