Youth Services of Tulsa

2012 Return of Organization
Exempt from Income Tax
For the year ending June 30, 2013

Federal and Oklahoma

Prepared by:

Cross and Robinson
Certified Public Accountants
A Professional Corporation
4200 East Skelly Drive, Suite 560
Tulsa, OK 74135
FEDERAL
YOUTH SERVICES OF TULSA, INC.

Name and title of officer

JAMES WALKER

EXECUTIVE DIRECTOR

**Part I | Type of Return and Return Information (Whole Dollars Only)**

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0). But, if you entered -0 on the return, then enter -0 on the applicable line below. Do not complete more than 1 line in Part I.

1a Form 990 check here □ X b Total revenue, if any (Form 990, Part VIII, column (A), line 12) .............. 1b 6723775
2a Form 990-EZ check here □ □ b Total revenue, if any (Form 990-EZ, line 9) .................................................. 2b
3a Form 1120-POL check here □ □ b Total tax (Form 1120-POL, line 22) .................................................. 3b
4a Form 990-PF check here □ □ b Tax based on investment income (Form 990-PF, Part VI, line 5) .......... 4b
5a Form 8888 check here □ □ b Balance Due (Form 8888, Part I, line 3c or Part II, line 8c) ................. 5b

**Part II | Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization’s 2012 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization’s electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization’s return and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated financial agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization’s federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization’s electronic return and, if applicable, the organization’s consent to electronic funds withdrawal.

Officer’s PIN: check one box only

□ I authorize CROSS AND ROBINSON, C.P.A.'S, P.C. to enter my PIN 26650

ERO firm name

Enter five numbers, but do not enter all zeros

As my signature on the organization’s tax year 2012 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return’s disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization’s tax year 2012 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return’s disclosure consent screen.

Officer’s signature: [Signature]

Date □ 31/12

**Part III | Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

73370442002

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2012 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature □ [Signature]

Date □ 1-28-14

ER0 Must Retain This Form - See Instructions

Do Not Submit This Form To the IRS Unless Requested To Do So
Form 8868
(Rev. January 2013)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an
Exempt Organization Return

File a separate application for each return.

[ ] If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box ..........................

[ ] If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file and click on e-file for Charities & Nonprofits.

Part I  Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only .............................................................................................................................................

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print

Name of exempt organization or other filer, see instructions.

YOUTH SERVICES OF TULSA, INC.

Employer Identification number (EIN) or

73-0785251

Social security number (SSN)

C/O CROSS AND ROBINSON, CPAS - 4200 E SKELLY DR,

City, town or post office, state, and ZIP code. For a foreign address, see instructions.

TULSA, OK 74135

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

Application Is For

Return Code Application Is For Return Code
Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07
Form 990-BL 02 Form 1041-A 08
Form 4720 (individual) 03 Form 4720 09
Form 990-PF 04 Form 5227 10
Form 990-T (sac. 401(a) or 408(a) trust) 05 Form 6069 11
Form 990-T (trust other than above) 06 Form 8870 12

YOUTH SERVICES OF TULSA, INC.

Telephone No. (918) 582-0061 FAX No. ..........................................................................................................................................

• If the organization does not have an office or place of business in the United States, check this box ..........................................................................................................................................

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box. If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until FEBRUARY 15, 2014 , to file the exempt organization return for the organization named above. The extension is for the organization's return for:

[ ] calendar year or

[ ] tax year beginning JUL 1, 2012 and ending JUN 30, 2013 .

2 If the tax year entered in line 1 is for less than 12 months, check reason:

[ ] Initial return

[ ] Final return

[ ] Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. $ 0 .

3b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. $ 0 .

3c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. $ 0 .

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2013)

2012.05030 YOUTH SERVICES OF TULSA, INC 26650_1
### Part I: Summary

**Name of organization:** YOUTH SERVICES OF TULSA, INC.

**Address:**
- 311 SOUTH MADISON AVENUE
- TULSA, OK 74120

**Telephone number:** (918) 582-0061

**Gross receipts:** $7,651,774

**Year of formation:** 1969

**Net unrelated business taxable income:** $2,045

#### Activities & Governance

1. Briefly describe the organization's mission:
   - **COUNSELING**

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

3. Number of voting members of the governing body:
   - **3**

4. Number of independent voting members of the governing body:
   - **4**

5. Total number of individuals employed in calendar year:
   - **151**

6. Total number of volunteers (estimate if necessary):
   - **0**

7. Total unrelated business revenue from Part VIII, column (C), line 12:
   - **0**

8. Prior Year: **6,470,108**
   - Current Year: **5,914,838**

9. Program service revenue:
   - **453,840**

10. Investment income:
    - **241,791**

11. Other revenue:
    - **48,818**

12. Total revenue: **711,621**

#### Revenue

- **Prior Year:** **6,242,852**
- **Current Year:** **4,590,686**

**Total expenses:** **1,819,564**

**Revenue less expenses:** **874,505**

**Beginning of Current Year:** **12,793,647**

**End of Year:** **12,458,268**

### Part II: Signature Block

**Signature:** JAMES WALKER, EXECUTIVE DIRECTOR

**Date:** 1-28-14

**Preparer's Signature:**

**Preparer's EIN:** 73-0965759

**Preparer's Phone:** (918) 492-8800

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**May the IRS discuss this return with the preparer shown above? (see instructions):** **X Yes** **No**
Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III: [ ]

1 Briefly describe the organization's mission:
TO PROVIDE QUALITY PROGRAMS AND SERVICES FOR THE PROTECTION, EDUCATION, AND POSITIVE DEVELOPMENT OF YOUTH.

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

If “Yes,” describe these new services on Schedule O.

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

If “Yes,” describe these changes on Schedule O.

4 Describe the organization’s program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses $5,439,889 including grants of $ ) (Revenue $750,727)

YOUTH SERVICES OF TULSA VALUES THE POTENTIAL OF ALL YOUTH, SUPPORTING AND CHALLENGING THEM TO EMBRACE THEIR FUTURE AND ACHIEVE INDEPENDENCE, ENSURING THAT THEIR VOICES ARE HEARD. SINCE 1969, THE ORGANIZATION HAS STRATEGICALLY GROWN TO MEET THE CHANGING AND INCREASINGLY COMPLEX NEEDS OF YOUTH AND THEIR FAMILIES. YOUTH SERVICES ASSISTS 16,000 YOUNG PEOPLE AND THEIR FAMILIES ANNUALLY WITH 17 INNOVATIVE AND EFFECTIVE PROGRAMS FOCUSED ON COUNSELING, HOMELESS AND RUNAWAY YOUTH, DELINQUENCY PREVENTION AND YOUTH DEVELOPMENT. COMMITTED TO PROVIDING QUALITY SERVICES, YOUTH SERVICES IS ACCREDITED BY THE COUNCIL ON ACCREDITATION.

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

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

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

4e Total program service expenses $5,439,889.
<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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<tr>
<td>1</td>
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<td>20b</td>
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</table>
21 Did the organization report more than $5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 17? If "Yes," complete Schedule I, Parts I and II .................................................................................................................. 21 X

22 Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 27? 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, highest compensated employees? If "Yes," complete Schedule J ........................................................................................................................................... 23 X

24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25 ........................................................................................................................................... 24a X

24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? ........................................................................................................................................... 24b

24c 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

24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? ........................................................................................................................................... 24d

25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I ........................................................................................................................................... 25a X

25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I ........................................................................................................................................... 25b X

26 Was a loan or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II ........................................................................................................................................... 26 X

27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III ........................................................................................................................................... 27 X

28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV ........................................................................................................................................... 28a X

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV ........................................................................................................................................... 28b X

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV ........................................................................................................................................... 28c X

29 Did the organization receive more than $25,000 in non-cash contributions? If "Yes," complete Schedule M ........................................................................................................................................... 29 X

30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M ........................................................................................................................................... 30 X

31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I ........................................................................................................................................... 31 X

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II ........................................................................................................................................... 32 X

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I ........................................................................................................................................... 33 X

34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 ........................................................................................................................................... 34 X

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 ........................................................................................................................................... 35a X

b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 ........................................................................................................................................... 35b

36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 ........................................................................................................................................... 36 X

37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI ........................................................................................................................................... 37 X

38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? ........................................................................................................................................... 38 X

Note. All Form 990 filers are required to complete Schedule O.
Part V  Statements Regarding Other IRS Filings and Tax Compliance

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

1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. 
1b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. 
1c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gambling winnings to prize winners?

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.

2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?

Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)

3a Did the organization have unrelated business gross income of $1,000 or more during the year?

3b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.

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)?

4b If "Yes," enter the name of the foreign country. See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?

5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?

5c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?

6a Does the organization have gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?

6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?

7 Organizations that may receive deductible contributions under section 170(c).

7a 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?

7b Did the organization notify the donor of the value of the goods or services provided?

7c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?

7d If "Yes," indicate the number of Forms 8282 filed during the year.

7e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

7g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?

