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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 09-01-2008 and ending 08-31-2009

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
YMCA of Rock River Valley

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
200 Y Boulevard

City or town, state or country, and ZIP + 4
Rockford, IL 61107

D Employer identification number
36-2174838

E Telephone number
(815) 489-1252

G Gross receipts $ 8,352,030

F Name and address of Principal Officer
Jan Tullock
200 Y Boulevard
Rockford, IL 61107

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

H(b) Are all affiliates included? ☐ Yes ☐ No
(If "No," attach a list See instructions)

H(c) Group Exemption Number ▶

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

J Web site: ▶ www rockfordymca org

K Type of organization ☑ Corporation ☐ trust ☐ association ☐ other ▶

L Year of Formation 1886

M State of legal domicile IL

Part I Summary

1 Briefly describe the organization's mission or most significant activities
STRENGTHEN THE SPIRITUAL, MENTAL AND PHYSICAL WELL BEING OF THE CITIZENS OF NORTHERN ILLINOIS

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	16
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	16
5	Total number of employees (Part V, line 2a)	5	879
6	Total number of volunteers (estimate if necessary)	6	607
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	1,964,224	2,147,667
9	Program service revenue (Part VIII, line 2g)	5,858,085	5,874,667
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	137,158	94,586
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	211,009	218,083
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,170,476	8,335,003
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	5,435,166	5,078,102
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	(Total fundraising expenses, Part IX, column (D), line 25 249,696)		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	4,220,813	4,186,320
18	Total expenses—add lines 13–17 (must equal Part IX, line 25, column (A))	9,655,979	9,264,422
19	Revenue less expenses Subtract line 18 from line 12	-1,485,503	-929,419

		Beginning of Year	End of Year
20	Total assets (Part X, line 16)	29,296,043	27,904,353
21	Total liabilities (Part X, line 26)	9,590,697	9,606,528
22	Net assets or fund balances Subtract line 21 from line 20	19,705,346	18,297,825

Part II Signature Block

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

Please Sign Here

****** | 2010-03-29
Signature of officer | Date

Jan Tullock VP of Admin
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ James R Millikin | Date | Check if self-employed ▶ ☐ | Preparer's PTIN (See Gen Inst)

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ Sikich LLP
6815 Weaver Road Suite 100
Rockford, IL 61114

EIN ▶

Phone no ▶ (815) 282-6565

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

Part III Statement of Program Service Accomplishments (See the instructions.)

1 Briefly describe the organization's mission

See Sch O

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 7,676,476 including grants of $) (Revenue $ 4,113,043)

