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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

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 01-01-2009 and ending 12-31-2009

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

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

C Name of organization
SCOTT COUNTY FAMILY Y

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
606 WEST 2ND STREET

City or town, state or country, and ZIP + 4
DAVENPORT, IA 52801

D Employer identification number
42-0703278

E Telephone number
(563) 322-7171

G Gross receipts $ 8,860,872

F Name and address of principal officer
LEE GASTON
606 WEST 2ND STREET
DAVENPORT, IA 52801

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 Website: ▶ SCOTTCOUNTYFAMILYY ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1858 | **M** State of legal domicile IA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
THE YMCA BUILDS HEALTHY SPIRIT, MIND AND BODY FOR ALL AND BRINGS ITS MISSION TO LIFE BY TEACHING AND DEMONSTRATING OUR CORE VALUES OF CARING, HONESTY, RESPECT, AND RESPONSIBILITY THE YMCA IS COMMITTED TO INCLUSIVENESS AND RELATIONSHIP BUILDING WITH INDIVIDUALS THROUGHOUT OUR DIVERSE COMMUNITY

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 (Part VI, line 1a)	3	30
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	30
5	Total number of employees (Part V, line 2a)	5	908
6	Total number of volunteers (estimate if necessary)	6	3,551
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	1,655,076	1,725,810
9	Program service revenue (Part VIII, line 2g)	6,616,294	6,681,379
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	98,266	92,808
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	307,849	281,007
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,677,485	8,781,004

Expenses

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)	5,637,739	5,748,212
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶167,203		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	3,476,030	3,367,444
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	9,113,769	9,115,656
19	Revenue less expenses Subtract line 18 from line 12	-436,284	-334,652

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	9,302,341	9,151,809
21	Total liabilities (Part X, line 26)	2,160,392	2,137,906
22	Net assets or fund balances Subtract line 21 from line 20	7,141,949	7,013,903

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

Sign Here

****** | 2010-11-12
Signature of officer | Date

LEE GASTON CFO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ NICHOLAS D NAUMAN	Date 2010-11-12	Check if self-empolyed ▶ ☐	Preparer's identifying number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ DOYLE & KEENAN PC 908 W 35TH ST DAVENPORT, IA 528065826			EIN ▶ Phone no ▶ (563) 386-2727

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

THE MISSION OF THE YMCA IS TO PUT CHRISTIAN-JUDEO PRINCIPLES INTO PRACTICE THROUGH PROGRAMS THAT BUILD HEALTHY SPIRIT, MIND, AND BODY FOR ALL YMCA PROGRAMS FOCUS ON YOUTH DEVELOPMENT, HEALTHY LIVING AND SOCIAL RESPONSIBILITY

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 501(c)(4) organizations and section 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 $ 4,018,154 including grants of $) (Revenue $ 4,407,250)

YMCA MEMBERSHIIP PROGRAMS AND SERVICES -THE HEART OF THE YMCA MISSION IS LIVED OUT EACH AND EVERY DAY THROUGH THE "CHARACTER BASED" RELATIONSHIPS THAT ARE BUILT WITH AND BETWEEN MEMBERS, PROGRAM PARTICIPANTS, AND THE COMMUNITIES THAT WE SERVE WE HAVE MEMBERS FROM BIRTH TO OVER 100 YEARS OF AGE OUR MEMBERS ARE FROM ALL WALKS OF LIFE, ALL RACES, CREEDS, AND SOCIOECONOMIC GROUPS DURING 2009, OVER 30,000 INDIVIDUALS WERE MEMBERS OF THE SCOTT COUNTY FAMILY Y YMCA MEMBERSHIP IS ALL INCLUSIVE AND ENGAGES OUR DIVERSE CONSTITUENCY IN DEVELOPING YOUTH, LIVING A HEALTHY LIFESTYLE, AND BEING SOCIALLY RESPONSIBLE

4b (Code) (Expenses $ 1,515,989 including grants of $) (Revenue $ 1,090,594)

YMCA CHILD CARE - THE QUALITY CARE OF CHILDREN IS AT THE HEART OF A STRONG, RESPONSIBLE, AND HEALTHY FAMILY THE SCOTT COUNTY FAMILY Y CHILD CARE AND FAMILY SERVICES BRANCH IS BUILT ON THE YMCA'S TIME-TESTED CORE VALUES EVERY ACTIVITY AND PROJECT IS CAREFULLY DESIGNED TO SPARK YOUR CHILD'S IMAGINATION AND TO NURTURE THE DEVELOPMENT OF POSITIVE VALUES PROGRAMS DEVELOP A "LOVE OF LEARNING" WHILE BUILDING A FOUNDATION FOR LIFE LONG LEARNING WHICH ACTIVELY COMBATS THE INTER-CULTURAL ACHIEVEMENT GAPS IN 2009, CHILDREN WERE DAILY ENCOURAGED TO MAKE DISCOVERIES THAT STRENGHTHEN SELF-CONFIDENCE THIS, IN TURN, HAS A REMARKABLE EFFECT ON THE BOND BETWEEN PARENT AND CHILD THE IMPORTANCE OF DEVELOPING THIS ESSENTIAL HUMAN RELATIONSHIP HAS GUIDED THE SCOTT COUNTY FAMILY Y TO BECOME THE LARGEST PROVIDER OF CHILD CARE IN SCOTT COUNTY SERVING OVER 1,700 DAILY THROUGHOUT THE SUMMER AND OVER 625 THROUGHOUT THE YEAR

