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CLIENT'S COPY



March 4, 2023

Young Men's Christian Association of Greater Oklahoma City 500 N Broadway aVE 500 Oklahoma City, OK 73102

Dear Young Men's Christian Association of Greater Oklahoma City:

Enclosed are the original and one copy of the 2021 Exempt Organization returns, as follows...

2021 Form 990

2021 Oklahoma Form 512-E

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure there are no omissions or misstatements. Attached are instructions for signing and filing each return. Please follow those instructions carefully.

Enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend you retain all pertinent records for at least seven years.

Please inform us promptly of any significant changes in your financial affairs or of any correspondence received from taxing authorities so we may advise you in a timely and prompt manner.

If you have any questions, or if we can be of assistance in any way, please call.

Thank you for your business.

Sincerely,

Josh Mullins

Arledge & Associates. P.C.

osh Mullins

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

October 31, 2022

Prepared F	or:	
	Young Men's Christian Association of Greater Oklahoma City 500 N Broadway aVE 500 Oklahoma City, OK 73102	
Prepared E	y:	
	ARLEDGE & ASSOCIATES, P.C. 309 N. Bryant Avenue Edmond, OK 73034	
Amount Du	e or Refund:	
	Not applicable	
Make Chec	k Payable To:	
	Not applicable	
Mail Tax R	eturn and Check (if applicable) To:	
	Not applicable	
Return Mu	et be Mailed On or Before:	

Not applicable

Special Instructions:

This copy of the return is provided ONLY for Public Disclosure purposes. Any confidential information regarding large donors has been removed.

** PUBLIC DISCLOSURE COPY **

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

▶ Do not enter social security numbers on this form as it may be made public.

Open to Public

A F	or the	2021 calendar year, or tax year beginning NO	<u>V 1, 2021 and</u>	ending O	<u>CT 31, 2022</u>	
B c	heck if pplicable	C Name of organization YOUNG MEN'S CHRISTIAN AS	SSOCIATION		D Employer identifi	cation number
	Addres	S OF OPENDED ON AUCMA OFFI				
	Name change	THE THE PERSON OF THE PERSON	TER OKLAHOMA CI	TTY	73-05792	70
	Initial return Final	Number and street (or P.O. box if mail is not deliver 500 N BROADWAY AVE		Room/suite 500	E Telephone numbe 405-297-	
	□return/ termin- ated			500		33,288,598.
	ated Amend return	, , , , , , , , , , , , , , , , , , , ,			G Gross receipts \$ H(a) Is this a group re	
	Application	·			for subordinates	
	pendin	g SAME AS C ABOVE			H(b) Are all subordinates in	—
ΙΤ	ax-exe	empt status: X 501(c)(3) 501(c) ()	(insert no.) 4947(a)(1)	or 527	1	list. See instructions
JV	Vebsit	e: ► WWW.YMCAOKC.ORG			H(c) Group exemption	n number
K F	orm of	organization: X Corporation Trust Asso	ociation Other >	L Year	of formation: 1889	M State of legal domicile: OK
Pa		Summary				
ø.		Briefly describe the organization's mission or most si				
Governance		PRACTICE BY PROGRAMS THAT I	BUILD HEALTHY S	PIRIT,	MIND & BOD	Y FOR ALL.
rns	2	Check this box 🕨 🔙 if the organization disconti	inued its operations or dispos	sed of more	than 25% of its net as:	
8		Number of voting members of the governing body (P			3	60
		Number of independent voting members of the gove				60
es		Total number of individuals employed in calendar yea				1847
Activities &		Total number of volunteers (estimate if necessary)				5200
Act		Total unrelated business revenue from Part VIII, colu				0.
	b	Net unrelated business taxable income from Form 99	90-1, Part I, line 11			
		Cantributions and avents (Bort VIII line 11)			Prior Year 4,208,768.	Current Year 6,320,849.
ne					22,542,190.	21,865,390.
Revenue			4 74)		864,984.	1,313,388.
Be		Investment income (Part VIII, column (A), lines 3, 4, a			99,624.	159,186.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9 Total revenue - add lines 8 through 11 (must equal Pa			27,715,566.	29,658,813.
		Grants and similar amounts paid (Part IX, column (A)			23,050.	21,600.
		Benefits paid to or for members (Part IX, column (A),			0.	0.
		Salaries, other compensation, employee benefits (Pa			12,700,888.	15,537,579.
Ses		Professional fundraising fees (Part IX, column (A), line			0.	0.
Expenses	b .	Total fundraising expenses (Part IX, column (D), line 2	25) ▶ 518,3	96.		
Ä		Other expenses (Part IX, column (A), lines 11a-11d, 1			11,927,610.	12,967,845.
		Total expenses. Add lines 13-17 (must equal Part IX,			24,651,548.	28,527,024.
	19	Revenue less expenses. Subtract line 18 from line 12			3,064,018.	1,131,789.
Net Assets or				Ве	ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)			50,600,641.	49,164,027.
t As	21	Total liabilities (Part X, line 26)			11,257,482.	10,861,152.
2	22	Net assets or fund balances. Subtract line 21 from lin	ne 20		39,343,159.	38,302,875.
	rt II	Signature Block				
		Ities of perjury, I declare that I have examined this return, in			•	/ knowledge and belief, it is
true,	correc	t, and complete. Declaration of preparer (other than officer)	is based on all information of wh	nich preparer	has any knowledge.	
٥.		Signature of officer			I Date	
Sign		DAVID WARDE, VICE PRESI	DENT C CEO		Dato	
Her	e	Type or print name and title	DENI & CFO			
		,	Preparer's signature	10	Date Check [PTIN
Paid			OSH MULLINS		3/04/23 self-employ	
Prep	ı	Firm's name ARLEDGE & ASSOCIA				73-1185089
Use	1	Firm's address 309 N. BRYANT AVE			THIII 5 EIN	
-550	J y	EDMOND, OK 73034	.,		Phone no 40	5-348-0615
May	the IF	RS discuss this return with the preparer shown above	2 See instructions		Ti Holle Ho. ± 0	X Yes No

- 11,224,230. including grants of \$ 9,511,981. 4h) (Expenses \$) (Revenue \$ 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
 - 2,021,966. including grants of \$ 854,815. 21,60<u>0.</u>) (Revenue \$ 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 SUCH AS CHILD WELFARE, COMMUNITY HEALTH, **OUALITY** 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
- Other program services (Describe on Schedule O.)

including grants of \$

23,791,855.

Form 990 (2021)

) (Revenue \$

2

YOUNG MEN'S CHRISTIAN ASSOCIATION

OF GREATER OKLAHOMA CITY

Part IV Checklist of Required Schedules

			162	140
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		37	
	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			7.7
	public office? If "Yes," complete Schedule C, Part I	3		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		<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		_X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		_X_
9	Did the organization report an amount in Part X, line 21, 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		_X_
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, 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			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		_X_
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		<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			7.7
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<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		37	
	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		37	
-	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
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		$\frac{x}{x}$
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	4.41	х	
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b	Λ	
15		15	Х	
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	10	- 42	
IU		16		х
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		
.,	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."	10		
13		19		х
20a	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
	, ,,, ii red, complete consequent, alter and ii miniminiminimini			

YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER OKLAHOMA CITY

Form 990 (2021)

Part 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
	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			٦,
	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			٦,
	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%			3,7
	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			x
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
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	00-		Х
	"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		
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	28c		х
20	"Yes," complete Schedule L, Part IV	29		X
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		25
30		30		x
31	contributions? If "Yes," complete Schedule M	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	٠.		
52	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
00	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			
	Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
_	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			Ш
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	

132004 12-09-21

Form **990** (2021)

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	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 authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_		X
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5a</u>		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b 5c		
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5 C		
Va	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		x
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	ua		1
D		6b		
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).	OD.		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
·	to file Form 8282?	7с		x
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file 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		Ь—
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			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
a				
D	Gross income from other sources. (Do not net amounts due or paid to other sources against			
100	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	IZa		
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			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		Щ.
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	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.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes." complete Form 6069.			4

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

	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 60			
	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 60			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct 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 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
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 appoint 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, stockholders, 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 by the following:			
а	The governing body?	8a	Х	
a h	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	0.0		
Ū	organization's mailing address? <i>If</i> "Yes," <i>provide the names and addresses on Schedule O</i>	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	(This dection b requests information about policies not required by the internal nevertice dode.)		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 chapters, affiliates,			
	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 before filing the form?	11a	Х	
b	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	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	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 by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	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 arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization'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 ▶OK			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only)	availa	ole
	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 Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of 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 books and records			
	DAVID WARDE, VICE PRESIDENT & CFO - 405-297-7723			
	500 N BROADWAY, STE 500, OKLAHOMA CITY, OK 73102			

Form 990 (2021) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See 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, 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.