MEMBERSHIPYMCA Health & Wellness ActivitiesThe familiar YMCA triangle emphasizes the oneness of spirit, mind, and body YMCA health enhancement programs help to achieve this unity through programs that stress proper exercise, nutrition, stress management, avoidance of drug and alcohol abuse, and health education The YMCA offers a lifelong progression of health and wellness activities, experiences, and education, including programs for children, teens, families, adults, and seniors People with disabilities and those with chronic ailments (such as arthritis, cancer, and heart disease) find YMCA programs that are tailored to them Health enhancement is incorporated into all programs Through active living and proper nutrition, individuals are able to best care for themselves and to do God's work YMCA programs allow people to exercise, grow, learn, and become their personal best YMCA programs are designed to attract people of all ages, abilities, and incomes The YMCA of Rock River Valley offers a welcoming atmosphere, where new exercisers can feel comfortable and receive the support they need to improve their health Most people are able to afford the low-cost YMCA health and fitness programs YMCA financial assistance policies help low-income people (who are less likely to exercise and to have adequate health care) gain access to the YMCA Community agencies were able to utilize the YMCA at little or no charge for swimming, fitness, and recreation for their clients Participants Served 37,069YMCA AquaticsYMCA aquatics programs are part of the Y's overall goal of building healthy spirit, mind, and body In addition to providing specific swimming and water safety skills, they promote good health through regular exercise They also promote teamwork, self-confidence, and leadership These programs are offered at fees affordable to the community at large, with financial assistance for those who cannot afford the full fee As residents of a river community, people in this community could be subject to traumatic incidents around water Our aquatics programs help prevent deaths and injuries Aquatics programs for infants through seniors were provided Progressive swim classes for youth and aquatic exercise programs for adults were all provided at the Y Arthritis aquatics classes, which increase joint flexibility and help relieve pain (a welcome alternative for people who are usually shut out of regular exercise classes) are also provided Teenage youth also learned lifeguarding skills in our lifeguard classes Participants Served 2,410YMCA Family Life ProgramsStrengthening families and meeting the needs of children have always been central to the YMCA mission of building healthy spirit, mind, and body for all The central focus of all YMCA pre-school and school age childcare programs is to foster growth and development, not only in children but also in their parents and families Accordingly, parents play an important role in policy and program decisions YMCA childcare curricula help children develop moral and ethical behavior, self-esteem, and leadership Y childcare allows parents to remain gainfully employed, knowing that their children are thriving in a safe, supportive environment YMCA financial assistance policies help to ensure that the YMCA is a place where children of all economic levels, from the affluent to the disadvantaged, receive the same quality care in the same setting The YMCA of Rock River Valley is proud to be a family organization We give families a safe, reliable, and affordable place to go Recreational opportunities such as Family Fun Night, Family Gym & Swim, and Family Camp let families relax and enjoy each other Participants Served 1,450 Senior ActivitiesThe YMCA provides programs for seniors to continue leading happy, healthy, and meaningful lives Through exercise classes, seniors gather together daily for fellowship and fitness Y Senior Clubs serve men and women in a variety of activities Besides the fun and friendship, club members participate in community service projects and continue utilizing their leadership expertise Participants Served 3,828

4b (Code) (Expenses $ including grants of $) (Revenue $ 773,535)

YMCA Community OutreachYMCA programs reach out to the entire community, especially to serve those who are unable to travel to the physical facilities Youth sports, teen leadership programs, childcare, and after-school recreation benefit the whole community and provide high-quality programs regardless of neighborhood, economics, or transportation These programs are highly subsidized because of the important needs they meet in our community The after-school center program provides recreation, a safe environment, physical activity, and homework help each day to children in four low-income neighborhoods The YMCA works cooperatively with other organizations such as Booker Washington Community Center, the Rockford Park District, and the public schools to provide these programs The YMCA's Black/Hispanic Achievers mentoring program and Big Brothers Big Sisters of the YMCA of Rock River Valley also served youth during 2009 The YMCA receives a state grant through the Department of Human Services to provide a Teen REACH program serving 60 at-risk youth This program is operated at two sites St Elizabeth Community Center and West Middle School Through outreach programs, the Y teaches Christian values, offers healthy, safe alternative activities, builds self-esteem, and prevents youth from becoming involved with substance abuse, gangs, and other negative influences These are critical issues that would go unmet if the YMCA did not provide these subsidized programs In light of rising youth obesity rates in our community, the YMCA offers the Youth Fit for Life program in its 26 after-school childcare sites Over 1,000 youth are enrolled in Youth Fit for Life in cooperation with several school districts and the Rockford Park District The YMCA Mileage club provides an opportunity for elementary age kids to participate in a 12-week fitness program offered at over 20 schools by providing incentives to keep track of miles walked during P E classes and recess time Over 10,000 children participated this past year The YMCA, in partnership with 20 other community organizations, launched a healthy community initiative in 2009 to impact the community culture to better support healthy and active lifestyles

4c (Code) (Expenses $ including grants of $) (Revenue $ 703,352)

YMCA Child CareThe YMCA of Rock River Valley, in cooperation with local school districts, provides school-age childcare in over 30 school sites in Winnebago County By providing before- and after-school care to youth, we are addressing the needs of single parent and dual working parent families in this area Besides the peace of mind that comes with knowing one's child is safe and well cared for, the Y's childcare program meets important goals of building self-esteem and developing healthy lifestyles During the summer, the Y continues to meet the needs of families with day care opportunities at the YMCA facility branches, Camp Winnebago, and Camp Kinnikinnick Providing stability in these families lives is an important component of what we do As in all Y programs, financial assistance is available The Y provides this critical service to all areas of our community Participants Served 1,758