7h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1098-C?

8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?

9 Sponsoring organizations maintaining donor advised funds.

9a Did the organization make any taxable distributions under section 4966?

9b Did the organization make a distribution to a donor, donor advisor, or related person?

10 Section 501(c)(7) organizations. Enter:

10a Initiation fees and capital contributions included on Part VIII, line 12

10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

11 Section 501(c)(12) organizations. Enter:

11a Gross income from members or shareholders

11b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

12b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.

12c Section 501(c)(29) qualified nonprofit health insurance issuers.

13a Is the organization licensed to issue qualified health plans in more than one state?

Note. See the instructions for additional information the organization must report on Schedule O.

13b 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.

13c Enter the amount of reserves on hand.

14a Did the organization receive any payments for indoor tanning services during the tax year?

14b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.
**Part VI Governance, Management, and Disclosure**

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

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

### Section A. Governing Body and Management

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>1a Enter the number of voting members of the governing body at the end of the tax year</td>
<td></td>
<td>30</td>
</tr>
<tr>
<td>If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1b Enter the number of voting members included in line 1a, above, who are independent</td>
<td></td>
<td>30</td>
</tr>
<tr>
<td>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?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?</td>
<td></td>
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<tr>
<td>4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?</td>
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<tr>
<td>5 Did the organization become aware during the year of a significant diversion of the organization's assets?</td>
<td></td>
<td></td>
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<tr>
<td>6 Did the organization have members or stockholders?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body?</td>
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<td></td>
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<tr>
<td>8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:</td>
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<tr>
<td>8a The governing body?</td>
<td></td>
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</tr>
<tr>
<td>8b Each committee with authority to act on behalf of the governing body?</td>
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<td></td>
</tr>
<tr>
<td>9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If &quot;Yes,&quot; provide the names and addresses in Schedule O</td>
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</tr>
</tbody>
</table>

### Section B. Policies

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

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>10a Did the organization have local chapters, branches, or affiliates?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10b If &quot;Yes,&quot; 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?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?</td>
<td></td>
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<tr>
<td>11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.</td>
<td></td>
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<tr>
<td>12a Did the organization have a written conflict of interest policy? If &quot;No,&quot; go to line 13</td>
<td></td>
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<tr>
<td>12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?</td>
<td></td>
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</tr>
<tr>
<td>12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If &quot;Yes,&quot; describe in Schedule O how this was done.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 Did the organization have a written whistleblower policy?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14 Did the organization have a written document retention and destruction policy?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15a The organization's CEO, Executive Director, or top management official</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15b Other officers or key employees of the organization</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes&quot; to line 15a or 15b, describe the process in Schedule O (see instructions).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16b If &quot;Yes,&quot; 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?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section C. Disclosure

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

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

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

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:  

**YOUTH SERVICES OF TULSA, INC. - (918) 582-0061**  
311 SOUTH MADISON, TULSA, OK 74120

---

14490127 7949692 26650 2012.05030 YOUTH SERVICES OF TULSA, INC. 26650_1
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

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

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

<table>
<thead>
<tr>
<th>(A) Name and Title</th>
<th>(B) Average hours per week (list any hours for related organizations below line)</th>
<th>(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) JAMES WALKER</td>
<td>40.00</td>
<td>X</td>
<td>132,271.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>EXECUTIVE DIRECTOR</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2) DEREK LEWELLEN</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>VICE PRESIDENT PROGRAMS</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3) ROBERT JOYCE</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>VICE PRESIDENT GOVERNANCE</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(4) LEE CLARK JOHNS</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(5) MAX HEIDENRICH</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>SECRETARY</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(6) WALLACE WILLIAMS</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(7) BOB SULLIVAN</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
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</tr>
<tr>
<td>VICE PRESIDENT FINANCE</td>
<td></td>
<td>X</td>
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<td></td>
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</tr>
<tr>
<td>(8) JOHN PILKINGTON</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
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</tr>
<tr>
<td>VICE PRESIDENT DEVELOPMENT</td>
<td></td>
<td>X</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>(9) CATHLEEN RYAN</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>PRESIDENT</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(10) LISA ESPINOSA</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>VICE PRESIDENT COMMUNITY R</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(11) MICKIE TAYLOR</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(12) JOHN BURKE</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(13) JOHN CONNELLY</td>
<td>1.00</td>
<td>X</td>
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<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(14) KARISSA COTTON</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(15) JOY FRAME</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>(16) JIM MARTIN</td>
<td>1.00</td>
<td>X</td>
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<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(17) LISA ALEERS</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Form 990 (2012)
### Part VII | Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

<table>
<thead>
<tr>
<th>(A) Name and title</th>
<th>(B) Average hours per week</th>
<th>(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>(18) JIM DOBSON</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(19) GARY BETOW</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(20) CHIEF DAVID BOGGS</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(21) TREY KARLOVICH</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(22) LANCE LAUBACH</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(23) CAPTAIN LAUREL LEDBETTER</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(24) ROBERT MITCHEMER, III</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(25) SHERRY NELSON</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(26) JOHN NEWELL</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>1b Sub-total</strong></td>
<td></td>
<td></td>
<td><strong>132,271.</strong></td>
<td><strong>0.</strong></td>
<td><strong>0.</strong></td>
</tr>
<tr>
<td><strong>c Total from continuation sheets to Part VII, Section A</strong></td>
<td></td>
<td></td>
<td><strong>0.</strong></td>
<td><strong>0.</strong></td>
<td><strong>0.</strong></td>
</tr>
<tr>
<td><strong>d Total (add lines 1b and 1c)</strong></td>
<td></td>
<td></td>
<td><strong>132,271.</strong></td>
<td><strong>0.</strong></td>
<td><strong>0.</strong></td>
</tr>
</tbody>
</table>

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization: 1

3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual.

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? If "Yes," complete Schedule J for such individual.

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person.

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization’s tax year.

<table>
<thead>
<tr>
<th>(A) Name and business address</th>
<th>(B) Description of services</th>
<th>(C) Compensation</th>
</tr>
</thead>
</table>

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization: 0

SEE PART VII, SECTION A CONTINUATION SHEETS
<table>
<thead>
<tr>
<th>(A) Name and title</th>
<th>(B) Average hours per week</th>
<th>(C) Position (check all that apply)</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>(27) JENNIFER NIGHTENGALE</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(28) JASON REED</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(29) JIM SIECK</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(30) DAVE STAUDT</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(31) TINA STILL</td>
<td>1.00</td>
<td>X</td>
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<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total to Part VII, Section A, line 1c
### Form 990 (2012)  
**Part VIII Statement of Revenue**

#### Contributions, Gifts, Grants and Other Similar Amounts

<table>
<thead>
<tr>
<th>Description</th>
<th>Line</th>
<th>Revenue Excluded from Tax under Sections 512, 513, or 514</th>
</tr>
</thead>
<tbody>
<tr>
<td>a Federated campaigns</td>
<td>1a</td>
<td></td>
</tr>
<tr>
<td>b Membership dues</td>
<td>1b</td>
<td></td>
</tr>
<tr>
<td>c Fundraising events</td>
<td>1c</td>
<td>203,637</td>
</tr>
<tr>
<td>d Related organizations</td>
<td>1d</td>
<td></td>
</tr>
<tr>
<td>e Government grants (contributions)</td>
<td>1e</td>
<td>3,447,777</td>
</tr>
<tr>
<td>f All other contributions, gifts, grants, and similar amounts not included above</td>
<td>1f</td>
<td>2,263,424</td>
</tr>
<tr>
<td>g Noncash contributions included in lines 1a-1f</td>
<td>1f</td>
<td></td>
</tr>
<tr>
<td>h Total, Add lines 1a-1f</td>
<td></td>
<td>5,914,838</td>
</tr>
</tbody>
</table>

#### Program Service Revenue

<table>
<thead>
<tr>
<th>Description</th>
<th>Line</th>
<th>Revenue Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>a AREA MUNICIPALITIES</td>
<td>2a</td>
<td>900099</td>
</tr>
<tr>
<td>b</td>
<td>2b</td>
<td>457,921</td>
</tr>
<tr>
<td>c</td>
<td>2c</td>
<td>457,921</td>
</tr>
<tr>
<td>d</td>
<td>2d</td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>2e</td>
<td></td>
</tr>
<tr>
<td>f All other program service revenue</td>
<td>2f</td>
<td>457,921</td>
</tr>
<tr>
<td>g Total, Add lines 2a-2f</td>
<td>2g</td>
<td></td>
</tr>
</tbody>
</table>

#### Investment Income (including dividends, interest, and other similar amounts)

<table>
<thead>
<tr>
<th>Description</th>
<th>Line</th>
<th>Revenue</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 Investment income (including dividends, interest, and other similar amounts)</td>
<td>3</td>
<td>84,472</td>
</tr>
</tbody>
</table>