(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do		Pos heck		l than d	one	Reportable	Reportable	Estimated
	hours per					s both		compensation	compensation	amount of
	week (list any					1	,	from the	from related organizations	other
	hours for	direct				_		organization	(W-2/1099-MISC/	compensation from the
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	ndividual trustee or director	Institutional trustee		oyee	Highest compensated employee		1099-NEC)	,	and related
	below	vidua	itutio	Officer	Key employee	hest coloyee	Former			organizations
	line)	lnd	Inst)JJ	Key	E Hig	For			
(1) KELLY KAY	50.00	-						044 004		4- 060
CEO & PRESIDENT				Х				214,301.	0.	47,263
(2) MICHAEL ROARK	50.00							106.006		
VP & COO 				Х				136,386.	0.	17,247
(3) DAVID WARDE	50.00	-								
VP OF FINANCE & CFO				Х				110,086.	0.	27,345
(4) CHRIS BERRY	50.00	-						101 012	_	00 404
EXECUTIVE DIRECTOR MITCH PARK	F 00					Х		101,213.	0.	20,434
(5) TONY HOLDEN	5.00	-		,,					_	
TREASURER	F 00			Х				0.	0.	0 .
(6) MARK MCCUBBIN CHAIR ELECT	5.00	1		х				0.	0.	0.
(7) TOM KUPIEC	5.00			^				0.	0.	U .
SECRETARY	3.00	1		х				0.	0.	0.
(8) JENNIFER GRIGSBY	5.00			^				0.	0.	0.
CHAIR	3.00	1		х				0.	0.	0.
(9) BILL SNIPES	5.00			22					<u> </u>	
VICE CHAIR	3.00	1		х				0.	0.	0.
(10) STEVE SLAWSON	1.00							•	•	•
BOARD MEMBER		Х						0.	0.	0.
(11) SCOTT MEACHAM	1.00									
BOARD MEMBER		Х						0.	0.	0.
(12) SEAN CUMMINGS	1.00									
BOARD MEMBER		Х						0.	0.	0.
(13) STACY ROBERTS	1.00									
BOARD MEMBER		Х						0.	0.	0.
(14) STEVE IDOUX	1.00									
BOARD MEMBER		Х						0.	0.	0.
(15) VIRGINIA MEADE	1.00									
BOARD MEMBER		Х						0.	0.	0.
(16) TODD PEFFERMAN	1.00]								
BOARD MEMBER		Х						0.	0.	0.
(17) TRACI COOK	1.00									
BOARD MEMBER		Х						0.	0.	0.

Form **990** (2021)

73-0579270 Page **8**

(A) Name and title	(B) Average hours per		not c	Pos heck) than (s both		(D) Reportable compensation	(E) Reportable compensation	1	(F) timate	
	week (list any hours for related organizations below line)					Highest compensated should be seen a compensated compe	tee)	from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	comp fro orga and	other pensa om th anizat I relat nizati	ation le tion ted
(18) TRICIA EVEREST	1.00								•			
BOARD MEMBER (19) ROBERT DUNCAN	1.00	Х						0.	0.			0.
BOARD MEMBER	1.00	Х						0.	0.			0.
(20) WADE GOURLEY	1.00											
BOARD MEMBER		х						0.	0.			0.
(21) ROY WILLIAMS	1.00											
BOARD MEMBER		Х						0.	0.			0.
(22) RAUL FONT	1.00								_			
BOARD MEMBER	1 00	Х						0.	0.			0.
(23) JOE HODGES	1.00	37							0			0
BOARD MEMBER (24) ROB CHERRY	1.00	Х	-					0.	0.			0.
BOARD MEMBER	1.00	Х						0.	0.			0.
(25) RICHARD KELLEY	1.00											
BOARD MEMBER		х						0.	0.			0.
(26) ROHIT PATEL	1.00											
BOARD MEMBER		Х						0.	0.			0.
1b Subtotal								561,986.	0.	112	2,2	89.
c Total from continuation sheets to Part VI								0.	0.	111		0.
d Total (add lines 1b and 1c)							<u> </u>	561,986.	0.	112	4,4	89.
2 Total number of individuals (including but no	ot limited to th	ose	liste	d at	oove) wh	o re	eceived more than \$100,	000 of reportable			4
compensation from the organization											Yes	No
3 Did the organization list any former officer,	director, trust	ee. k	ev e	lame	love	e. or	hia	hest compensated empl	lovee on			
line 1a? If "Yes," complete Schedule J for si										3		Х
4 For any individual listed on line 1a, is the su												
and related organizations greater than \$150	,000? If "Yes,	" co	mple	ete S	Sche	edule	J f	or such individual		4	Х	
5 Did any person listed on line 1a receive or a												
rendered to the organization? If "Yes." com	plete Schedule	∋ <i>J f</i>	or su	ıch ı	oers	on .				5		X
Section B. Independent Contractors									1100 000 - 6			
1 Complete this table for your five highest countries the organization. Report compensation for the organization.										ition iro	m	
(A)	ine calendar ye	Jai C	, i i dii	ig w	1011	J1 VV1	T	(B)	car.	(C)	
Name and business	address	NO	ONE	3				Description of s	ervices (Comper		n
							\dashv					
							\dashv					
2 Total number of independent contractors (in	ncluding but no	ot lir	nited	to			ted	above) who received mo	ore than			
\$100,000 of compensation from the organiz				-	(T.T.C			200	
SEE PART VII, SECTION	I A CONT	ΤŊ	UΑ	ΤŢ	ON	S	нE	ETS		Form §	99 0 ((2021)

Form 990

Form 990 OF' GREA'	ER OKLAF	1OI	ΙA	CI	.Т. Х				73-057	9470
Part VII Section A. Officers, Directors, T	rustees, Key Er	nplo	yee	s, ar	nd H	lighe	est (Compensated Employe	es (continued)	
(A)	(B)			(C				(D)	(E)	(F)
Name and title	Average			Posi	ition			Reportable	Reportable	Estimated
	hours	(c	heck	all t	hat	app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week (list any	.o.				ploye		the organization	organizations (W-2/1099-MISC)	compensation from the
	hours for	direct				d em		(W-2/1099-MISC)	(***2/1099****100)	organization
	related	ee or	stee			nsate		(** 27 1000 111100)		and related
	organizations	trust	nal tru		oyee	ош ре				organizations
	below	Individual trustee or director	Institutional trustee	cer	Key employee	Highest compensated employee	Former			
	line)	lndi	Inst	Officer	Key	Higl	Forr			
(27) NATHAN ELLIOTT	1.00									
BOARD MEMBER		Х						0.	0.	0.
(28) MICHAEL BERUBE	1.00									
BOARD MEMBER		Х						0.	0.	0.
(29) MARK W. FUNKE	1.00									
BOARD MEMBER		Х						0.	0.	0.
(30) LORRIE JACOBS	1.00]								
BOARD MEMBER		Х						0.	0.	0.
(31) LARRY DAVIS	1.00									
BOARD MEMBER		Х						0.	0.	0.
(32) KRIS GOSE	1.00	1							_	_
BOARD MEMBER		Х						0.	0.	0.
(33) KELLY GRAY	1.00									_
BOARD MEMBER		Х						0.	0.	0.
(34) KEITH NEEDHAM	1.00	J								
BOARD MEMBER	1	Х						0.	0.	0.
(35) WENDY CHANDLER	1.00	ļ								
BOARD MEMBER	1 00	Х						0.	0.	0.
(36) WAYNE L. SNOW	1.00								_	
BOARD MEMBER	1 00	Х						0.	0.	0.
(37) CHRIS FLEMING	1.00								_	
BOARD MEMBER	1 00	Х						0.	0.	0.
(38) JIM FARRIS	1.00								_	
BOARD MEMBER	1 00	Х						0.	0.	0.
(39) BRYAN EVANS	1.00								_	
BOARD MEMBER	1 00	Х						0.	0.	0.
(40) CAROLINE IKARD	1.00	٠,							_	_
BOARD MEMBER	1 00	Х						0.	0.	0.
(41) CARA GREENHAW	1.00	.,							_	_
BOARD MEMBER	1 00	Х						0.	0.	0.
(42) JEFF EWING	1.00								_	_
BOARD MEMBER	1 00	Х						0.	0.	0.
(43) JAMES H. EVEREST	1.00	₩.							_	_
BOARD MEMBER	1 00	Х						0.	0.	0.
(44) JACK TALLEY	1.00	x								_
BOARD MEMBER (45) J. PATRICK HARE	1 00	Δ.						0.	0.	0.
	1.00	₩.							_	_
BOARD MEMBER	1 00	Х						0.	0.	0.
(46) HEATHER POWELL BOARD MEMBER	1.00	x						0.	0.	0.
		ΙX					i		ı U.	