(Code) (Expenses $ including grants of $) (Revenue $ 284,737)

4d Other program services (Describe in Schedule O)
(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses $ 7,676,476 *Must equal Part IX, Line 25, column (B).*

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		No
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? *If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III*	16		No
17	Did the organization report more than $15,000 on Part IX, column (A), line 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		No
21	Did the organization report more than $5,000 on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		No
22	Did the organization report more than $5,000 on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? *If "Yes," complete Schedule J*	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to question 25*	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? *If "Yes," complete Schedule L, Part I*	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		No

Part IV Checklist of Required Schedules *(Continued)*

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	Have a family member who had a direct or indirect business relationship with the organization? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? *If "Yes," complete Schedule L, Part IV* .	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**		No
36	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**		No
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	1a	0		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	879		
b	If at least one is reported in 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 this return.*	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country _____ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1,** *Report of Foreign Bank and Financial Accounts.*				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, *Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?*	5c			
6a	Did the organization solicit any contributions that were not tax deductible?	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	*Organizations that may receive deductible contributions under section 170(c).*				
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of $75 or more?	7a			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h			
8	*Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.* Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	*Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.*				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	*Section 501(c)(7) organizations.* Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	*Section 4947(a)(1) non-exempt charitable trusts.* Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

Part VI Governance, Management, and Disclosure *(Sections A, B, and C request information about policies not required by the Internal Revenue Code.)*

Section A. Governing Body and Management

			Yes	No
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body . .	1a 16		
b	Enter the number of voting members that are independent . .	1b 16		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . .	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . .	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . .	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	the governing body?	8a	Yes	
b	each committee with authority to act on behalf of the governing body?	8b	Yes	
9a	Does the organization have local chapters, branches, or affiliates?	9a	Yes	
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b	Yes	
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Yes	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		No

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? *If "No", go to line 13* . .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
a	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

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

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

☐ own website ☐ another's website ☑ upon request

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

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

Jan Tullock
200 Y Boulevard
Rockford, IL 61107
(815) 489-1270

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

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

1a Complete this table for all persons required to be listed Use Schedule J-2 if additional space is needed
* List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid

* List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations

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

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

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

☐ Check this box if the organization did not compensate any officer, director, trustee or key employee

(A) Name and Title	**(B)** Average hours per week	**(C)** Position (check all that apply)						**(D)** Reportable compensation from the organization (W-2/1099MISC)	**(E)** Reportable compensation from related organizations (W- 2/1099-MISC)	**(F)** Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

Part VII Continued

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b Total ▶								730,712	0	126,447

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ▶ 1

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
4	For any individual listed online 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*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

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

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

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization ▶ 0

Part VIII Statement of Revenue

			(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns 1a 60,762				
	b	Membership dues 1b				
	c	Fundraising events 1c				
	d	Related organizations 1d				
	e	Government grants (contributions) 1e 311,771				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f 1,775,134				
	g	Noncash contributions included in lines 1a-1f $				
	h	**Total (Add lines 1a-1f)**	2,147,667			
Program Service Revenue		Business Code				
	2a	Membership Revenue 624,100	4,113,043	4,113,043		
	b	Community Outreach 624,100	773,535	773,535		
	c	Childcare Revenue 624,410	703,352	703,352		
	d	Camp Revenue 624,100	284,737	284,737		
	e					
	f	All other program service revenue				
	g	**Total. Add lines 2a-2f** ▶ $ 5,874,667				
	3	Investment income (including dividends, interest other similar amounts)	94,586			94,586
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
		(i) Real / (ii) Personal				
	6a	Gross Rents 138,526				
	b	Less rental expenses				
	c	Rental income or (loss) 138,526				
	d	Net rental income or (loss)	138,526			138,526
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory				
	b	Less cost or other basis and sales expenses				
	c	Gain or (loss)				
	d	Net gain or (loss)				
Other Revenue	8a	Gross income from fundraising events (not including $ 31,352 of contributions reported on line 1c) See Part IV, line 18 *Attach Schedule G if total exceeds $15,000* a				
	b	Less direct expenses b 12,020				
	c	Net income or (loss) from fundraising events	19,332	19,332		
	9a	Gross income from gaming activities See part IV, line 19 *Complete Schedule G if total exceeds $15,000* a				
	b	Less direct expenses b				
	c	Net income or (loss) from gaming activities				
	10a	Gross sales of inventory, less returns and allowances a 57,605				
	b	Less cost of goods sold b 5,007				
	c	Net income or (loss) from sales of inventory	52,598	52,598		
		Miscellaneous Revenue / Business Code				
	11a	Misc Revenue 900,099	7,627	7,627		
	b					
	c					
	d	All other revenue				
	e	**Total. Add lines 11a-11d** $ 7,627				
	12	**Total Revenue.** Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e	8,335,003	5,954,224	0	233,112