#### Income from Investment of Tax-exempt Bond Proceeds

<table>
<thead>
<tr>
<th>Description</th>
<th>Line</th>
<th>Revenue</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 Income from investment of tax-exempt bond proceeds</td>
<td>4</td>
<td>84,472</td>
</tr>
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</table>

#### Royalties

<table>
<thead>
<tr>
<th>Description</th>
<th>Line</th>
<th>(i) Real</th>
<th>(ii) Personal</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 Royalties</td>
<td>5</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Gross Rents

<table>
<thead>
<tr>
<th>Description</th>
<th>Line</th>
<th>Revenue</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 a Gross rents</td>
<td>6a</td>
<td></td>
</tr>
<tr>
<td>b Less: rental expenses</td>
<td>6b</td>
<td></td>
</tr>
<tr>
<td>c Rental income or (loss)</td>
<td>6c</td>
<td></td>
</tr>
<tr>
<td>d Net rental income or (loss)</td>
<td>6d</td>
<td></td>
</tr>
</tbody>
</table>

#### Gross Amount from Sales of Assets other than Inventory

<table>
<thead>
<tr>
<th>Description</th>
<th>Line</th>
<th>Revenue</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 a Gross amount from sales of assets other than inventory</td>
<td>7a</td>
<td>993,349</td>
</tr>
<tr>
<td>b Less: cost or other basis and sales expenses</td>
<td>7b</td>
<td>814,422</td>
</tr>
<tr>
<td>c Gain or (loss)</td>
<td>7c</td>
<td>178,927</td>
</tr>
<tr>
<td>d Net gain or (loss)</td>
<td>7d</td>
<td></td>
</tr>
</tbody>
</table>

#### Gross Income from Fundraising Events (not including contributions reported on line 1c)

<table>
<thead>
<tr>
<th>Description</th>
<th>Line</th>
<th>Revenue</th>
</tr>
</thead>
<tbody>
<tr>
<td>8 a Gross income from fundraising events (not including $ 203,637 of contributions reported on line 1c)</td>
<td>8a</td>
<td>203,637</td>
</tr>
<tr>
<td>b Less: direct expenses</td>
<td>8b</td>
<td>87,315</td>
</tr>
<tr>
<td>c Net income or (loss) from fundraising events</td>
<td>8c</td>
<td>-26,262</td>
</tr>
</tbody>
</table>

#### Gross Income from Gaming Activities

<table>
<thead>
<tr>
<th>Description</th>
<th>Line</th>
<th>Revenue</th>
</tr>
</thead>
<tbody>
<tr>
<td>9 a Gross income from gaming activities. See Part IV, line 19</td>
<td>9a</td>
<td></td>
</tr>
<tr>
<td>b Less: direct expenses</td>
<td>9b</td>
<td></td>
</tr>
<tr>
<td>c Net income or (loss) from gaming activities</td>
<td>9c</td>
<td></td>
</tr>
</tbody>
</table>

#### Gross Sales of Inventory, less Returns and Allowances

<table>
<thead>
<tr>
<th>Description</th>
<th>Line</th>
<th>Revenue</th>
</tr>
</thead>
<tbody>
<tr>
<td>10 a Gross sales of inventory, less returns and allowances</td>
<td>10a</td>
<td></td>
</tr>
<tr>
<td>b Less: cost of goods sold</td>
<td>10b</td>
<td></td>
</tr>
<tr>
<td>c Net income or (loss) from sales of inventory</td>
<td>10c</td>
<td></td>
</tr>
</tbody>
</table>

#### Miscellaneous Revenue

<table>
<thead>
<tr>
<th>Description</th>
<th>Line</th>
<th>Revenue</th>
</tr>
</thead>
<tbody>
<tr>
<td>11 a MISCELLANEOUS</td>
<td>11a</td>
<td>113,879</td>
</tr>
<tr>
<td>b</td>
<td>11b</td>
<td>113,879</td>
</tr>
<tr>
<td>c</td>
<td>11c</td>
<td></td>
</tr>
<tr>
<td>d All other revenue</td>
<td>11d</td>
<td></td>
</tr>
<tr>
<td>e Total, Add lines 11a-11d</td>
<td></td>
<td>113,879</td>
</tr>
</tbody>
</table>

#### Total Revenue

<table>
<thead>
<tr>
<th>Description</th>
<th>Line</th>
<th>Revenue</th>
</tr>
</thead>
<tbody>
<tr>
<td>12 Total, Add lines 1a-1d</td>
<td></td>
<td>6,723,775</td>
</tr>
<tr>
<td>b</td>
<td>12b</td>
<td>750,727</td>
</tr>
<tr>
<td>c</td>
<td>12c</td>
<td>0</td>
</tr>
<tr>
<td>d</td>
<td>12d</td>
<td>58,210</td>
</tr>
</tbody>
</table>
### 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 response to any question in this Part IX

<table>
<thead>
<tr>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1</strong> Grants and other assistance to governments and organizations in the United States. See Part IV, line 21</td>
</tr>
<tr>
<td><strong>2</strong> Grants and other assistance to individuals in the United States. See Part IV, line 22</td>
</tr>
<tr>
<td><strong>3</strong> Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16</td>
</tr>
<tr>
<td><strong>4</strong> Benefits paid to or for members</td>
</tr>
<tr>
<td><strong>5</strong> Compensation of current officers, directors, trustees, and key employees</td>
</tr>
<tr>
<td><strong>6</strong> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)(i) and persons described in section 4958(c)(3)(B)</td>
</tr>
<tr>
<td><strong>7</strong> Other salaries and wages</td>
</tr>
<tr>
<td><strong>8</strong> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)</td>
</tr>
<tr>
<td><strong>9</strong> Other employee benefits</td>
</tr>
<tr>
<td><strong>10</strong> Payroll taxes</td>
</tr>
<tr>
<td><strong>11</strong> Fees for services (non-employees):</td>
</tr>
<tr>
<td>a Management</td>
</tr>
<tr>
<td>b Legal</td>
</tr>
<tr>
<td>c Accounting</td>
</tr>
<tr>
<td>d Lobbying</td>
</tr>
<tr>
<td>e Professional fundraising services. See Part IV, line 17</td>
</tr>
<tr>
<td>f Investment management fees</td>
</tr>
<tr>
<td>g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)</td>
</tr>
<tr>
<td><strong>12</strong> Advertising and promotion</td>
</tr>
<tr>
<td><strong>13</strong> Office expenses</td>
</tr>
<tr>
<td><strong>14</strong> Information technology</td>
</tr>
<tr>
<td><strong>15</strong> Royalties</td>
</tr>
<tr>
<td><strong>16</strong> Occupancy</td>
</tr>
<tr>
<td><strong>17</strong> Travel</td>
</tr>
<tr>
<td><strong>18</strong> Payments of travel or entertainment expenses for any federal, state, or local public officials</td>
</tr>
<tr>
<td><strong>19</strong> Conferences, conventions, and meetings</td>
</tr>
<tr>
<td><strong>20</strong> Interest</td>
</tr>
<tr>
<td><strong>21</strong> Payments to affiliates</td>
</tr>
<tr>
<td><strong>22</strong> Depreciation, depletion, and amortization</td>
</tr>
<tr>
<td><strong>23</strong> Insurance</td>
</tr>
<tr>
<td><strong>24</strong> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)</td>
</tr>
<tr>
<td>a SUPPLIES</td>
</tr>
<tr>
<td>b PROFESSIONAL FEES</td>
</tr>
<tr>
<td>c EQUIPMENT RENTAL &amp; MAIN</td>
</tr>
<tr>
<td>d MISCELLANEOUS</td>
</tr>
<tr>
<td>e All other expenses</td>
</tr>
</tbody>
</table>