Form 990

Form 990 OF GREATI	ER OKLAH	IOM	ĺΑ	CI	ΤY	-			73-057	9270
Part VII Section A. Officers, Directors, Tru	ıstees, Key Er	nplo	yee	s, ar	nd H	lighe	est (Compensated Employe	es (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average			Pos				Reportable	Reportable	Estimated
	hours	(c	heck	all t	that	арр	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	_				oyee		the	organizations	compensation
	(list any	or director				empl		organization	(W-2/1099-MISC)	from the
	hours for related	e or d	tee			sated		(W-2/1099-MISC)		organization and related
	organizations	ruste	al trus		yee	m pen				organizations
	below	Individual trustee	Institutional trustee	7.	Key employee	Highest compensated employee	er			5.ga <u>=</u> a55
	line)	Indivi	Instit	Officer	Key e	Highe	Former			
(47) HARDY WATKINS	1.00									
BOARD MEMBER		Х						0.	0.	0.
(48) BRANDON BROOKS	1.00									
BOARD MEMBER		Х						0.	0.	0.
(49) GIRMA MOANING	1.00									
BOARD MEMBER		Х						0.	0.	0.
(50) GEORGE COHLMIA	1.00									
BOARD MEMBER		Х						0.	0.	0.
(51) G. RAINEY WILLIAMS, JR	1.00								_	
BOARD MEMBER		Х						0.	0.	0.
(52) JOHN-MARK BEAVER	1.00									_
BOARD MEMBER		Х						0.	0.	0.
(53) FORD C. PRICE, JR.	1.00									_
BOARD MEMBER	1	Х						0.	0.	0.
(54) ERIC S. EISSENSTAT	1.00									
BOARD MEMBER	1 00	Х						0.	0.	0.
(55) DONNIE O. JONES	1.00								•	•
BOARD MEMBER	1 00	Х						0.	0.	0.
(56) JILL CASTILLA BOARD MEMBER	1.00	Х						0.	0.	0
(57) DAVID THOMPSON	1.00	Λ						0.	0.	0.
BOARD MEMBER	1.00	Х						0.	0.	0.
(58) DAVID HOWALD	1.00	Δ						0.	0.	0.
BOARD MEMBER	1.00	Х						0.	0.	0.
(59) DAVID HOUSTON	1.00							0.	0.	<u> </u>
BOARD MEMBER	1.00	Х						0.	0.	0.
(60) DAVID HOLT	1.00							•	.	•
BOARD MEMBER		х						0.	0.	0.
(61) DAVID HARLOW	1.00								• •	
BOARD MEMBER		х						0.	0.	0.
(62) CRAIG FREEMAN	1.00								• •	
BOARD MEMBER		х						0.	0.	0.
(63) ZEESHAN KHAN	1.00							-	-	-
BOARD MEMBER		х						0.	0.	0.
(64) ADAM RAINBOLT	1.00									
BOARD MEMBER		Х	L		L	L	L	0.	0.	0.
Total to Part VII, Section A, line 1c										

Form 990 (2021) OF GREA
Part VIII Statement of Revenue

		Check if Schedule O	contains a	resnonse (or note to any lin	e in this Part VIII			
		Officer if Octroduce O	contains a	response	or riote to arry iiii	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded
							function revenue	business revenue	from tax under sections 512 - 514
				1. 1	007 401				Sections 512 - 514
nts nts	1 a	Federated campaigns		1a	227,401.				
ara Jou	k			1b					
s, (Am	(Fundraising events		1c	48,194.				
Sift Iar	(d Related organizations		1d					
Contributions, Gifts, Grants and Other Similar Amounts	•	Government grants (contr	ributions)	1e	3,353,116.				
ion r S	f	All other contributions, gifts,	grants, and						
but		similar amounts not included	above	1f	2,692,138.				
it.	ç	Noncash contributions included in		1g \$	4,588.				
Sor	ŀ	Total. Add lines 1a-1f			•	6,320,849.			
					Business Code				
•	2 8	HEALTHY LIVING			900099	11,498,594.	11498594.		
vice		YOUTH DEVELOPMENT			900099	9,511,981.	9,511,981.		
ser iue	Ì	SOCIAL RESPONSIBILIT	TΥ		900099	854,815.	854,815.		
m S									
gra Re		<u> </u>							
Program Service Revenue		All alla and an annual an annual and an annual an annual and an annual a							
т.		All other program service				21 065 200			
		Total. Add lines 2a-2f				21,865,390.			
	3	Investment income (include				220 700			220 700
		other similar amounts)				329,708.			329,708.
	4	Income from investment of		-		=4 =40			
	5	Royalties				71,743.			71,743.
			<u> </u>	i) Real	(ii) Personal				
		Gross rents		200,988.					
	k	Less: rental expenses		161,422.					
	(Rental income or (loss)	6c	39,566.					
	(Net rental income or (loss)			39,566.			39,566.
	7 a	a Gross amount from sales of	(i) S	Securities	(ii) Other				
		assets other than inventory	7a ³ ,	757,303.	351,627.				
	k	Less: cost or other basis							
e		and sales expenses	7b 3,0	025,250.	100,000.				
eni		Gain or (loss)		732,053.	251,627.				
3ev		d Net gain or (loss)				983,680.			983,680.
Other Revenue		Gross income from fundraisi			,				
GH			48,194.						
		contributions reported on		_					
		Part IV, line 18	•		32,907.				
	ŀ	Less: direct expenses			56,295.				
		Net income or (loss) from				-23,388.			-23,388.
		Gross income from gamin	•			,			,
		Part IV, line 19	•						
	,	Less: direct expenses							
		Net income or (loss) from							
		Gross sales of inventory,							
	10 8	and allowances			358,083.				
	ı	Less: cost of goods sold							
		Net income or (loss) from			200,020.	71,265.	71,265.		
		. Net income or (loss) from	Sales Of III	veritory	Business Code	,	,		
ns	11 a				Buomico Couc				
neo Tue		·							
ilai Ven	,	·							
Miscellaneous Revenue		d All other revenue							
Σ		Total. Add lines 11a-11d							
	12	Total revenue. See instruction				29,658,813.	21936655.	0.	1401309.
		. G.G G. GHAG. GOO HIGH GUIL				, , , , , •			

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	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				
2	Grants and other assistance to domestic individuals. See Part IV, line 22	850.	850.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	20,750.	20,750.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	561,987.		502,040.	59,947
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	12,490,772.	10,788,825.	1,485,723.	216,224
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	582,789.		102,516.	25,252
9	Other employee benefits	807,394.	630,386.	142,025.	34,983
10	Payroll taxes	1,094,637.	974,080.	99,893.	20,664
11	Fees for services (nonemployees):				
а	Management				
b	Legal	14,937.		14,937.	
С	Accounting	30,300.		30,300.	
d	,				
е	3	22 (52		22 (52	
f	Investment management fees	30,658.		30,658.	
g	,		204 204	224 - 24	0 0=4
	column (A), amount, list line 11g expenses on Sch 0.)	535,036.		201,704.	8,951, 26,441,
12	Advertising and promotion	238,938.	176,975.	35,522.	
13	Office expenses	1,996,995.	1,866,632.	85,518.	44,845
14	Information technology				
15	Royalties	F 116 011	4 000 505	017 224	6 000
16	Occupancy	5,116,911.		217,334.	6,982.
17	Travel	595,690.	477,001.	107,815.	10,874
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	C1 101	21 005	24 056	F 210
19	Conferences, conventions, and meetings	61,191.	31,825.	24,056.	5,310.
20	Interest	236,814.	233,019.	252 467	3,795
21	Payments to affiliates	352,467.	1 510 640	352,467.	26 162
22	Depreciation, depletion, and amortization	1,608,949.	1,512,640.	70,147.	26,162
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 O.)				
а	EQUPMENT RENTAL AND MAI	1,753,675.	1,103,977.	625,992.	23,706
b	DANIZ GUADGEG	281,535.	214,495.	65,985.	1,055
c	RECRUITMENT COSTS	63,895.	48,680.	14,975.	240
d	ODGANITE A BETON DIVING	49,854.	39,723.	7,166.	2,965
	All other expenses	-,	,	, =	,
25	Total functional expenses. Add lines 1 through 24e	28,527,024.	23,791,855.	4,216,773.	518,396
26	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)				

Form **990** (2021)

Form 990 (2021)