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
2 Grants and other assistance to individuals in the U S See Part IV, line 22				
3 Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	876,190	726,008	126,566	23,616
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	3,582,345	2,968,322		96,552
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	131,433	108,907	18,985	3,541
9 Other employee benefits	134,848	111,735	19,479	3,634
10 Payroll taxes	353,286	292,732	51,032	9,522
11 Fees for services (non-employees)				
a Management				
b Legal	408	338	59	11
c Accounting	22,242	18,430	3,213	599
d Lobbying				
e Professional fundraising *See Part IV, line 17*				
f Investment management fees				
g Other				
12 Advertising and promotion	43,627	36,149	6,302	1,176
13 Office expenses	201,792	167,204	29,149	5,439
14 Information technology				
15 Royalties				
16 Occupancy	1,416,401	1,173,626	204,600	38,175
17 Travel	18,789	15,569	2,714	506
18 Payments of travel or entertainment expenses for any Federal, state or local public officials				
19 Conferences, conventions and meetings	12,827	10,628	1,853	346
20 Interest	342,215	283,550	49,432	9,233
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	954,224	790,668	137,838	25,718
23 Insurance				
24 Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a Operating	428,603	355,140	61,912	11,551
b Dues	127,287	105,470	18,387	3,430
c Bank Fees	100,143	82,979	14,466	2,698
d Bad Debt	99,999	82,860	14,445	2,694
e Printing	77,344	64,087	11,172	2,085
f All other expenses	340,419	282,074	49,175	9,170
25 **Total functional expenses.** Add lines 1 through 24f	9,264,422	7,676,476	1,338,250	249,696
26 **Joint Costs.** Check ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing	359,478	1	720,797
	2	Savings and temporary cash investments	283,918	2	8,730
	3	Pledges and grants receivable, net	679,009	3	382,725
	4	Accounts receivable, net	119,160	4	151,227
	5	Receivables from current and former officers, directors, trustees, key employees or other related parties *Complete Part II of Schedule L*		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) *Complete Part II of Schedule L*		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	19,722	8	18,920
	9	Prepaid expenses and deferred charges	10,126	9	10,776
	10a	Land, buildings, and equipment cost basis — 10a: 32,621,350			
	b	Less accumulated depreciation *Complete Part VI of Schedule D* — 10b: 11,490,517	21,661,067	10c	21,130,833
	11	Investments—publicly traded securities		11	
	12	Investments—other securities See Part IV, line 11 *Complete Part VII of Schedule D*	5,811,009	12	5,444,470
	13	Investments—program-related See Part IV, line 11 *Complete Part VIII of Schedule D*		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11 *Complete Part IX of Schedule D*	352,554	15	35,875
	16	**Total assets.** *Add lines 1 through 15 (must equal line 34)*	29,296,043	16	27,904,353
Liabilities	17	Accounts payable and accrued expenses	417,837	17	287,964
	18	Grants payable		18	
	19	Deferred revenue	168,392	19	214,470
	20	Tax-exempt bond liabilities		20	
	21	Escrow account liability *Complete Part IV of Schedule D*		21	
	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*		22	
	23	Secured mortgages and notes payable to unrelated third parties	8,612,294	23	8,654,343
	24	Unsecured notes and loans payable		24	
	25	Other liabilities *Complete Part X of Schedule D*	392,174	25	449,751
	26	**Total liabilities.** *Add lines 17 through 25*	9,590,697	26	9,606,528
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	16,829,082	27	15,682,720
	28	Temporarily restricted net assets	679,009	28	482,724
	29	Permanently restricted net assets	2,197,255	29	2,132,381
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	19,705,346	33	18,297,825
	34	Total liabilities and net assets/fund balances	29,296,043	34	27,904,353