**Total functional expenses. Add lines 1 through 24e**

<table>
<thead>
<tr>
<th>Description</th>
<th>Total expenses</th>
<th>Program service expenses</th>
<th>Management and general expenses</th>
<th>Fundraising expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>a Management</td>
<td>132,271.00</td>
<td>132,271.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Legal</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Accounting</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Lobbying</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e Professional fundraising services</td>
<td>589,482.00</td>
<td>522,198.00</td>
<td>54,502.00</td>
<td>12,782.00</td>
</tr>
<tr>
<td>f Investment management fees</td>
<td>308,603.00</td>
<td>271,139.00</td>
<td>27,559.00</td>
<td>9,905.00</td>
</tr>
<tr>
<td>g Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h Advertising and promotion</td>
<td>380,299.00</td>
<td>287,038.00</td>
<td>91,813.00</td>
<td>1,448.00</td>
</tr>
<tr>
<td>i Office expenses</td>
<td>194,660.00</td>
<td>171,553.00</td>
<td>23,107.00</td>
<td></td>
</tr>
<tr>
<td>j Information technology</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>k Royalties</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>l Occupancy</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>m Travel</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>n Payments of travel or entertainment expenses for any federal, state, or local public officials</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>o Conferences, conventions, and meetings</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>p Interest</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>q Payments to affiliates</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>r Depreciation, depletion, and amortization</td>
<td>306,614.00</td>
<td>195,619.00</td>
<td>110,995.00</td>
<td></td>
</tr>
<tr>
<td>s Insurance</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>t Other expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>u SUPPLIES</td>
<td>557,829.00</td>
<td>483,703.00</td>
<td>74,126.00</td>
<td></td>
</tr>
<tr>
<td>v PROFESSIONAL FEES</td>
<td>231,016.00</td>
<td>136,025.00</td>
<td>75,997.00</td>
<td>18,994.00</td>
</tr>
<tr>
<td>w EQUIPMENT RENTAL &amp; MAIN</td>
<td>158,728.00</td>
<td>118,363.00</td>
<td>40,365.00</td>
<td></td>
</tr>
<tr>
<td>x MISCELLANEOUS</td>
<td>53,113.00</td>
<td>10,155.00</td>
<td>42,958.00</td>
<td></td>
</tr>
<tr>
<td>y All other expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>z <strong>Total functional expenses. Add lines 1 through 24e</strong></td>
<td>6,472,945.00</td>
<td>5,439,889.00</td>
<td>871,312.00</td>
<td>161,744.00</td>
</tr>
<tr>
<td>Assets</td>
<td>(A) Beginning of year</td>
<td>(B) End of year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>---------------------------------------------</td>
<td>-----------------------</td>
<td>-----------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 Cash - non-interest-bearing</td>
<td>710,191</td>
<td>885,506</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Savings and temporary cash investments</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Pledges and grants receivable, net</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Accounts receivable, net</td>
<td>502,248</td>
<td>429,235</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Notes and loans receivable, net</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Inventories for sale or use</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Prepaid expenses and deferred charges</td>
<td>78,451</td>
<td>80,364</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D</td>
<td>11,221,862</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10b Less: accumulated depreciation</td>
<td>3,664,426</td>
<td>7,831,312</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Investments - publicly traded securities</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Investments - other securities. See Part IV, line 11</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 Investments - program-related. See Part IV, line 11</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14 Intangible assets</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15 Other assets. See Part IV, line 11</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total assets, Add lines 1 through 15 (must equal line 34)</td>
<td>12,793,647</td>
<td>12,782,673</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16 Accounts payable and accrued expenses</td>
<td>460,558</td>
<td>324,405</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17 Grants payable</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18 Deferred revenue</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19 Tax-exempt bond liabilities</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20 escrow or custodial account liability. Complete Part IV of Schedule D</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23 Secured mortgages and notes payable to unrelated third parties</td>
<td>250,000</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>24 Unsecured notes and loans payable to unrelated third parties</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total liabilities, Add lines 17 through 25</td>
<td>710,558</td>
<td>324,405</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Liabilities</th>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>27 Organizations that follow SFAS 117 (ASC 958), check here [X] and complete lines 27 through 29, and lines 33 and 34.</td>
<td>3,677,810</td>
<td>3,787,815</td>
</tr>
<tr>
<td>28 Temporarily restricted net assets</td>
<td>7,136,741</td>
<td>7,401,915</td>
</tr>
<tr>
<td>29 Permanently restricted net assets</td>
<td>1,268,538</td>
<td>1,268,538</td>
</tr>
<tr>
<td>Total liabilities and net assets/fund balances</td>
<td>12,083,089</td>
<td>12,458,268</td>
</tr>
<tr>
<td>30 Net Assets or Fund Balances</td>
<td></td>
<td></td>
</tr>
<tr>
<td>31 Capital stock or trust principal, or current funds</td>
<td></td>
<td></td>
</tr>
<tr>
<td>32 Paid-in or capital surplus, or land, building, or equipment fund</td>
<td></td>
<td></td>
</tr>
<tr>
<td>33 Retained earnings, endowment, accumulated income, or other funds</td>
<td></td>
<td></td>
</tr>
<tr>
<td>34 Total liabilities and net assets/fund balances</td>
<td>12,793,647</td>
<td>12,782,673</td>
</tr>
</tbody>
</table>
**Part XI Reconciliation of Net Assets**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total revenue (must equal Part VIII, column (A), line 12)</td>
</tr>
<tr>
<td>2</td>
<td>Total expenses (must equal Part IX, column (A), line 25)</td>
</tr>
<tr>
<td>3</td>
<td>Revenue less expenses. Subtract line 2 from line 1</td>
</tr>
<tr>
<td>4</td>
<td>Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))</td>
</tr>
<tr>
<td>5</td>
<td>Net unrealized gains (losses) on investments</td>
</tr>
<tr>
<td>6</td>
<td>Donated services and use of facilities</td>
</tr>
<tr>
<td>7</td>
<td>Investment expenses</td>
</tr>
<tr>
<td>8</td>
<td>Prior period adjustments</td>
</tr>
<tr>
<td>9</td>
<td>Other changes in net assets or fund balances (explain in Schedule O)</td>
</tr>
<tr>
<td>10</td>
<td>Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))</td>
</tr>
</tbody>
</table>

**Part XII Financial Statements and Reporting**

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Accounting method used to prepare the Form 990: [ ] Cash  [X] Accrual  [ ] Other</td>
<td></td>
</tr>
<tr>
<td>2a</td>
<td>Were the organization’s financial statements compiled or reviewed by an independent accountant? If “Yes,” check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: [ ] Separate basis  [ ] Consolidated basis  [ ] Both consolidated and separate basis</td>
<td>X</td>
</tr>
<tr>
<td>2b</td>
<td>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 basis, consolidated basis, or both: [ ] Separate basis  [X] Consolidated basis  [ ] Both consolidated and separate basis</td>
<td>X</td>
</tr>
<tr>
<td>2c</td>
<td>If “Yes” to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.</td>
<td>X</td>
</tr>
<tr>
<td>3a</td>
<td>As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?</td>
<td>X</td>
</tr>
<tr>
<td>3b</td>
<td>If “Yes,” did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits</td>
<td>X</td>
</tr>
<tr>
<td>Part I</td>
<td>Reason for Public Charity Status (All organizations must complete this part.) See instructions.</td>
<td></td>
</tr>
<tr>
<td>-------</td>
<td>------------------------------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>A school described in section 170(b)(1)(A)(ii). Attach Schedule E.</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>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:</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>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.)</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>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.)</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>A community trust described in section 170(b)(1)(A)(vii). (Complete Part II.)</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>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.)</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>An organization organized and operated exclusively to test for public safety. See section 509(a)(4).</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Type I</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Type II</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Type III - Functionally integrated</td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>Type III - Non-functionally integrated</td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).</td>
<td></td>
</tr>
<tr>
<td>f</td>
<td>If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box.</td>
<td></td>
</tr>
<tr>
<td>g</td>
<td>Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?</td>
<td></td>
</tr>
<tr>
<td>(i)</td>
<td>A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?</td>
<td></td>
</tr>
<tr>
<td>(ii)</td>
<td>A family member of a person described in (i) above?</td>
<td></td>
</tr>
<tr>
<td>(iii)</td>
<td>A 35% controlled entity of a person described in (i) or (ii) above?</td>
<td></td>
</tr>
<tr>
<td>h</td>
<td>Provide the following information about the supported organization(s):</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of supported organization</th>
<th>EIN</th>
<th>Type of organization (described on lines 1-9 above or IRC section (see instructions))</th>
<th>Is the organization in col. (I) listed in your governing document?</th>
<th>Did you notify the organization in col. (I) of your support?</th>
<th>Is the organization in col. (I) organized in the U.S.?</th>
<th>Amount of monetary support</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Total</th>
<th>LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ</th>
<th>Schedule A (Form 990 or 990-EZ) 2012</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>2012.05030 YOUTH SERVICES OF TULSA, INC 26650_1</td>
</tr>
</tbody>
</table>
**Schedule A (Form 990 or 990-EZ) 2012**  
**YOUTH SERVICES OF TULSA, INC.**  
**73-0785251 Page 2**

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

#### Section A. Public Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2008</th>
<th>(b) 2009</th>
<th>(c) 2010</th>
<th>(d) 2011</th>
<th>(e) 2012</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1  Gifts, grants, contributions, and membership fees received. (Do not include any &quot;unusual grants.&quot;)</td>
<td>5,268,940</td>
<td>4,975,175</td>
<td>6,436,331</td>
<td>6,201,325</td>
<td>5,631,473</td>
<td>28,573,244</td>
</tr>
<tr>
<td>2  Tax revenues levied for the organization's benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3  The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td>1,100,058</td>
<td>276,410</td>
<td>262,059</td>
<td>290,057</td>
<td>310,680</td>
<td>2,239,264</td>
</tr>
<tr>
<td><strong>Total. Add lines 1 through 3</strong></td>
<td>6,368,998</td>
<td>5,251,585</td>
<td>6,698,390</td>
<td>6,491,382</td>
<td>6,002,153</td>
<td>30,812,508</td>
</tr>
</tbody>
</table>

#### Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2008</th>
<th>(b) 2009</th>
<th>(c) 2010</th>
<th>(d) 2011</th>
<th>(e) 2012</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>7  Amounts from line 4</td>
<td>6,368,998</td>
<td>5,251,585</td>
<td>6,698,390</td>
<td>6,491,382</td>
<td>6,002,153</td>
<td>30,812,508</td>
</tr>
<tr>
<td>8  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources</td>
<td>62,332</td>
<td>51,402</td>
<td>70,595</td>
<td>92,840</td>
<td>84,472</td>
<td>361,641</td>
</tr>
<tr>
<td>9  Net income from unrelated business activities, whether or not the business is regularly carried on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>66,088</td>
<td>130,642</td>
<td>129,032</td>
<td>120,394</td>
<td>113,879</td>
<td>560,035</td>
</tr>
<tr>
<td><strong>First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12  Gross receipts from related activities, etc. (see instructions)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>12</strong></td>
<td>2,047,227</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Section C. Computation of Public Support Percentage

| (a) Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) |  |  |  |  |  | 14 97.10 % |
| Public support percentage from 2011 Schedule A, Part II, line 14 |  |  |  |  |  | 15 97.29 % |
| **16a 33 1/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization** | | | | | | X |
| **16b 33 1/3% support test - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization** | | | | | | |
| **17a 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization** | | | | | | |
| **17b 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization** | | | | | | |
| **18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions** | | | | | | |
### Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

#### Section A. Public Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning on)</th>
<th>(a) 2008</th>
<th>(b) 2009</th>
<th>(c) 2010</th>
<th>(d) 2011</th>
<th>(e) 2012</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gifts, grants, contributions, and membership fees received. (Do not include any &quot;unusual grants.&quot;)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Gross receipts from activities that are not an unrelated trade or business under section 513</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Total. Add lines 1 through 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7a Amounts included on lines 1, 2, and 3 received from disqualified persons</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7b 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 12 for the year</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7c Add lines 7a and 7b</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Public support (Subtract line 7c from line 6)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning on)</th>
<th>(a) 2008</th>
<th>(b) 2009</th>
<th>(c) 2010</th>
<th>(d) 2011</th>
<th>(e) 2012</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>9 Amounts from line 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10b Gross income from unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10c Add lines 10a and 10b</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 Total support. Add lines 9, 10c, 11, and 12</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Section C. Computation of Public Support Percentage

| Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)) | 15% |
| Public support percentage from 2011 Schedule A, Part III, line 15 | 16% |

#### Section D. Computation of Investment Income Percentage

| Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) | 17% |
| Investment income percentage from 2011 Schedule A, Part III, line 17 | 18% |

| Support tests - 2012 | If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization |          |
| Support tests - 2011 | If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization |          |

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions |          |

2090127 794969 26650

2012.05030 YOUTH SERVICES OF TULSA, IN 26650_1
SCHEDULE D
(Form 990)
Supplemental Financial Statements
> Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
> Attach to Form 990. > See separate instructions.

Department of the Treasury
Internal Revenue Service

Name of the organization
YOUTH SERVICES OF TULSA, INC.

Employer identification number
73-0785251

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

1 Total number at end of year
   (a) Donor advised funds
   (b) Funds and other accounts

2 Aggregate contributions to (during year)

3 Aggregate grants from (during year)

4 Aggregate value at end of year

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
   Preservation of land for public use (e.g., recreation or education)
   Preservation of an historically important land area
   Protection of natural habitat
   Preservation of a historic structure
   Preservation of open space

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

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

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

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

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

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

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

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
   (i) Revenues included in Form 990, Part VIII, line 1
   (ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
   a Revenues included in Form 990, Part VIII, line 1
   b Assets included in Form 990, Part X
### Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

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

- [ ] Public exhibition
- [ ] Scholarly research
- [ ] Preservation for future generations
- [ ] Loan or exchange programs
- [ ] Other

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

- [ ] Yes
- [ ] No

### Part IV Escrow and Custodial Arrangements

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

- [ ] Yes
- [ ] No

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

<table>
<thead>
<tr>
<th>Amount</th>
<th>tc</th>
<th>td</th>
<th>te</th>
<th>tf</th>
</tr>
</thead>
</table>

2a Did the organization include an amount on Form 990, Part X, line 21?

- [ ] Yes
- [ ] No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.

### Part V Endowment Funds

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

1a Beginning of year balance

<table>
<thead>
<tr>
<th>(a) Current year</th>
<th>(b) Prior year</th>
<th>(c) Two years back</th>
<th>(d) Three years back</th>
<th>(e) Four years back</th>
</tr>
</thead>
</table>

b Contributions

c Net investment earnings, gains, and losses

d Grants or scholarships

e Other expenditures for facilities and programs

f Administrative expenses

g End of year balance

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- [ ] Board designated or quasi-endowment %
- [ ] Permanent endowment %
- [ ] Temporarily restricted endowment %

The percentages in lines 2a, 2b, and 2c should equal 100%.

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

(i) unrelated organizations

(ii) related organizations

- [ ] Yes
- [ ] No

3b If "Yes" to 3a(i), are the related organizations listed as required on Schedule B?

- [ ] Yes
- [ ] No

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

### Part VI Land, Buildings, and Equipment

See Form 990, Part X, line 10.

<table>
<thead>
<tr>
<th>Description of property</th>
<th>(a) Cost or other basis (investment)</th>
<th>(b) Cost or other basis (other)</th>
<th>(c) Accumulated depreciation</th>
<th>(d) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Land</td>
<td>506,358</td>
<td></td>
<td>506,358</td>
<td></td>
</tr>
<tr>
<td>b Buildings</td>
<td>8,803,728</td>
<td>3,664,426</td>
<td>5,139,302</td>
<td></td>
</tr>
<tr>
<td>c Leasehold improvements</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Equipment</td>
<td>1,911,776</td>
<td></td>
<td>1,911,776</td>
<td></td>
</tr>
<tr>
<td>e Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total, Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) 7,557,436.
### Part VII Investments - Other Securities

<table>
<thead>
<tr>
<th>(a) Description of security or category (including name of security)</th>
<th>(b) Book value</th>
<th>(c) Method of valuation: Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Financial derivatives</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2) Closely-held equity interests</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3) Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(A)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(B)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(C)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(D)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(E)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(F)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(G)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(H)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(I)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total, (Col. (b) must equal Form 990, Part X, col. (B) line 12.)

### Part VIII Investments - Program Related

<table>
<thead>
<tr>
<th>(a) Description of investment type</th>
<th>(b) Book value</th>
<th>(c) Method of valuation: Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
<td></td>
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<tr>
<td>(4)</td>
<td></td>
<td></td>
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<tr>
<td>(5)</td>
<td></td>
<td></td>
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<tr>
<td>(6)</td>
<td></td>
<td></td>
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<tr>
<td>(7)</td>
<td></td>
<td></td>
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<td>(8)</td>
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<tr>
<td>(9)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(10)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total, (Column (b) must equal Form 990, Part X, col. (B) line 13.)

### Part IX Other Assets

<table>
<thead>
<tr>
<th>(a) Description</th>
<th>(b) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
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<tr>
<td>(4)</td>
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<tr>
<td>(5)</td>
<td></td>
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<tr>
<td>(6)</td>
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<tr>
<td>(7)</td>
<td></td>
</tr>
<tr>
<td>(8)</td>
<td></td>
</tr>
<tr>
<td>(9)</td>
<td></td>
</tr>
<tr>
<td>(10)</td>
<td></td>
</tr>
</tbody>
</table>

Total, (Column (b) must equal Form 990, Part X, col. (B) line 15.)

### Part X Other Liabilities

1. | (a) Description of liability | (b) Book value |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Federal income taxes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(4)</td>
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<td>(5)</td>
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<tr>
<td>(6)</td>
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<td>(8)</td>
<td></td>
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<tr>
<td>(9)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(10)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(11)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total, (Column (b) must equal Form 990, Part X, col. (B) line 25.)