Part X | Balance Sheet

Par	tΧ	Balance Sheet					
		Check if Schedule O contains a response or note	to an	/ line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			6,200.	1	6,150
	2	Savings and temporary cash investments			4,444,700.	2	4,939,938
	3	Pledges and grants receivable, net			568,176.	3	625,506
	4	Accounts receivable, net			2,934,897.	4	2,918,314
	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 these	e perso	ons		5	
	6	Loans and other receivables from other disqualifi	ed per	sons (as defined			
		under section 4958(f)(1)), and persons described	in sec	tion 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			90,324.	8	139,299
⋖	9	Prepaid expenses and deferred charges			320,421.	9	252,984
	10a	Land, buildings, and equipment: cost or other		62 622 224			
		basis. Complete Part VI of Schedule D	10a	63,693,904.	20 222 454		24 252 244
				31,721,693.	32,930,454.		31,972,211
	11	Investments - publicly traded securities			8,807,469.		7,338,341
	12	Investments - other securities. See Part IV, line 1			498,000.		393,000
	13	Investments - program-related. See Part IV, line 1				13	
	14	Intangible assets			0	14	F70 00A
	15	Other assets. See Part IV, line 11			0.	15	578,284
	16	Total assets. Add lines 1 through 15 (must equa			50,600,641.	16	49,164,027
	17	Accounts payable and accrued expenses			1,869,478.	17	2,211,786
	18	Grants payable			276,366.	18	351,896
	19	Deferred revenue			270,300.	19	331,090
	20 21	Tax-exempt bond liabilities				20 21	
	22	Escrow or custodial account liability. Complete F Loans and other payables to any current or former				21	
ies	22	trustee, key employee, creator or founder, substa					
Liabilities		controlled entity or family member of any of these				22	
Lia	23	Secured mortgages and notes payable to unrelate	-		6,401,938.	23	6,297,470
	24	Unsecured notes and loans payable to unrelated		· · · · · · · · · · · · · · · · · · ·	2,709,700.	24	2,000,000
	25	Other liabilities (including federal income tax, pay	-		2770377000		2,000,000
		parties, and other liabilities not included on lines					
		of Schedule D	-	·		25	
	26	Total liabilities. Add lines 17 through 25			11,257,482.	26	10,861,152
		Organizations that follow FASB ASC 958, chec					
ses		and complete lines 27, 28, 32, and 33.		, 			
auc	27	Net assets without donor restrictions			28,018,422.	27	28,435,278
Bal	28	Net assets with donor restrictions			11,324,737.	28	9,867,597
p		Organizations that do not follow FASB ASC 95					
F.		and complete lines 29 through 33.					
ğ	29	Capital stock or trust principal, or current funds				29	
Set	30	Paid-in or capital surplus, or land, building, or equ				30	
As	31	Retained earnings, endowment, accumulated inc				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			39,343,159.	32	38,302,875
_	33	Total liabilities and net assets/fund balances			50,600,641.	33	49,164,027

Form **990** (2021)

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	29,65	8 . 8	13.
2	Total expenses (must equal Part IX, column (A), line 25)	2	28,52		
3		3	1,13		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	39,34		
5	Net unrealized gains (losses) on investments	5	-2,23		
6		6		$\frac{1}{2}, 5$	
	Donated services and use of facilities	7		4,5	• • •
7 8	Investment expenses	8			
	Prior period adjustments Other changes in net assets or fund balances (explain on Schedule O)	9			0.
9		9			<u> </u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,	10	38,30	2 8	75
Pa	column (B)) rt XII Financial Statements and Reporting	10	30,30	2,0	75.
	Check if Schedule O contains a response or note to any line in this Part XII				
	Officer if Schedule O Contains a response of flote to any line in this Part All			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				110
•	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0	-		
22	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
Zu	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed				
	separate basis, consolidated basis, or both:	ona			
	Separate basis Consolidated basis Both consolidated and separate basis				
h	and the second of the second o		2b	х	
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate				
	consolidated basis, or both:	basis,			
	X Separate basis Consolidated basis Both consolidated and separate basis				
_		audit			
·		-	20	x	
				-25	
20					
Sa		-	20	x	
h			<u>3a</u>	122	
Ŋ		cu auuil	3h	x	
3а	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on School As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin Act and OMB Circular A-133? If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?	edule O. gle Audit		х	
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	X	1

132012 12-09-21

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public

YOUNG MEN'S CHRISTIAN ASSOCIATION **Employer identification number** Name of the organization OF GREATER OKLAHOMA CITY 73-0579270 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Schedule A (Form 990) 2021 OF GREATER OKLAHOMA CITY Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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.						
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 the	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	601(c)(3)	
	organization, check this box and stop						>
	ction C. Computation of Publi						
	Public support percentage for 2021 (li		•	***		14	<u>%</u>
	Public support percentage from 2020					15	<u>%</u>
16a	33 1/3% support test - 2021. If the c	-			14 is 33 1/3% or m	nore, check this box	x and
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2020. If the o	_			l line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization quali						
1/a	10% -facts-and-circumstances test						
	and if the organization meets the facts			=	•	VI how the organiz	ation
	meets the facts-and-circumstances te	· ·	•			47a and Pro- 451	
b	10% -facts-and-circumstances test	_	-				10% or
	more, and if the organization meets the						▶ □
10	organization meets the facts-and-circu						
ıδ	Private foundation. If the organization	n did not check a	DOX ON line 13, 16	a, 100, 1/a, 0r 1/k	o, check this box a		/Form 000\ 0001

Schedule A (Form 990) 2021

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.)

Sec	qualify under the tests listed better A. Public Support	elow, please comp	olete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and	(4) = 3	(2) 20:0	(0) = 0 : 0	(4,) = 3 = 3	(0) = 0 = 1	(.,
	membership fees received. (Do not						
	include any "unusual grants.")	2912216.	2045186.	2831521.	4208768.	6320849.	18318540.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	25651340.	25704520.	19851636.	22823634.	22256381.	116287511
3	Gross receipts from activities that						
	are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge	90,000.	90 000	45,000.	45,000.	62 500	332,500.
6	Total. Add lines 1 through 5						134938551
	Amounts included on lines 1, 2, and	200333301	270337001	22,2013,4	270771020	200337301	101930331
, .	3 received from disqualified persons						0.
k	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						0.
c	Add lines 7a and 7b						0.
8	Public support. (Subtract line 7c from line 6.)						134938551
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6	28653556.	27839706.	22728157.	27077402.	<u> 28639730.</u>	134938551
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	353,228.	492,375.	440,570.	516,350.	602,439.	2404962.
t	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b	353,228.	492,375.	440,570.	516,350.	602,439.	2404962.
	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.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	29006784.	28332081.	23168727.	27593752.	29242169.	137343513
14	First 5 years. If the Form 990 is for the	he organization's fi	rst, second, third,	fourth, or fifth tax y	ear as a section 5	01(c)(3) organization	on,
	check this box and stop here						
Sec	ction C. Computation of Publi	ic Support Per	centage				
15	Public support percentage for 2021 (I	line 8, column (f), d	livided by line 13, o	column (f))		15	98.25 %
	Public support percentage from 2020					16	98.41 %
Sec	ction D. Computation of Inves	stment Income	e Percentage				
17	Investment income percentage for 20	021 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	1.75 <u>%</u>
	Investment income percentage from					18	1.59 %
19a	33 1/3% support tests - 2021. If the	e organization did n	not check the box	on line 14, and line	15 is more than 3	3 1/3%, and line 1	7 is not
L	more than 33 1/3%, check this box at 33 1/3% support tests - 2020. If the						
L	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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")? |f "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?
- 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).
- 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.)

		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	_		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	4		
مادرا	10b	n 000	2024
ule	A (Forn	n 990)	2021