Part XI Financial Statements and Reporting

				Yes	No
1	Accounting method used to prepare the Form 990	☐ cash ☑ accrual ☐ other			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3a		No
b	If "Yes," did the organization undergo the required audit or audits?		3b		

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.
Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
YMCA of Rock River Valley

Employer identification number
36-2174838

Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only **one** organization)

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

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

3 ☐ A hospital or a cooperative hospital service organization described in **Section 170(b)(1)(A)(iii).** (Attach Schedule H)

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

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

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

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

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

9 ☐ An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **Section 509(a)(2).** (Complete Part III)

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

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

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

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

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

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

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

h Provide the following information about the organizations the organization supports

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

Part II **Support Schedule for Organizations Described in IRC 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.)

Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	6,223,826	5,936,054	7,192,768	5,791,443	6,260,710	31,404,801
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add line 1-3	6,223,826	5,936,054	7,192,768	5,791,443	6,260,710	31,404,801
5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						
6 **Public Support** subtract line 5 from line 4						31,404,801

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	6,223,826	212,016	7,192,768	5,791,443	6,260,710	31,404,801
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	111,519	212,016	422,043	267,705	233,112	1,246,395
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	7,753	3,970	5,744	13,140	7,628	38,235
11 **Total Support** (Add lines 7 through 10)						32,689,431

12	Gross receipts from related activities, etc (See instructions)	12	9,135,150

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

Computation of Public Support Percentage

14	Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f))	14	**96.070 %**
15	Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f	15	

16a **33 1/3% Test - 2008.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☑

b **33 1/3% Test - 2007.** If the organization did not check the 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 - 2008.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ☐

b **10% Facts and Circumstances Test - 2007.** 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 the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ☐

Part III Support Schedule for Organizations Described in IRC 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total** Add lines 1-5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or $5,000						
c Total of lines 7a and 7b						
8 **Public Support** (Substract line 7c from line 6)						

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total Support** (Add lines 9, 10c, 11 and 12)						

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ☐

Computation of Public Support Percentage

15	Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	15
16	Public Support Percentage for 2007 Schedule A, Part IV-A, line 27g	16

Computation of Investment Income Percentage

17	Investment Income Percentage for **2008** (line 10c column (f) divided by line 13 column (f))	17
18	Investment Income Percentage from **2007** Schedule A, Part IV-A, line 27h	18

19a **33 1/3% Tests - 2008.** 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 ☐

b **33 1/3% Tests - 2007.** 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 ☐

Part IV **Supplemental Information.** Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)

Facts and Circumstances Test

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
YMCA of Rock River Valley

Employer identification number
36-2174838

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

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

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

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other 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 pleasure) ☐ Preservation of an historically importantly land area
☐ Protection of natural habitat ☐ Preservation of certified historic structure
☐ Preservation of open space

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

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

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

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

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

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

b If the organization elected, as permitted under SFAS 116, 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 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 accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

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

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

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

Part IV Trust, 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 why in Part XIV and complete the following table

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

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

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

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	3,620,903				
b Contributions	654,191				
c Investment earnings or losses	-195,650				
d Grants or scholarships					
e Other expenditures for facilities and programs	453,094				
f Administrative expenses					
g End of year balance	3,626,350				