2. FIN 48 (ASC 740) Footnote. 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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.
### Part XI | Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total revenue, gains, and other support per audited financial statements</td>
</tr>
<tr>
<td>2</td>
<td>Amounts included on line 1 but not on Form 990, Part VIII, line 12:</td>
</tr>
<tr>
<td></td>
<td>a Net unrealized gains on investments</td>
</tr>
<tr>
<td></td>
<td>b Donated services and use of facilities</td>
</tr>
<tr>
<td></td>
<td>c Recoveries of prior year grants</td>
</tr>
<tr>
<td></td>
<td>d Other (Describe in Part XIII.)</td>
</tr>
<tr>
<td></td>
<td>e Add lines 2a through 2d</td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2e from line 1</td>
</tr>
<tr>
<td>4</td>
<td>Amounts included on Form 990, Part VIII, line 12, but not on line 1:</td>
</tr>
<tr>
<td></td>
<td>a Investment expenses not included on Form 990, Part VIII, line 7b</td>
</tr>
<tr>
<td></td>
<td>b Other (Describe in Part XIII.)</td>
</tr>
<tr>
<td></td>
<td>c Add lines 4a and 4b</td>
</tr>
<tr>
<td>5</td>
<td>Total revenue, Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)</td>
</tr>
</tbody>
</table>

### Part XII | Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total expenses and losses per audited financial statements</td>
</tr>
<tr>
<td>2</td>
<td>Amounts included on line 1 but not on Form 990, Part IX, line 25:</td>
</tr>
<tr>
<td></td>
<td>a Donated services and use of facilities</td>
</tr>
<tr>
<td></td>
<td>b Prior year adjustments</td>
</tr>
<tr>
<td></td>
<td>c Other losses</td>
</tr>
<tr>
<td></td>
<td>d Other (Describe in Part XIII.)</td>
</tr>
<tr>
<td></td>
<td>e Add lines 2a through 2d</td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2e from line 1</td>
</tr>
<tr>
<td>4</td>
<td>Amounts included on Form 990, Part IX, line 25, but not on line 1:</td>
</tr>
<tr>
<td></td>
<td>a Investment expenses not included on Form 990, Part VIII, line 7b</td>
</tr>
<tr>
<td></td>
<td>b Other (Describe in Part XIII.)</td>
</tr>
<tr>
<td></td>
<td>c Add lines 4a and 4b</td>
</tr>
<tr>
<td>5</td>
<td>Total expenses, Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)</td>
</tr>
</tbody>
</table>

### Part XIII | Supplemental Information

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

**PART X, LINE 2: YST ADOPTED THE PROVISIONS OF ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES ON JULY 1, 2009. THE STANDARD CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ENTERPRISE'S FINANCIAL STATEMENTS AND PRESCRIBES A THRESHOLD OF MORE-LIKELY-THAN-NOT FOR RECOGNITION OF TAX BENEFITS OF UNCERTAIN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A A TAX RETURN. THE STANDARD ALSO PROVIDES RELATED GUIDANCE ON MEASUREMENT, DERECONNECTION, CLASSIFICATION, INTEREST AND PENALTIES AND DISCLOSURE.**
## Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 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. See separate instructions.

### Part I Fundraising Activities

Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1. Indicate whether the organization raised funds through any of the following activities. Check all that apply.
   - [ ] Mail solicitations
   - [ ] Solicitation of non-government grants
   - [ ] Internet and email solicitations
   - [ ] Solicitation of government grants
   - [ ] Phone solicitations
   - [ ] Special fundraising events
   - [ ] In-person solicitations

2. **a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  
   - [ ] Yes
   - [ ] No

   **b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

<table>
<thead>
<tr>
<th>(i) Name and address of individual or entity (fundraiser)</th>
<th>(ii) Activity</th>
<th>(iii) Did fundraiser have custody or control of contributions?</th>
<th>(iv) Gross receipts from activity</th>
<th>(v) Amount paid to (or retained by) fundraiser listed in col. (i)</th>
<th>(vi) Amount paid to (or retained by) organization</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>[ ]</td>
<td></td>
<td></td>
<td></td>
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<tr>
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<td></td>
<td>[ ]</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3. List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

---

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

Schedule G (Form 990 or 990-EZ) 2012
**Part II  Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 8b. List events with gross receipts greater than $5,000.

<table>
<thead>
<tr>
<th>Revenue</th>
<th>(a) Event #1</th>
<th>(b) Event #2</th>
<th>(c) Other events</th>
<th>(d) Total events (add col. (a) through col. (c))</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gross receipts ..................................................</td>
<td>285,311.</td>
<td>5,641.</td>
<td>290,952.</td>
<td></td>
</tr>
<tr>
<td>2 Less: Contributions ..................................................</td>
<td>197,996.</td>
<td>5,641.</td>
<td>203,637.</td>
<td></td>
</tr>
<tr>
<td>3 Gross income (line 1 minus line 2) ..................................</td>
<td>87,315.</td>
<td></td>
<td>87,315.</td>
<td></td>
</tr>
<tr>
<td>4 Cash prizes ..................................................</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Noncash prizes ..................................................</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Rent/facility costs ..................................................</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Food and beverages ..................................................</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Entertainment ..................................................</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Other direct expenses ..................................................</td>
<td>113,411.</td>
<td>166.</td>
<td>113,577.</td>
<td></td>
</tr>
<tr>
<td>10 Direct expense summary, Add lines 4 through 9 in column (d) ..................................................</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Net income summary, Combine line 3, column (d), and line 10 ..................................................</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Part III  Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

<table>
<thead>
<tr>
<th>Revenue</th>
<th>(a) Bingo</th>
<th>(b) Pull tabs/instant bingo/progressive bingo</th>
<th>(c) Other gaming</th>
<th>(d) Total gaming (add col. (a) through col. (c))</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gross revenue ..................................................</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Cash prizes ..................................................</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Noncash prizes ..................................................</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Rent/facility costs ..................................................</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Other direct expenses ..................................................</td>
<td>Yes</td>
<td>%</td>
<td>Yes</td>
<td>%</td>
</tr>
<tr>
<td>6 Volunteer labor ..................................................</td>
<td>No</td>
<td></td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>7 Direct expense summary, Add lines 2 through 5 in column (d) ..................................................</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Net gaming income summary, Combine line 1, column d, and line 7 ..................................................</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

9 Enter the state(s) in which the organization operates gaming activities:
   a Is the organization licensed to operate gaming activities in each of these states? .................................................. Yes No
   b If "No," explain: ..................................................

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ..................................................
   b If "Yes," explain: ..................................................
11. Does the organization operate gambling 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 operated in:
   a. The organization's facility
   b. An outside facility

<table>
<thead>
<tr>
<th>13a</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>13b</td>
<td>%</td>
</tr>
</tbody>
</table>

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

   If "Yes," enter the amount of gaming revenue received by the organization ▶ $ and the amount of gaming revenue retained by the third party ▶ $.

   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:
   a. Is the organization required under 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 ▶ $.

### Part IV Supplemental Information

Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).
## Noncash Contributions

**Form 990**

**Department of the Treasury**
**Internal Revenue Service**

**YOUTH SERVICES OF TULSA, INC.**

### Part I | Types of Property

<table>
<thead>
<tr>
<th>(a) Check if</th>
<th>(b) Number of</th>
<th>(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1a</th>
<th>(d) Method of determining noncash contribution amounts</th>
</tr>
</thead>
<tbody>
<tr>
<td>applicable</td>
<td>contributions or items contributed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 Art - Works of art</td>
<td>X</td>
<td>150. RETAIL VALUE</td>
<td></td>
</tr>
<tr>
<td>2 Art - Historical treasures</td>
<td>X</td>
<td>116,891. THRIFT STORE VALUE</td>
<td></td>
</tr>
<tr>
<td>3 Art - Fractional interests</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Books and publications</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Clothing and household goods</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Cars and other vehicles</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Boats and planes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Intellectual property</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Securities - Publicly traded</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 Securities - Closely held stock</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Securities - Partnership, LLC, or trust interests</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Securities - Miscellaneous</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 Qualified conservation contribution - Historic structures</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14 Qualified conservation contribution - Other</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15 Real estate - Residential</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16 Real estate - Commercial</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17 Real estate - Other</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18 Collectibles</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19 Food inventory</td>
<td>X</td>
<td>24</td>
<td>5,957. THRIFT STORE VALUE</td>
</tr>
<tr>
<td>20 Drugs and medical supplies</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21 Taxidermy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22 Historical artifacts</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23 Scientific specimens</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24 Archeological artifacts</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25 Other</td>
<td>(ADOPTED/MISCE)</td>
<td>X</td>
<td>253</td>
</tr>
<tr>
<td>26 Other</td>
<td>(TICKETS/SERVI)</td>
<td>X</td>
<td>67</td>
</tr>
<tr>
<td>27 Other</td>
<td>(FURNITURE)</td>
<td>X</td>
<td>57</td>
</tr>
<tr>
<td>28 Other</td>
<td>(COMPUTER &amp; EQ)</td>
<td>X</td>
<td>2</td>
</tr>
</tbody>
</table>

| 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement | 29 |

<table>
<thead>
<tr>
<th>30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>30a</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>31</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>32a</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

| 33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II. | |
|---|---|---|
| 33 |  |  |

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

**Schedule M (Form 990) (2012)**
Part II Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
### UNRELATED BUSINESS INCOME

#### CARRYOVER DATA TO 2013

<table>
<thead>
<tr>
<th>Name</th>
<th>Employer Identification Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>YOUTH SERVICES OF TULSA, INC.</td>
<td>73-0785251</td>
</tr>
</tbody>
</table>

Based on the information provided with this return, the following are possible carryover amounts to next year.

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>FEDERAL NET OPERATING LOSS</td>
<td>7,592</td>
</tr>
<tr>
<td>FEDERAL AMT NET OPERATING LOSS</td>
<td>2,045</td>
</tr>
</tbody>
</table>

---

14490127 794969 26650 2012.05030 YOUTH SERVICES OF TULSA, IN 26650_1
Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

For calendar year 2012 or other tax year beginning JUL 1, 2012, and ending JUN 30, 2013

Name of organization (Check box if name changed and see instructions.)