132024 01-04-21

Schedule A (Form 990

1 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11b blow, the governing body of a supported organization? b A family member of a person described on line 11a above? c A 35% controlled entity of a person described on line 11a above? c A 35% controlled entity of a person described on line 11b above? b A family member of a person described on line 11a above? c A 35% controlled entity of a person described on line 11a blowe? b A family member of a person described on line 11b above? 1 Did the governing body, members of the governing body, efficiers acting in their official capacity, or membership of one or more supported organization above the power to regulatly appoint or elect at least a majority of the organization is officers, directors, or rustees set all times during the tax apported organization and have the power to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what confidence or estimations activities, if the organization had once than one supported organizations and what confidence or estimations are described to the supported organization or estimations are described to appropriate organization and the confidence or estimations are supported organizations and what confidence or estimations are supported organizations and provided organizations and provided organizations. 1 Were a majority of the organization is directors or trustees during the tax year also a majority of the directors or trustees during the provided organizations and provided to accordance to the propriate organizations and the supported organizations and the supported organizations and provided to accordance to the organizations and provided to accordance to the organizations and provided organizations and provided to organizations and provided to organizations and provided to organizations and provided organizatio	Par	t IV Supporting Organizations _(continued)			
a A person who directly or indirectly controls, either abone or together with persons described on lines 11b and 11b below, the governing body of a supported organization? A 35% controlled entity of a person described on line 11a above? A 35% controlled entity of a person described on line 11a above? A 35% controlled entity of a person described on line 11a above? Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organizations of organization share the power to regularly appoint or elect at least a majority of the organization of organization, describe how the powers to appoint and/or remove officers, directively operated organization, describe how the movems to appoint and/or remove officers, directively operated, supervised, or controlled the supported organization other than the supported organization operated to the benefit of any supported organization other than the supported organization operated to the benefit of any supported organization other than the supported organization operated, supervised, or controlled the supported organization other than the supported organization operated by the propring organizations. Section C. Type II Supporting Organizations 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 supporting organization was vested in the same persons that controlled or management of the supporting Organization was vested in the same persons that controlled or management of the supporting Organization was vested in the same persons that controlled or management of the supporting Organization was vested in the same persons that controlled or management of the supported organization provide to see and continuous working relationship to the disc of notification, and (ii) copies of the organization provides organization organization				Yes	No
1 Lebelow, the governing body of a supported organization? A A family member of a person described on line 11 a above? A 39% controlled entity of a person described on line 11 a or 11 b above? If "Yes" to line 11a, 11b, or 11c, provide Section B: Type I Supporting Organizations 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or each at least a majority of the organization is understood to provide the organizations and supported organizations and what conditions or restrictions. If the organization had more than the supported organizations of the complex provided organization and what conditions or restrictions. If the organization of the than the supported organization organization and what conditions or restrictions. If the organization of the than the supported organization organiza	11	Has the organization accepted a gift or contribution from any of the following persons?			
b. A a S9% controlled entity of a person described on line 11a above? If "Yes" to line 11a, 11b, or 11c, provide described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide described by the remains of the powering body, members of the operation of the line	а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
b. A a S9% controlled entity of a person described on line 11a above? If "Yes" to line 11a, 11b, or 11c, provide described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide described by the remains of the powering body, members of the operation of the line		11c below, the governing body of a supported organization?	11a		
e. 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. Section B. Type I Supporting Organizations 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization sofficers, affectively operated, supported, or controlled the organization. Section B. Type II supported organization organization, applied to such powers during the tax year. 2 Did the organization operate for the benefit of any supported organization organization, and accorditions or resistations, and applied to such powers during the tax year. 2 Did the organization operate for the benefit of any supported organization organization or the year. 2 Did the organization operate for the benefit of any supported organization o			11b		
Section B. Type I Supporting Organizations 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization of officers, directors, or trustees at all times during the tax year? If "No," describe in PRT VI Now the supported organizations of escribed and organization of secribed the powers to appoint and/or renove officers, directors, or trustees were all closected among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year and the supported organization operated for the benefit of any supported organization of the supported organization of the powers to appoint and/or renove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 2		·			
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b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			3a		
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of its supported organizations: If yes, describe in Fart vi the role played by the organization in this regard.		of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

	dule A (Form 990) 2021 OF GREA'I'ER OKLAHOMA CI'.			/3-05/92/0 Page 6
Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on	Nov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	st complete	Sections A through E.	1
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		
С	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			

Schedule A (Form 990) 2021

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

emergency temporary reduction (see instructions).

instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) **Current Year** Section D - Distributions 1 Amounts paid to supported organizations to accomplish exempt purposes 1 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 Other distributions (describe in Part VI). See instructions. 6 6 7 7 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 9 Distributable amount for 2021 from Section C, line 6 10 10 Line 8 amount divided by line 9 amount (i) (ii) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Pre-2021 Amount for 2021 Distributable amount for 2021 from Section C, line 6 2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2021 **a** From 2016 **b** From 2017 c From 2018 **d** From 2019 e From 2020 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2021 distributable amount i Carryover from 2016 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2021 from Section D, line 7: a Applied to underdistributions of prior years **b** Applied to 2021 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2022. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2017 **b** Excess from 2018 c Excess from 2019 d Excess from 2020 e Excess from 2021

Schedule A (Form 990) 2021

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

Name of the organization

YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER OKLAHOMA CITY

Employer identification number

73-0579270

Organization type (check one):				
Filers of:		Section:		
Form 990	form 990 or 990-EZ			
		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		
•	•	covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.		
General I	Rule			
	-	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.		
Special F	Rules			
:	sections 509(a)(1) a contributor, during	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 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 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; line 1. Complete Parts I and II.		
1	contributor, during literary, or educatio	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, anal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering instead of the contributor name and address), II, and III.		
; ;	year, contributions is checked, enter h purpose. Don't com	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., etc., contributions totaling \$5,000 or more during the year March Property Proper		
answer "I	No" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must 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 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) (2021)

Name of organization
YOUNG MEN'S CHRISTIAN ASSOCIATION

Employer identification number

YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER OKLAHOMA CITY

73-0579270

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$\$	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
2		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	Name, address, and Zir + 4	\$ 179,481.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4	*\$	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		\$ 175,000.	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
6	Hallo, addi 665, ulid Eli TT	\$\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

VOLING MEN'S CHRISTIAN ASSOCIATION

Employer identification number

YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER OKLAHOMA CITY

73-0579270

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
7		\$146,250.	Person X Payroll
(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.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
110.	Nume, address, and Zn + 4	\$	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.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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

Employer identification number

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.)	(d) Date received
			-
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
23453 11-11			Schedule B (Form 9

Schedule B (Form 990) (2021) Page 4 Name of organization **Employer identification number** YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER OKLAHOMA CITY 73-0579270 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the 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 gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I

(e) Transfer of gift

Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER OKLAHOMA CITY

Employer identification number 73-0579270

Pai	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the							
	organization answered "Yes" on Form 990, Part IV, line 6.							
	(a) Donor advised funds (b) Funds and other accounts							
1	Total number at end of year							
2	Aggregate value of contributions to (during year)							
3	Aggregate value of grants from (during year)							
4	Aggregate value at end of year							
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advis-	ed funds					
	are the organization's property, subject to the organization's exclusive legal control?							
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only							
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring							
impermissible private benefit?								
Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.								
1	Purpose(s) of conservation easements held by the organization	on (check all that appl <u>y).</u>						
	Preservation of land for public use (for example, recreated	tion or education) Preservation of	a historically important land area					
	Protection of natural habitat	Preservation of	a certified historic structure					
	Preservation of open space							
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form						
	day of the tax year.		Held at the End of the Tax Year					
а	Total number of conservation easements		2a					
b	Total acreage restricted by conservation easements							
	Number of conservation easements on a certified historic stru							
d	Number of conservation easements included in (c) acquired a		I I					
	listed in the National Register							
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	organization during the tax					
	year ▶							
4	Number of states where property subject to conservation eas	·						
5	Does the organization have a written policy regarding the per							
	violations, and enforcement of the conservation easements it							
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	servation easements during the year					
_	<u> </u>							
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservat	tion easements during the year					
_			1) (1) (7) (7)					
8	Does each conservation easement reported on line 2(d) above							
•	and section 170(h)(4)(B)(ii)?							
9	,							
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.							
Pai	t III Organizations Maintaining Collections of	Art. Historical Treasures. or Ot	her Similar Assets.					
	Complete if the organization answered "Yes" on Form							
	If the organization elected, as permitted under FASB ASC 95		nd balance sheet works					
	of art, historical treasures, or other similar assets held for pub							
	service, provide in Part XIII the text of the footnote to its finan	· ·	•					
h	If the organization elected, as permitted under FASB ASC 95							
	art, historical treasures, or other similar assets held for public	· ·						
	provide the following amounts relating to these items:	oxination, education, or recourse in tart	ioranico di pabilo convicto,					
	(i) Revenue included on Form 990, Part VIII, line 1		> \$					
	(m) 4		. .					
2	If the organization received or held works of art, historical trea							
_	the following amounts required to be reported under FASB A		· 9, pe					
а	Revenue included on Form 990, Part VIII, line 1		▶ \$					
	Assets included in Form 990, Part X							