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

- a Board designated or quasi-endowment ▶ 90 100 %
- b Permanent endowment ▶ 9 900 %
- c Term endowment ▶

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

		Yes	No
(i) unrelated organizations	3a(i)		No
(ii) related organizations	3a(ii)		No

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		851,653		851,653
b Buildings		23,699,294	5,868,888	17,830,406
c Leasehold improvements				
d Equipment		5,573,607	3,981,210	1,592,397
e Other		2,496,796	1,640,419	856,377
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				21,130,833

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

(a) Description of security or cateory (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other Investments	3,626,350	F
Other Perpetual Trust Accounts	1,772,381	F
Other CSV Life Insurance	45,739	F
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	5,444,470	

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

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

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

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

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

(a) Description of Liability	(b) Amount
Federal Income Taxes	
Custodial cash due to related orgs	449,751
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	449,751

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	8,335,003
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	9,264,422
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-929,419
4	Net unrealized gains (losses) on investments	4	-653,102
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	175,000
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	-478,102
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-1,407,521

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

1	Total revenue, gains, and other support per audited financial statements			1	7,698,928
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	-653,102		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	17,027		
e	Add lines **2a** through **2d**			2e	-636,075
3	Subtract line **2e** from line **1**			3	8,335,003
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	8,335,003

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

1	Total expenses and losses per audited financial statements			1	9,281,449
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Losses reported on Form 990, Part IX, line 25	2c			
d	Other (Describe in Part XIV)	2d	17,027		
e	Add lines **2a** through **2d**			2e	17,027
3	Subtract line **2e** from line **1**			3	9,264,422
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	9,264,422

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Identifier	Return Reference	Explanation
Part V, Line 4	Description of Intended Use of Endowment Funds	The purpose of the endowment fund is to perpetuate the programs of the YMCA of Rock River Valley by building an asset base to ensure its financial stability In order to preserve the purchasing power of the fund, distributions may be made during the current fiscal year of up to 5% of the average market value of investments over three (3) years as of August 31 Earnings from unrestricted gifts may be used for scholarship, special program enhancements, specialized equipment, facility maintenance , or special capital projects Earnings from restricted gifts will be directed according to the donors wishes
Part XII, Line 2d - Other Adjustments		Special Event Expenses 12020 Cost of Goods Sold 5007
Part XIII, Line 2d - Other Adjustments		Special Event Expenses 12020 Cost of Goods Sold 5007
		FIN 48 Footnote The YMCA has elected to defer the implementation of FIN 48 until the year ended August 31, 2010 and believes there are no significant tax positions that would have been required to be recorded under FIN 48, had the Interpretation been adopted for the year ended August 31, 2009 Currently the YMCA recognizes income tax positions based on management's estimate of whether it is probable that a liability has been incurred and that an amount can be reasonably estimated

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

▶ **Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than $15,000 on Form 990-EZ, line 6a.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
YMCA of Rock River Valley

Employer identification number
36-2174838

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

- **a** ☐ Mail solicitations
- **b** ☐ Email solicitations
- **c** ☐ Phone solicitations
- **d** ☐ In-person solicitations
- **e** ☐ Solicitation of non-government grants
- **f** ☐ Solicitation of government grants
- **g** ☐ Special fundraising events

2a 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 activities? ☐ **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 Form 990-EZ filers are not required to complete this table

(i) Name of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions?		**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
		Yes	**No**			
Total			▶			

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

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 Heritage Run (event type)	(b) Event #2 Adventure Race (event type)	(c) Other Events 4 (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	21,803	5,426	4,123	31,352
	2 Less Charitable contributions				
	3 Gross revenue (line 1 minus line 2)	21,803	5,426	4,123	31,352
Direct Expenses	4 Cash Prizes				
	5 Non-cash Prizes				
	6 Rent/Facility costs				
	7 Other direct expenses	9,683	2,337		12,020
	8 Direct expense summary Add lines 4 through 7 in column (d) ▶				12,020
	9 Net income summary Combine lines 3 and 8 in column (d) ▶				19,332