YOUTH SERVICES OF TULSA, INC.

Number, street, and room or suite no. If a P.O. box, see instructions.

311 SOUTH MADISON AVENUE

City or town, state, and ZIP code

TULSA, OK 74120

Phone number

(918) 582-0061

<table>
<thead>
<tr>
<th>Part I</th>
<th>Unrelated Trade or Business Income</th>
<th>(A) Income</th>
<th>(B) Expenses</th>
<th>(C) Net</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a</td>
<td>Gross receipts or sales</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1b</td>
<td>Less returns and allowances</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1c</td>
<td>Balance</td>
<td>678</td>
<td>2,723</td>
<td>-2,045</td>
</tr>
<tr>
<td>2</td>
<td>Cost of goods sold (Schedule A, line 7)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Gross profit. Subtract line 2 from line 1c</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4a</td>
<td>Capital gain net income (attach Schedule D)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4b</td>
<td>Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4c</td>
<td>Capital loss deduction for trusts</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Income (loss) from partnerships and S corporations (attach statement)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Rent income (Schedule C)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Unrelated debt-financed income (Schedule E)</td>
<td>678</td>
<td>2,723</td>
<td>-2,045</td>
</tr>
<tr>
<td>8</td>
<td>Interest, annuities, royalties, and rents from controlled organizations (Sch. F)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Exploited exempt activity income (Schedule I)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Advertising income (Schedule J)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Other income (see instructions; attach statement)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Total. Combine lines 3 through 12</td>
<td>678</td>
<td>2,723</td>
<td>-2,045</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part II</th>
<th>Deductions Not Taken Elsewhere</th>
<th>(see instructions for limitations on deductions) (except for contributions, deductions must be directly connected with the unrelated business income)</th>
</tr>
</thead>
<tbody>
<tr>
<td>14</td>
<td>Compensation of officers, directors, and trustees (Schedule K)</td>
<td>14</td>
</tr>
<tr>
<td>15</td>
<td>Salaries and wages</td>
<td>15</td>
</tr>
<tr>
<td>16</td>
<td>Repairs and maintenance</td>
<td>16</td>
</tr>
<tr>
<td>17</td>
<td>Bad debts</td>
<td>17</td>
</tr>
<tr>
<td>18</td>
<td>Interest (attach statement)</td>
<td>18</td>
</tr>
<tr>
<td>19</td>
<td>Taxes and licenses</td>
<td>19</td>
</tr>
<tr>
<td>20</td>
<td>Charitable contributions (see instructions for limitation rules)</td>
<td>20</td>
</tr>
<tr>
<td>21</td>
<td>Depreciation (attach Form 4562)</td>
<td>21</td>
</tr>
<tr>
<td>22</td>
<td>Less depreciation claimed on Schedule A and elsewhere on return</td>
<td>22a</td>
</tr>
<tr>
<td>23</td>
<td>Depletion</td>
<td>23</td>
</tr>
<tr>
<td>24</td>
<td>Contributions to deferred compensation plans</td>
<td>24</td>
</tr>
<tr>
<td>25</td>
<td>Employee benefit programs</td>
<td>25</td>
</tr>
<tr>
<td>26</td>
<td>Excess exempt expenses (Schedule I)</td>
<td>26</td>
</tr>
<tr>
<td>27</td>
<td>Excess reader costs (Schedule J)</td>
<td>27</td>
</tr>
<tr>
<td>28</td>
<td>Other deductions (attach statement)</td>
<td>28</td>
</tr>
<tr>
<td>29</td>
<td>Total deductions. Add lines 14 through 28</td>
<td>29</td>
</tr>
<tr>
<td>30</td>
<td>Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13</td>
<td>30</td>
</tr>
<tr>
<td>31</td>
<td>Net operating loss deduction (limited to the amount on line 30)</td>
<td>31</td>
</tr>
<tr>
<td>32</td>
<td>Unrelated business taxable income before specific deduction. Subtract line 31 from line 30</td>
<td>32</td>
</tr>
<tr>
<td>33</td>
<td>Specific deduction (generally $1,000, but see instructions for exceptions)</td>
<td>33</td>
</tr>
<tr>
<td>34</td>
<td>Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32</td>
<td>34</td>
</tr>
<tr>
<td>Description</td>
<td>Asset No.</td>
<td>Date Acquired</td>
</tr>
<tr>
<td>----------------------------------</td>
<td>-----------</td>
<td>---------------</td>
</tr>
<tr>
<td>THIRD STREET PROPERTY</td>
<td>07/01/06</td>
<td>27.50</td>
</tr>
<tr>
<td>TOTALS</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### FORM 990-T NET OPERATING LOSS DEDUCTION STATEMENT 1

<table>
<thead>
<tr>
<th>DATE</th>
<th>LOSS SUSTAINED</th>
<th>LOSS PREVIOUSLY APPLIED</th>
<th>LOSS REMAINING</th>
<th>AVAILABLE THIS YEAR</th>
</tr>
</thead>
<tbody>
<tr>
<td>06/30/11</td>
<td>2,664.</td>
<td>0.</td>
<td>2,664.</td>
<td>2,664.</td>
</tr>
<tr>
<td>5/30/12</td>
<td>2,883.</td>
<td>0.</td>
<td>2,883.</td>
<td>2,883.</td>
</tr>
</tbody>
</table>

NOL CARRYOVER AVAILABLE THIS YEAR

5,547.

### FORM 990-T SCHEDULE E - DEPRECIATION DEDUCTION STATEMENT 2

<table>
<thead>
<tr>
<th>DESCRIPTION</th>
<th>ACTIVITY NUMBER</th>
<th>AMOUNT</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>DEPRECIATION</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>1</td>
<td>2,175.</td>
</tr>
</tbody>
</table>

TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 3(A)

2,175.

### FORM 990-T SCHEDULE E - OTHER DEDUCTIONS STATEMENT 3

<table>
<thead>
<tr>
<th>DESCRIPTION</th>
<th>ACTIVITY NUMBER</th>
<th>AMOUNT</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>LOAN INTEREST PAYMENTS</td>
<td></td>
<td>966.</td>
<td></td>
</tr>
<tr>
<td>UTILITIES</td>
<td></td>
<td>1,357.</td>
<td></td>
</tr>
<tr>
<td>SECURITY-MONITORING</td>
<td></td>
<td>37.</td>
<td></td>
</tr>
<tr>
<td>MAINTENANCE MANAGER</td>
<td></td>
<td>774.</td>
<td></td>
</tr>
<tr>
<td>INSURANCE</td>
<td></td>
<td>764.</td>
<td></td>
</tr>
<tr>
<td>PROPERTY TAX</td>
<td></td>
<td>248.</td>
<td></td>
</tr>
<tr>
<td>GENERAL &amp; ADMINISTRATIVE</td>
<td></td>
<td>2,414.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>6,560.</td>
</tr>
</tbody>
</table>

TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 3(B)

6,560.
<table>
<thead>
<tr>
<th>Asset No.</th>
<th>Description</th>
<th>Date Acquired</th>
<th>Method</th>
<th>Life</th>
<th>Unadjusted Cost or Basis</th>
<th>Bus % Excl</th>
<th>Reduction in Basis</th>
<th>Basis For Depreciation</th>
<th>Accumulated Depreciation</th>
<th>Current Sec 179</th>
<th>Current Year Deduction</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>THIRD STREET PROPERTY</td>
<td>070110SL</td>
<td>27.5016</td>
<td>59,823.</td>
<td>59,823.</td>
<td>0.</td>
<td>59,823.</td>
<td>5,380.</td>
<td>0.</td>
<td>2,175.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>* TOTAL 990-T SCH DEPR</td>
<td></td>
<td></td>
<td>59,823.</td>
<td>59,823.</td>
<td>0.</td>
<td>59,823.</td>
<td>5,380.</td>
<td>0.</td>
<td>2,175.</td>
<td></td>
</tr>
</tbody>
</table>

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction
## Depreciation and Amortization
### (Including Information on Listed Property)

**Form 4562**

<table>
<thead>
<tr>
<th>Part</th>
<th>Note: If you have any listed property, complete Part V before you complete Part I.</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td><strong>YOUTH SERVICES OF TULSA, INC.</strong></td>
</tr>
<tr>
<td><strong>COMMERCIAL BUILDING</strong></td>
<td><strong>73-0785251</strong></td>
</tr>
<tr>
<td><strong>E-1</strong></td>
<td><strong>2012</strong></td>
</tr>
<tr>
<td><strong>O&amp;M No. 1545-0172</strong></td>
<td></td>
</tr>
<tr>
<td><strong>See separate instructions.</strong></td>
<td><strong>Attach to your tax return.</strong></td>
</tr>
<tr>
<td><strong>Name(s) shown on return</strong></td>
<td><strong>Business or activity to which this form relates</strong></td>
</tr>
<tr>
<td><strong>Identifying number</strong></td>
<td></td>
</tr>
</tbody>
</table>