132051 10-28-21

11590304 251366 7302

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

Schedule D (Form 990) 2021

3-0579270 Page 2

Par	rt III Organizations Maintaining C	ollections of Art	t, Historical Tre	easures, or	Other S	Similar <i>i</i>	Assets	(conti	nued)		
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	Loan or exc	hange progra	m						
b											
С											
4		ollections and explain	how they further th	ne organizatio	n's exemp	t purpose	in Part X	III.			
5	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets										
	to be sold to raise funds rather than to be ma	aintained as part of th	ne organization's co	llection?				Yes		No	
Par	rt IV Escrow and Custodial Arran	gements. Comple	ete if the organization	n answered "	Yes" on Fo	orm 990, I	Part IV, lii	ne 9, or			
	reported an amount on Form 990, Par										
1a	Is the organization an agent, trustee, custodi	an or other intermedi	ary for contribution	s or other ass	ets not inc	cluded					
	on Form 990, Part X?							Yes		No	
b	on Form 990, Part X?										
								Amoun	t		
С	Beginning balance					1c					
d	Additions during the year					1d					
е						1e					
f	e Distributions during the year f Ending balance f Ending balance										
2a	Did the organization include an amount on Fo					?	🗀	Yes		No	
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has been	provided on F	Part XIII .						
Par	Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.										
		(a) Current year	(b) Prior year	(c) Two year		I) Three yea	ırs back	(e) Fou	r years	back	
1a	Beginning of year balance	9,454,866.	7,725,537.	7,802	7,802,177. 7,244,517. 7,492,595.					595.	
b	Contributions	, , , , , , , , , , , , , , , , , , ,							700.		
С	Net investment earnings, gains, and losses								105,	449.	
d	d Grants or scholarships										
е	0.0										
	and programs	362,137.	341,481.	332	,333.	327	7,307.		360,	227.	
f	Administrative expenses										
g	End of year balance	7,867,294.	9,454,866.	7,725	,537.	7,802	2,177.	7	,244,	517.	
2	Provide the estimated percentage of the curr	ent year end balance	(line 1g, column (a)) held as:	•						
а	Board designated or quasi-endowment	4.0200	%	,,							
b	<u> </u>										
С	<u> </u>										
	The percentages on lines 2a, 2b, and 2c should equal 100%.										
За	Are there endowment funds not in the posse	ssion of the organiza	tion that are held ar	nd administer	ed for the	organizati	on				
	by:	· ·				Ü			Yes	No	
	(i) Unrelated organizations							3a(i)	X		
	(ii) Related organizations							3a(ii)		Х	
b	If "Yes" on line 3a(ii), are the related organiza							3b			
4	Describe in Part XIII the intended uses of the										
Par	rt VI Land, Buildings, and Equipm										
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a. S	See Form 990,	Part X, lin	ne 10.					
	Description of property	(a) Cost or o	ther (b) Cost	or other	(c) Acc	umulated		(d) Boo	k valu	<u>е</u>	
	, , , , , , , , , , , , , , , , , , , ,	basis (investm	nent) basis	(other)	. ,	eciation		. ,			
1a	Land		1,93	5,599.			1	L,93	5,5	99.	
b				2,276.	23,50	00,29		22,871,985.			
С				5,695.		33,46		5,01			
d				1,476.		79,05			2,4		
	Other			8,858.		58,87			9,9		
	II. Add lines 1a through 1e. (Column (d) must e		•					L,97			
		quai i oiiii 330, i dil /	<u>., colullii (D), IIIIC 1</u>	<u> </u>					,		

Schedule D (Form 990) 2021

YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER OKLAHOMA CITY 73-0579270 Page **3** Schedule D (Form 990) 2021 Part VII Investments - Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (b) Book value (c) Method of valuation: Cost or end-of-year market value (a) Description of security or category (including name of security) (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" 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-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" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) 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 15.)

Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	

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

Schedule D (Form 990) 2021

OF GREATER OKLAHOMA CITY

Part XI Reconciliation of Revenue per Audited Financial St		Revenue per Re		OSTSZTO Page 4				
Complete if the organization answered "Yes" on Form 990, Part IV,		•						
Total revenue, gains, and other support per audited financial statements			1	27,617,505.				
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:								
a Net unrealized gains (losses) on investments	2a -	-2,234,572.						
b Donated services and use of facilities	2b	62,500.						
c Recoveries of prior year grants		1.61.400	-					
d Other (Describe in Part XIII.)	2d	161,422.		0 010 650				
e Add lines 2a through 2d 2e -2,010,								
3 Subtract line 2e from line 1			3	29,628,155.				
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:								
a Investment expenses not included on Form 990, Part VIII, line 7b		30,658.	-					
b Other (Describe in Part XIII.) c Add lines 4a and 4b			4c	30,658.				
c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I. line 1.			5	29,658,813.				
Part XII Reconciliation of Expenses per Audited Financial S	tatements With	Expenses per F						
Complete if the organization answered "Yes" on Form 990, Part IV,		•						
Total expenses and losses per audited financial statements			1	28,657,788.				
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:								
a Donated services and use of facilities	2a							
b Prior year adjustments								
c Other losses	_							
d Other (Describe in Part XIII.)	2d	161,422.						
e Add lines 2a through 2d			2e	161,422.				
3 Subtract line 2e from line 1			3	28,496,366.				
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1	20 650						
a Investment expenses not included on Form 990, Part VIII, line 7b		30,658.	-					
b Other (Describe in Part XIII.)			4.0	30,658.				
 c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 			4c 5	28,527,024.				
Part XIII Supplemental Information.	18.)			20,327,024.				
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide			; Part	X, line 2; Part XI,				
PART X, LINE 2:								
THE ASSOCIATION IS EXEMPT FROM FEDERAL AN	ND STATE I	NCOME TAXES	UN	DER				
SECTION 501(C)(3) OF THE INTERNAL REVENUE	E CODE, AN	D ACCORDING	LY,	NO				
PROVISION HAS BEEN MADE FOR INCOME TAXES	IN THE AC	COMPANYING	FIN	ANCIAL				
STATEMENTS. MANAGEMENT EVALUATED THE ASSO	CIATION'S	TAX POSITI	ONS	AND				
CONCLUDED THAT THEY HAD TAKEN NO UNCERTAIN	IN TAX POS	ITIONS THAT	RE	QUIRE				
ADJUSTMENT TO THE FINANCIAL STATEMENTS. V	VITH FEW E	XCEPTIONS,	THE					
ASSOCIATION IS NO LONGER SUBJECT TO INCOM	IE TAX EXAI	MINATIONS B	У Т	HE U.S.				
FEDERAL, STATE, OR LOCAL TAX AUTHORITIES	FOR YEARS	BEFORE 202	0.					
PART XI, LINE 2D - OTHER ADJUSTMENTS:								
RENTAL EXPENSES NETTED WITH INCOME				161,422.				

YOUNG MEN'S CHRISTIAN ASSOCIATION

Schedule D (Form 990) 2021 OF GREATER OKLAHOMA CITY	73-0579270 Page 5
Schedule D (Form 990) 2021 OF GREATER OKLAHOMA CITY Part XIII Supplemental Information (continued)	
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
RENTAL EXPENSES NETTED WITH INCOME	161,422.

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

OMB No. 1545-0047

expenditures

for and

investments

in the region

Name of the organization

YOUNG MEN'S CHRISTIAN ASSOCIATION

offices

in the region

independent

contractors

in the region

OF GREATER OKLAHOMA CITY General Information on Activities Outside the United States. Complete if the organization answered "Yes" on

Employer identification number

73-0579270

is a program service,

describe specific type

of service(s) in the region

Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? X Yes

For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (b) Number of (e) If activity listed in (d) (c) Number of (d) Activities conducted in the region (f) Total (a) Region employees, agents, and

(by type) (such as, fundraising, pro-

gram services, investments, grants to

recipients located in the region)

MIDDLE EAST AND				YMCA WORLD SERVICE -	
NORTH AFRICA	0	0	PROGRAM SERVICES	JERUSALEM	2,350.
NORTH AFRICA	9	- 0	FROGRAM DERVICED	DEROSABEM	2,330.
NORTH AMERICA					
(CANADA & MEXICO					
ONLY)	0	0	PROGRAM SERVICES	YMCA WORLD SERVICE	11,500.
51.21 /					11,000.
EUROPE (INCLUDING				YMCA WORLD SERVICE -	
ICELAND & GREENLAND)	0	0	PROGRAM SERVICES	CZECH REPUBLIC	1,000.
,				YMCA WORLD SERVICE -	
				AIRFARE FOR CAMP	
				COUNSELORS FROM SOUTH	
SOUTH AMERICA	0	0	PROGRAM SERVICES	AMERICA VALPARAISO,	3,400.
				· ·	,
NORTH AMERICA					
(CANADA & MEXICO				YMCA WORLD SERVICE -	
ONLY)	0	0	PROGRAM SERVICES	YUSA	2,500.
					,
3 a Subtotal	0	C			20,750.
b Total from continuation					
sheets to Part I	0	C			0.
c Totals (add lines 3a					
and 3b)	0	C			20,750.

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

SEE PART V FOR COLUMN (E) DESCRIPTIONS

Schedule F (Form 990) 2021

132071 12-20-21

Schedule F (Form 990) 2021

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA (CANADA & MEXICO						
		ONLY)	YMCA WORLD SERVICE	14,000.	СНЕСК	0.		
			YMCA WORLD SERVICE AIRFARE FOR CAMP COUNSELORS FROM SOUTH					
			AMERICA	0.		0.		
			YMCA WORLD SERVICE -					
			JERUSALEM	0.		0.		
			YMCA WORLD SERVICE	0.		0.		
			IMCA WORLD SERVICE	0.		0.		
2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax								

2	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a	tax
	exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	

	

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2021

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (h) Method of valuation (book, FMV, appraisal, other) (c) Number of (d) Amount of (e) Manner of (f) Amount of (g) Description of (a) Type of grant or assistance (b) Region recipients cash grant cash disbursement noncash assistance noncash assistance

Part IV	Foreign	Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2021

YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER OKLAHOMA CITY 73-0579270 Schedule F (Form 990) 2021 Page 5 Part V | Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions. PART I, LINE 2: DONATIONS ARE MADE, TYPICALLY TO NATIONAL YMCA RELATED ENTITIES BASED ON AN APPEAL FOR NEED. WE RECEIVE REPORTS BACK FROM THE ENTITY INDICATING THE ACCOMPLISHMENTS OF THE ENTITY. PART I, LINE 3, COLUMN (E): REGION: SOUTH AMERICA (E) SPECIFIC TYPES OF SERVICES IN REGION: YMCA WORLD SERVICE - AIRFARE FOR CAMP COUNSELORS FROM SOUTH AMERICA VALPARAISO, CHILE