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.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶				

			Yes	No
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?	9a		
b	If "No," Explain			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		
b	If "Yes," Explain			
11	Does the organization operate gaming activities with nonmembers?	11		
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?	12		

		Yes	No
13	Indicate the percentage of gaming activity operated in		
a	The organization's facility **13a**		
b	An outside facility **13b**		
14	Provide 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? **15a**		
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____		
c	If "Yes," enter name and address		
	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? **17a**		
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $		

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
YMCA of Rock River Valley

Employer identification number
36-2174838

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☑ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☑ Compensation survey or study ☐ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a			
a	Receive a severance payment or change of control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
Wray Howard	(i) (ii)	147,929			11,834	10,860	170,623	184,527
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

Identifier	Return Reference	Explanation

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
YMCA of Rock River Valley

Employer identification number
36-2174838

Identifier	Return Reference	Explanation
Form 990, Part III, line 4d	Other Program Services	YMCA Camping YMCA day camps develop self-confidence and self-respect when campers meet challenges and learn to cooperate Y camping programs are educational they promote spiritual awareness, mental development, physical well being, social growth, and a respect for the environment Through a variety of activities and the use of natural surroundings, YMCA camping seeks to help participants achieve their fullest potential in spirit, mind, and body Low-cost YMCA camping programs also are a safe, high-quality alternative for working parents Knowing that a child is being cared for in a Y camp program enables these parents to remain gainfully and productively employed Youth with special needs are welcome in our camping programs Summer day camp is a great opportunity for youth to experience YMCA values, gain independence, and develop an appreciation for the outdoors There are few other programs that make as big an impact on a child's self-esteem as a week at day camp Day camp served over 2,037 children Camp Winnebago provides team-building programs designed to help middle- and high-school students and adults work on communication, cooperation, teamwork, support, self-esteem, behavior problem solutions, and critical thinking skills Over 2,500 students were served in these programs during 2009 In addition, Camp Winnebago offers environmental education to more than 1,700 grade school-age children each year These field trip days help expose children to the natural environment and offer multiple opportunities for learning appreciation and respect for the environment As in the case of other YMCA programs, financial assistance is available for those who cannot afford the customary fee Participants Served 5,270 YMCA Teen Leadership Programs YMCA youth and teen programs give kids good role models to help them develop self-esteem and good values, including cooperation, respect for the body, good citizenship, and strong work ethic Teen activities are among the most rapidly growing YMCA programs, reflecting the growing awareness that adolescents need structure and activities, especially in the after-school hours Interaction with teens will help curb the senseless violence that has plagued so many of our communities Besides our core youth programs, some special programs are geared for teens to help with their transition to adulthood Black/Hispanic Achievers, the Apprentice Counselor program, and Rotary Academy are geared to explore issues facing teens while teaching leadership skills Participants Served 490 YMCA Sports and Recreation These programs promote an appreciation of one's own worth Youth sports focus on the full and equal participation of all every child plays in every game YMCA youth sports programs also help to strengthen families Parents coach teams and turn out (often with brothers, sisters, and other family members) to watch kids play Young people participating in sports build lifelong positive attitudes, habits of healthy exercise and good nutrition, and learn ways to have fun as adults Those with special needs are welcomed into the youth sports programs at the YMCA Youth sports programs value cooperation over competition, fair play over winning at any cost, good feeling and good health over a good score, and building self-esteem over beating the opponent The YMCA knows that with this approach everyone wins undefeated in spirit, mind, and body Participants Served 720 Expenses $ 0 including grants of $ 0 Revenue $ 284737

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 6		The organization has members

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		The Audit/Finance Committee is presented with the 990 and after review, the committee notifies the full Board of their review and approval

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		The policy contains an affirmation statement at the end that key individuals sign Each year, the Board members review what they originally signed, make changes as are necessary and affirm again that everything is true and correct If someone has a conflict on an issue that was being voted on, they would be expected to abstain If they did not offer to abstain, the Board chair would ask that they abstain