### Part I: Election To Expense Certain Property Under Section 179

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

#### (a) Description of property

#### (b) Cost (business use only)

#### (c) Elected cost

6. **Listed property. Enter the amount from line 29** ........................................................................................................................................................................................................................................ 7  
8. **Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7** ........................................................................................................................................................................................................................................ 8  
9. Tentative deduction. Enter the smaller of line 5 or line 8 ........................................................................................................................................................................................................................................ 9  
10. Carryover of disallowed deduction from line 10 of your 2011 Form 4562 .................................................................................................................................................................................................................. 10  
11. Business income limitation. Enter the smaller of business income (not less than zero) or line 5 .......................................................................................................................................................................................................................... 11  
12. Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 ................................................................................................................................................................................................................................... 12  
13. Carryover of disallowed deduction to 2013. Add lines 9 and 10, less line 12 ...................................................................................................................................................................................................................................... 13  

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

### Part II: Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

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

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

<table>
<thead>
<tr>
<th>Section A</th>
</tr>
</thead>
<tbody>
<tr>
<td>MACRS deductions for assets placed in service in tax years beginning before 2012</td>
</tr>
<tr>
<td>If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here</td>
</tr>
</tbody>
</table>

#### Section B - Assets Placed in Service During 2012 Tax Year Using the General Depreciation System

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

#### Section C - Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System

<table>
<thead>
<tr>
<th>(a) Classification of property</th>
<th>(b) Month and year placed in service</th>
<th>(c) Basis for depreciation (business/investment use only - see instructions)</th>
<th>(d) Recovery period</th>
<th>(e) Convention</th>
<th>(f) Method</th>
<th>(g) Depreciation deduction</th>
</tr>
</thead>
<tbody>
<tr>
<td>20a Class life</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>S/L</td>
</tr>
<tr>
<td>b 12-year</td>
<td></td>
<td></td>
<td>12 yrs.</td>
<td></td>
<td></td>
<td>S/L</td>
</tr>
<tr>
<td>c 40-year</td>
<td></td>
<td></td>
<td>40 yrs.</td>
<td>MM</td>
<td></td>
<td>S/L</td>
</tr>
</tbody>
</table>

### Part IV: Summary (See instructions.)

21. **Listed property. Enter amount from line 28** ........................................................................................................................................................................................................................................ 21  
22. **Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21.** ........................................................................................................................................................................................................................................ 22  
23. For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs ...................................................................................................................................................................................................................................... 23  
2,175.

---

For Paperwork Reduction Act Notice, see separate instructions.

**Form 4562 (2012)**

**LHA For Paperwork Reduction Act Notice, see separate instructions.**
**Section A - Depreciation and Other Information**

<table>
<thead>
<tr>
<th>(a) Type of property (list vehicles first)</th>
<th>(b) Date placed in service</th>
<th>(c) Business/investment use percentage</th>
<th>(d) Cost or other basis</th>
<th>(e) Recovery period</th>
<th>(f) Method/Convention</th>
<th>(g) Depreciation deduction</th>
<th>(h) Elected section 179 cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use</td>
<td>25</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

26 Property used more than 50% in a qualified business use:

<table>
<thead>
<tr>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>S/L.</td>
</tr>
</tbody>
</table>

27 Property used 50% or less in a qualified business use:

<table>
<thead>
<tr>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>S/L.</td>
</tr>
</tbody>
</table>

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1

29 Add amounts in column (j), line 26. Enter here and on line 7, page 1

**Section B - Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person.

If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

<table>
<thead>
<tr>
<th>(a) Vehicle</th>
<th>(b) Vehicle</th>
<th>(c) Vehicle</th>
<th>(d) Vehicle</th>
<th>(e) Vehicle</th>
<th>(f) Vehicle</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total business/investment miles driven during the year (do not include commuting miles)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total commuting miles driven during the year</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total other personal (noncommuting) miles driven</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total miles driven during the year. Add lines 30 through 32</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Was the vehicle available for personal use during off-duty hours?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Was the vehicle used primarily by a more than 5% owner or related person?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is another vehicle available for personal use?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? Yes No

38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners

39 Do you treat all use of vehicles by employees as personal use?

40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?

41 Do you meet the requirements concerning qualified automobile demonstration use? Yes No

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

**Part VI - Amortization**

<table>
<thead>
<tr>
<th>(a) Description of costs</th>
<th>(b) Date amortization begins</th>
<th>(c) Amortizable amount</th>
<th>(d) Code section</th>
<th>(e) Amortization period or percentage</th>
<th>(f) Amortization for this year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amortization of costs that begins during your 2012 tax year:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amortization of costs that began before your 2012 tax year</td>
<td>43</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total, Add amounts in column (f), See the instructions for where to report</td>
<td>44</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Form 4562 (2012)
OKLAHOMA
OKLAHOMA RETURN OF ORGANIZATION
EXEMPT FROM INCOME TAX

Section 501(c) of the Internal Revenue Code

PART 1
For the year January 1 - December 31, 2012, or other taxable year
beginning: JULY 1, 2012 ending: JUNE 30, 2013

Name of Organization
YOUTH SERVICES OF TULSA

Address (number and street)
311 SOUTH MADISON AVENUE

City, State and Zip
TULSA, OK 74120

Federal Employer Identification Number Date Qualified for Tax Exempt Status
73-0785251 1/1/1969

Enter the name and address used on your return for prior year (if same, write "same"). If none filed, give reason.
SAME

OFFICE USE ONLY

PART 2: STATEMENT OF UNRELATED BUSINESS TAXABLE INCOME (Please read instructions on pages 2-4)

A. Total unrelated trade or business income - applicable Federal Form(s) 990

<table>
<thead>
<tr>
<th>Total Federal</th>
<th>Allocable Oklahoma</th>
</tr>
</thead>
<tbody>
<tr>
<td>678</td>
<td>678</td>
</tr>
</tbody>
</table>

B. Total unrelated trade or business deductions - applicable Fed. Form(s) 990

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>2,723</td>
<td>2,723</td>
</tr>
</tbody>
</table>

C. Unrelated business taxable income - Enter here and on line 1 below

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>-2,045</td>
<td>-2,045</td>
</tr>
</tbody>
</table>

INCOME SUBJECT TO TAX

1. Unrelated business taxable income - from statement above (allocable to Oklahoma) .................. 1 -2,045 00

2. Other net income - enclose schedule ................................................................. 2 00

3. Oklahoma taxable income (total of lines 1 and 2) .................................................. 3 -2,045 00

TAX COMPUTATION

4. Tax at 6% of line 3 (If Trust - See Rate Schedule on page 2) .................................... 4 00

5. Amount paid on 2012 estimate ....................................................................................... 5 00

6. Oklahoma withholding (enclose Form 1099, Form 500A, Form 5003 or other withholding statement) .................................................................................................................................................. 6 00

7. Add lines 5 and 6 and enter amount .................................................................................. 7 00

8. Overpayment (if line 7 is larger than line 4 enter amount overpaid) ................................. 8 00

9. Amount of line 8 to be credited to 2013 estimated tax .................................................... 9 00

Line 10 instructions provide you the opportunity to make a financial gift from your refund to a variety of Oklahoma organizations. Place the line number of the organization from the instructions to this form in the box below and enter the amount you are donating. If giving to more than one organization, put a "99" in the box and attach a schedule showing how you would like your donation split.

10. Donations from your refund ................................................................. 10 00

11. Add lines 9 and 10 and enter amount ............................................................... 11 00

12. Amount to be refunded to you (line 8 minus line 11) .................................................. 12 Refund

Direct Deposit Note:

All refunds must be by direct deposit.
See Direct Deposit Information on page 4 for details.

Is this refund going to or through an account that is located outside of the United States? Yes No

Deposit my refund in my:
check: checking account

<table>
<thead>
<tr>
<th>Routing Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Account Number:</td>
</tr>
</tbody>
</table>

13. Tax Due (if line 4 is larger than line 7 enter tax due) .................................................. 13 00

14. Donation: Public School Classroom Support Fund ........................................... 14 00

(For information regarding this fund, see page 4, #17)

15. For delinquent payment, add penalty of 5% ............................................................ 15 00

16. Underpayment of estimated tax interest (enclose Form OW-8-P) ............................ 16 00

17. Total tax, donation, penalty and interest due - Add lines 13-16; pay in full with return. Balance Due 17 00

PART 3: SIGNATURE AND VERIFICATION

Under penalty of perjury, I declare the information contained in this document, attachments and schedules are true and correct to the best of my knowledge and belief.

Signature of Officer or Trustee Date

Print Name

JAMES WALKER

Title EXEC DIRECTOR

Phone Number with Area Code (918) 582-0061

Preparer's Address 4200 E SKELLY DR, STE 560

TULSA, OK 74135

Preparer's PTIN (918) 492-8800