SCHEDULE G (Form 990)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

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.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER OKLAHOMA CITY

Employer identification number 73-0579270

Part I Fundraising Activities. required to complete this part	Complete if the organization answet.	red "Y	es" or	ı Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a						
(i) Name and address of individual or entity (fundraiser)	(iii) Activity (iii) Did fundraiser have custody or control of contributions? (iv) Gross receipts from activity (v) Amount paid to (or retained by) fundraiser listed in col. (i)					
		Yes	No			
otal			•			
List all states in which the organizatio or licensing.	n is registered or licensed to solicit c	ontrib	utions	or has been notified	it is exempt from re	gistration

132081 10-21-21

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

Schedule G (Form 990) 2021

Cob	o du i		EN'S CHRISTIZ TER OKLAHOMA	AN ASSOCIATIO		0579270 Page 2
Pa						
		of fundraising event contributions and gro				
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			GOLF	ROSE ROCK		(add col. (a) through
			TOURNAMENT	RUN	2	col. (c))
Φ			(event type)	(event type)	(total number)	55i. (6)/
Revenue				4.54	45 000	04 400
Re	1	Gross receipts	50,500.	14,711.	15,889.	81,100.
	_	Lacas Contributions	39,500.	3,050.	5,644.	48,194.
	2	Less: Contributions	39,300.	3,030.	3,044.	40,194.
	3	Gross income (line 1 minus line 2)	11,000.	11,661.	10,245.	32,906.
	Ť	areas meetine (inter-rimitae inte-2)				0=7000
	4	Cash prizes				
	5	Noncash prizes	1,794.			1,794.
ses			15 555			15 555
ber	6	Rent/facility costs	15,755.			15,755.
Direct Expenses	7	Food and beverages	6,636.			6,636.
ije	'	rood and beverages	0,030.			0,030.
	8	Entertainment				
	9	Other direct expenses	8,479.	9,740.	3,504.	21,723.
	10				>	45,908.
	11					-13,002.
Pa	ıπ ı		answered "Yes" on Form	990, Part IV, line 19, or r	reported more than	
\neg		\$15,000 on Form 990-EZ, line 6a.		(b) Pull tabs/instant		(d) Total gaming (add
ne			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
Revenue						
۳	1	Gross revenue				
တ္သ	2	Cash prizes				
xpenses						
	3	Noncash prizes				
Direct E		Dont/facility costs				
Ë	4	Rent/facility costs				
	5	Other direct expenses				
\neg	5	Other direct expenses	Yes %	Yes %	Yes %	
	5 6	Other direct expenses Volunteer labor	Yes% No	Yes% No	Yes % No	
			No No		No No	
	6	Volunteer labor Direct expense summary. Add lines 2 through	No No n 5 in column (d)	No No	No ▶	
	6	Volunteer labor	No No n 5 in column (d)	No No	No ▶	
	6 7 8	Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7	No 1 5 in column (d) from line 1, column (d)	No No	No	
	6 7 8 En	Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condu	No 1 5 in column (d) from line 1, column (d)	No	No	Yes No
а	6 7 8 Entre Is t	Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condute the organization licensed to conduct gaming action.	No n 5 in column (d) from line 1, column (d) cets gaming activities: cetivities in each of these services.	No	No	Yes No
а	6 7 8 Entre Is t	Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condu	No n 5 in column (d) from line 1, column (d) cets gaming activities: cetivities in each of these services.	No	No	Yes No
a b	6 7 8 En ls t lf "	Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condute the organization licensed to conduct gaming action.	No 15 in column (d) from line 1, column (d) acts gaming activities: ctivities in each of these s	No States?	No	

Schedule G (Form 990) 2021

132082 10-21-21

YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER OKLAHOMA CITY

Sch	edule G (Form 990) 2021 OF GREATER OKLAHOMA CITY /3-	05/9	<u> </u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:	1		
а	The organization's facility	13a		%
b	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	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
b	olf "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue retained by the third party > \$			
С	If "Yes," enter name and address of the third party:			
	Name			
	Address ►			
16	Gaming manager information:			
	Name			
	Gaming manager compensation ▶ \$			
	Description of services provided			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions:			
	solutions I state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	☐ No
b	• Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
	organization's own exempt activities during the tax year > \$			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and P	art III, lin	es 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	,	,	, , ,

YOUNG MEN'S CHRISTIAN ASSOCIATION

Schedule G	(Form 990)	OF	GREATER	OKLAHOMA	CITY	73-0579270	Page 4
Part IV	(Form 990) Supplemental Infor	matio	n (continued)				
			,				
							-
						Cabadula O /F	

132084 11-18-21

2021.05050 YOUNG MEN'S CHRISTIAN ASS 7302___1

SCHEDULE J (Form 990)

Department of the Treasury

Compensation Information

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

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ➤ Attach to Form 990. 2021

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Questions Regarding Compensation

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

YOUNG MEN'S CHRISTIAN ASSOCIATION

OF GREATER OKLAHOMA CITY

Employer identification number 73-0579270

10 Check the appropriate 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 charter travel				Yes	No
First-class or charter travel	1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
Tavel for companions Payments for business use of personal residence Health or social club duse or initiation fees Personal residence Discretionary spending account Personal services (such as maid, charifeur, chef) b If any of the boxes on line 1 are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b b If any of the boxes on line 1 are checked, did the organization network of the expenses described above? If "No," complete Part III to explain 1b c Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation of the CEO/Executive Director, but explain in Part III. X Compensation committee Written Part III. X Compensation committee Written Part III. X Compensation committee Written Part III. X Compensation or a related organization: A Receive a severance payment or change-ofcontrol payment? 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filling organization or a related organization: 4 Participate in or receive payment from an equity-based compensation arrangement? 4 Derives to any of lines 4ac, 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 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? 5 Any related organization? 6 A Te organization? 6 A Te organization? 6 A Te organization? 7 A Te organization? 8 Any related organization pay Organ VIII, Section A, line 1a, did the organizatio		Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
Tax indemnification and gross-up payments		First-class or charter travel Housing allowance or residence for personal use			
Discretionary spending account		Travel for companions Payments for business use of personal residence			
b if any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 3 Indicate which, if any, 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 committee CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation committee CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation committee CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation committee CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish on the Darf III. X Compensation committee Written employment contract Written employment contract X Compensation survey or study During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: Participate in or receive payment from a supplemental nonqualified retirement plan? 4a		Tax indemnification and gross-up payments Health or social club dues or initiation fees			
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 Indicate which, if any, 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. X Compensation ormittee		Discretionary spending account Personal services (such as maid, chauffeur, chef)			
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X Compensation committee					
Independent compensation consultant X Compensation survey or study Form 990 of other organizations X Approval by the board or compensation committee 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? 4a X b Participate in or receive payment from a supplemental nonqualified retirement plan? 4c X c Participate in or receive payment from an equity-based compensation arrangement? 4c X 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 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? 5a X b Any related organization? 5a X f"Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? 6a X b Any related organization? 6a X f"Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in		<u> </u>			
Form 990 of other organizations X Approval by the board or compensation committee 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? 4 Participate in or receive payment from a supplemental nonqualified retirement plan? 4 Participate in or receive payment from an equity-based compensation arrangement? 4 Participate in or receive payment from an equity-based compensation arrangement? 5 Participate in or receive payment from an equity-based compensation arrangement? 6 Participate in or receive payment from an equity-based compensation arrangement? 7 Participate in or receive payment from an equity-based compensation arrangement? 8 Participate in or receive payment from a supplemental nonqualified retirement plan? 9 Participate in or receive payment from a supplemental nonqualified retirement plan? 9 Participate in or receive payment from a supplemental nonqualified retirement plan? 9 Participate in or receive payment from a supplemental nonqualified retirement plan? 9 Participate in or receive payment from a supplemental nonqualified retirement plan? 9 Participate in or receive payment from a supplemental nonqualified retirement plan? 9 Participate in or receive payment from a supplemental nonqualified retirement plan? 9 Participate in or receive payment from a supplemental nonqualified retirement plan? 9 Participate in or receive payment from a supplemental nonqualified retirement plan? 9 Participate in or receive payment from a supplemental nonqualified retirement plan? 9 Participate in or receive payment from a supplemental nonqualified retirement plan? 9 Participate in or receive payment from a supplemental nonqualified retirement plan? 9 Participate in or receive payment from a supplemental nonqualified retirement plan? 9 Participate in or receive payment from a supplemental nonqualified retirement plan? 9 Participate in or rece					
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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. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? f"Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? f"Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in					
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? f "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? ff "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	Ī				
For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? f "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? f "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in		The totally of lines to o, list the personic and provide the approach amounter for each from the architecture.			
For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? f "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? f "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in		Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
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b Any related organization? If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	а		6a		Х
If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	b				
For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	_	If "Yes" on line 6a or 6b, describe in Part III.			
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9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	-		8		Х
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	J	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2021

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.