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		The YMCA uses the Hay Plan as presented by YUSA Each position has a written job description that is rated to arrive at a grade or point level Management level positions receive points that are then converted into the mid-point for the position by applying a dollar/point value and a dollar base Then there is a -20% spread to arrive at the minimum and a +20% for the maximum salary for the position The use of the National Y Plan makes it possible for the YMCA to compare salary ranges of similar positions at other YMCA's

Identifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		Upon request

Identifier	Return Reference	Explanation
Form 990, Part XI, Line 2c	Audit committee	No change in process of selection of auditor or oversight of audit

Identifier	Return Reference	Explanation
Part III	Mission	The mission of the YMCA of Rock River Valley is To put Christian principles into practice through programs that build healthy spirit, mind, and body for all The mission of the YMCA is to put Christian principles into action through programs that build healthy spirit, mind, and body for all YMCA programs focus on four core values caring, honesty, respect, and responsibility The YMCA serves men, women, and children of all ages, races, abilities, incomes, and religions The YMCA provides financial assistance to those who need it The YMCA identifies needs within our community and responds to them so that the entire community benefits from our efforts The YMCA of Rock River Valley is an organization of members working together to meet the needs of the community related to health, fitness, wellness, youth development, and strengthening the family No one is turned away because of the inability to pay Our mission comes alive through programs that help people - Appreciate diversity - Become better leaders and supporters - Develop skills - Have fun with others and learn from them Our mission comes alive through the efforts of - Paid staff full and part-time, young and old - Volunteers who lead programs and make policy - Members who become volunteers, mentors, coaches, and donors The YMCA of Rock River Valley helps participants - Grow personally build self-esteem and self-reliance - Develop values for daily living develop moral and ethical behavior based on caring, honesty, responsibility, and respect - Improve personal and family relations learn to care, communicate, and cooperate with others close to them - Appreciate diversity respect people of different ages, abilities, incomes, races, religions, cultures, and beliefs - Become leaders and supporters learn the give and take necessary to work toward the common good - Develop specific skills acquire new knowledge and ways to grow in spirit, mind, and body - Have fun enjoy life

Additional Data

Software ID:
Software Version:
EIN: 36-2174838
Name: YMCA of Rock River Valley

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Roberta Holzwarth , Chairman	2 00	X						0	0	0
Todd Wright , Vice Chair	2 00	X						0	0	0
Patrick Johnson , Secretary	2 00	X						0	0	0
Michael Gann , BOD	2 00	X						0	0	0
David Anderson , BOD	2 00	X						0	0	0
Michael Broski , BOD	2 00	X						0	0	0
Amy Diaz , BOD	2 00	X						0	0	0
Michael Doar , BOD	2 00	X						0	0	0
Rob Funderburg , BOD	2 00	X						0	0	0
Gary Kaatz , BOD	2 00	X						0	0	0
Richard Mowris , BOD	2 00	X						0	0	0
Daniel Saavedra , BOD	2 00	X						0	0	0
Suzi Sullivan , BOD	2 00	X						0	0	0
William Williams III , BOD	2 00	X						0	0	0
William Zibell , BOD	2 00	X						0	0	0
Steve Zimmerman , BOD	2 00	X						0	0	0
Wray Howard , President/CEO	40 00			X				147,929	0	22,694
Martha Rolf , COO	40 00			X				85,192	0	12,232
Lois Lutz , Ex Dir Com Outreach	40 00			X				84,125	0	11,981
Jan Tullock , V P Admin	40 00			X				77,750	0	14,430
Jan Jann , V P Memb & Mark	40 00			X				65,865	0	13,116
Dave Moore , Fac & Prop Dir	40 00			X				60,000	0	12,022
Sheila Becker , Assoc Ex Dir Com Out	40 00			X				56,272	0	12,235
Ross Spencer , NEB Maint Dir	40 00			X				56,343	0	11,936
Susie Johnson , Ex Dir Camp	40 00			X				52,620	0	11,977
Lisa Ramsby , BBBS Ex Dir	40 00			X				44,616	0	3,824