(A) Name and Title		(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)	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) KELLY KAY	(i)	214,301.	0.	0.	28,102.	19,161.	261,564.	0.
CEO & PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MICHAEL ROARK	(i)	136,386.	0.	0.	17,247.	0.	153,633.	0.
VP & COO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							<u> </u>
	(i)							
	(ii)						1	

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 O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER OKLAHOMA CITY

Employer identification number 73-0579270

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

LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: FORM 990 PART III, DESIRE TO PROVIDE OPPORTUNITIES FOR EVERY FAMILY TO BUILD STRONGER 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 THERE'S THE ADDED BENEFIT OF BEING CONNECTED TO OTHERS. INVOLVED, 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: THE Y IS THE STARTING POINT FOR KIDS TO LEARN PREPARATION. FOR OTHERS, 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 WHERE KIDS BECOME A COMMUNITY AS THEY LEARN BOTH HOW TO BE AS CAMP. MORE INDEPENDENT AND HOW TO CONTRIBUTE TO A GROUP AS THEY ENGAGE IN SOCIAL AND EDUCATIONAL ACTIVITIES. OUR SUMMER DAY CAMPS PHYSICAL

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

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021 Page **2**

Name of the organization YOUNG MEN'S CHRISTIAN ASSOCIATION
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 ACCOMPLISHMENTS:

PROVIDE RESOURCES OUR COMMUNITIES NEED. THE Y ADDRESSES SOCIAL ISSUES,

THROUGH OUR Y SENIOR CENTER, THE YMCA MILITARY WELCOME CENTER, OUTDOOR

EDUCATION AT YMCA CAMP CLASSEN AND THE SAFETY AROUND WATER PROGRAM THAT

TEACHES UNDERSERVED KIDS HOW TO SWIM. ONE OF THE MOST IMPORTANT ASPECTS

OF BUILDING A GLOBAL COMMUNITY IS GIVING YOUNG PEOPLE OPPORTUNITIES TO

UNDERSTAND AND CELEBRATE DIVERSITY. THE Y HELPS PEOPLE TO DEVELOP

CULTURAL COMPETENCIES AND THE KEY SKILLS TO COLLABORATE WITH THEIR

PEERS AROUND THE WORLD THROUGH OUR INTERNATIONAL CAMP COUNSELOR PROGRAM

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

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

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

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 TO ASK QUESTIONS PRIOR TO FILING

Schedule O (Form 990) 2021 Page **2**

Name of the organization VOUNG MEN'S CHRISTIAN ASSOCIATION Employer identification number OF GREATER OKLAHOMA CITY 73-0579270

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.

132212 11-11-21 Schedule O (Form 990) 2021

TAX RETURN FILING INSTRUCTIONS

OKLAHOMA FORM 512E

FOR THE YEAR ENDING

October 31, 2022

Prepared For:	
Young Men's Christian Asso of Greater Oklahoma City 500 N Broadway aVE 500 Oklahoma City, OK 73102	ociation
Prepared By:	
ARLEDGE & ASSOCIATES 309 N. Bryant Avenue Edmond, OK 73034	3, P.C.
To be Signed and Dated By:	
The authorized individual(s)).
Amount of Tax: Total Tax Less: payments and credits Plus: other amount Plus: nterest and penalties No payment required	\$ 0 \$ 0 \$ 0 \$ 0
Overpayment:	
Credited to your estimated tax Other amount Refunded to you	\$ 0 \$ 0 \$ 0
Make Check Payable To:	
Not applicable	
Mail Tax Return and Check (if applicable)) То:
Oklahoma Tax Commission P.O. Box 26800 Oklahoma City, OK 73126-0	
Return Must be Mailed On or Before:	
March 15, 2023	
Special Instructions:	

Form 512-E 2021



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

	ᆔ	For the year January 1 - December 31, 2021, or other taxable year beginning: ending:	Plac	ce an 'X	C' if:							
	PART	NOV 1 2021 OCT 31 2022	2 (1)	I	nitial returr	(2)	Final return		nended return (See S 2E-X on page 2)	Schedule		
Name of Organization YOUNG MEN'S CHRISTIAN ASSOCIATION O Federal Employer Identification Number 73-0579270 Date qua 08/3										npt status		
Address (number and street) 500 N BROADWAY AVE												
	City O]		tate or Pro			Count	ry		ZIP or Foreign Pos 73102	tal Code		
Г	PART 2: STATEMENT OF UNRELATED BUSINESS TAXABLE INCOME (Please read instructions on pages 2-3)											
Total Federal Allocable Oklahoma												
	A Total unrelated trade or business income - applicable Federal Form(s) 990											
- 1	B Total unrelated trade or business deductions - applicable Fed. Form(s) 990											
C Unrelated business taxable income - enter here and on line 1 below												
∵⊨	1	Unrelated business taxable income - from stateme	ent above	(alloca	hle to Okla	homa)				.00		
state tax law	2							. [.00		
te ta	3	Oklahoma Capital Gain deduction (provide Form 8								.00		
y sta	4	Oklahoma taxable income (total of lines 1, 2 and 3								.00		
in any		X COMPUTATION	J)					⁻ 1		.00		
Tax at 6% of line 4. If trust - see rate schedule on page 2 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 O.S. Sec. 2368(K), add the installment payment here and enter a "3" in the box Less: Other Credits Form (total from Form 511CR) Balance of tax due (line 5 minus line 6, but not less than zero) 2021 Oklahoma estimated tax and extension payments and prior year carryforward 9 Oklahoma withholding (provide Form 1099, Form 500A, Form 500B or other withholding statement) 9 Amount paid with original return and amount paid after it was filed (amended return only) 11 Apy refunds or overnayment applied (amended return only)										1		
axb		68 O.S. Sec. 2368(K), add the installment paymer						5		.00		
to to	6	Less: Other Credits Form (total from Form 511CF	,					6		.00		
otic 	7	Balance of tax due (line 5 minus line 6, but not les						I		.00		
tua	8	2021 Oklahoma estimated tax and extension pays						Г		.00		
e ac	9	Oklahoma withholding (provide Form 1099, Form						Г		.00		
g J	10	Amount paid with original return and amount paid							/	.00		
] ed	11	Any refunds or overpayment applied (amended re						1	().00		
ᅏᅵ	12	Total of lines 8 through 11								.00		
[호	13	Overpayment (if line 12 is larger than line 7 enter a								.00		
	2 14 Amount of line 13 to be credited to 2022 estimated tax (original return only) Line 15 provides you the opportunity to make a financial gift from your refund to a variety of Oklahoma organizations. Place the line number of the											
		nization from page 3 of this form in the box below and enter the amou box and attach a schedule showing how you would like your donation		onating. If	giving to more	than one org	ganization, put a "99"					
ĔΓ	5	Donations from your refund		, [s ₅	Φ.		15		.00		
× I	6					Ψ				.00		
밀	7	Amount to be refunded to you (line 13 minus line					I	ſ		.00		
두 _												
The QK	_	——————————————————————————————————————		·			cated outside of th		Yes	No		
		efunds must be by direct deposit. Direct Deposit Information on	retuna in	my:	cned	cking acc	count	savings acc	ount			
- 1		4 for details Routing				ccount						
Ľ	_	Number:			N	umber: L						
Ī	8	Tax Due (if line 7 is larger than line 12 enter tax du	ıe)				т	ax Due 18		.00		
	Tax Due (if line 7 is larger than line 12 enter tax due)									.00		
	20 For delinquent payment, add penalty of 5% plus interest at 1.25% per month									.00		
21 Underpayment of estimated tax interest										.00		
22 Total tax, penalty and interest due - Add lines 18-21; pay in full with return Balance Due 22									.00			
Ur	nder	penalty of perjury, I declare the information contained in this docume	ent, attachme	nts and s	chedules are tr	ue and corre	ct to the best of my kn	owledge and belief	·			
		ature of Officer Date			this box if ahoma Tax	Signature of I	Preparer		Date			
				Commi	ission		MULLINS					
12-14-21	Print Nam	DAVID WARDE			with your	Printed Name of Preparer	JOSH MUI	LINS				
	Γitle	Phone Number			'l	Phone Numb			arer's PTIN:			
1	V.	ICE PRESIDENT &		ן ב	x∐ [405-3	<u>348-0615</u>	P	01602326			

2021 Form 512-E - Page 2 - Return of Organization Exempt from Income Tax

Schedule 512-E-X: Amended Return Schedule								
A Did you file an amended Federal income tax return? Yes X No								
Provide a copy of the amended Federal return and a copy of "Statement of Adjustment", IRS refund check or deposit slip.								
B If this return is being filed due to a Federal audit, provide a complete copy of the RAR.								
C Explanation or reason for amended return (Provide all necessary schedules):								