4c (Code) (Expenses $ 687,193 including grants of $) (Revenue $ 336,166)

YMCA AQUATICS - THE SCOTT COUNTY FAMILY Y AQUATIC FACILITIES DIRECTLY REFLECT THE DIVERSITY IN THE COMMUNITY WE SERVE FROM SWIMMING LESSONS AND WATER FITNESS, TO WARM WATER THERAPY AND WATER SAFETY PROGRAMS, WE STRIVE TO USE OUR SWIMMING POOLS AS TOOLS FOR BUILDING A STRONGER COMMUNITY THE OPPORTUNITIES BEGIN EVEN BEFORE A CHILD IS BORN, AS OUR AQUATIC DIRECTORS USE OUR FACILITIES TO BUILD RELATIONSHIPS BETWEEN PREGNANT WOMEN AND THEIR PRENATAL BABIES PARENTS AND THEIR YOUNG CHILDREN BEGIN TO DEVELOP BONDS IN CLASSES WITH OTHER PARENTS AND THEIR YOUNG CHILDREN OUR SWIMMING LESSONS INTEGRATE CORE VALUES WITH STRATEGIC SKILL DEVELOPMENT FROM BIRTH THROUGH ADULTHOOD WE HAVE ZERO-DEPTH POOLS TO ENCOURAGE THE DISABLED AND FAMILY FUN ZONES TO ENCOURAGE ENTIRE FAMILIES IN A FUN, HEALTHY AND SUPPORTIVE ENVIRONMENT OUR INSTRUCTIONAL PROGRAMS BUILD SELF CONFIDENCE AND ENHANCE SELF-ESTEEM PROGRAMS FOCUS ON WATER SAFETY AND A WATER COMPETENCE IN OUR COMMUNITY THAT BORDERS THE MISSISSIPPI RIVER AND MANY OTHER BODIES OF WATER OUR POPULAR CLASSES DEVELOP YOUTH, PROMOTE A HEALTHY LIFESYLE AND ENCOURAGE SOCIAL RESPONSIBILITY BY PURPOSEFULLY INCLUDING COFFEE AND CONVERSATION, FUN AND TEAMBUILDING GAMES THAT DEVELOP RELATIONSHIPS IN A POSITIVE, ALL-INCLUSIVE COMMUNITY THE INVOLVEMENT OF OVER 7000 PARTICIPANTS DEMONSTRATES THE IMPACT AND IMPORTANCE OF THESE UNIQUE PROGRAMS THAT ARE AVAILABLE TO ALL, REGARDLESS OF THEIR ABILITY TO PAY

4d Other program services (Describe in Schedule O) **See also Additional Data for Description**

(Expenses $ 1,654,484 including grants of $) (Revenue $ 1,176,422)

4e **Total program service expenses** ▶ $ 7,875,820

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 similar funds or 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, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? *If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.*	11	Yes	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*			
	• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*			
	• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*			
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*			
	• Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*			
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? *If "Yes," complete Schedule D, Part X.*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? **Yes** **No**			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional **12A** No			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *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 U S ? *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 U S ? *If "Yes," complete Schedule F, Part III*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		No

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**		No
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	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 line 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	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	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, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
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 sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, 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	**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**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

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	15		
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	908		
b	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 this return (see instructions)		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 line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?		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 receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Yes	
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	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		
9	**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** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body . .	1a 30		
b	Enter the number of voting members that are independent . .	1b 30		
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	Yes	
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		No
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	
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 "Yes," provide the names and addresses in Schedule O	9		No

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
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?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
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	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		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 ▶

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 ▶

LEE GASTON
606 W 2ND STREET
DAVENPORT,IA 52801
(563) 322-7171

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 Report compensation for the calendar year ending with or within the organization's tax year Use Schedule J-2 if additional space is needed

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

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

☐ Check this box if the organization did not compensate any current or former 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-2/1099-MISC)	(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			
See add'l data										

1b Total . . . . . ▶	456,584	0	108,795

2 Total number of individuals (including but not limited to those listed above) 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 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*	**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 but not limited to those listed above) 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 sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a 173,139				
	b	Membership dues	1b				
	c	Fundraising events	1c 32,556				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e 462,239				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 1,057,876				
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f		1,725,810			
			Business Code				
Program Service Revenue	2a	MEMBERSHIP DUES	713,940	4,407,250	4,407,250		
	b	CHILD CARE SERVICE	624,410	1,090,594	1,090,594		
	c	DAVENPORT YMCA	900,099	945,935	945,935		
	d	CAMP ABE LINCOLN	900,099	237,600	237,600		
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		6,681,379			
	3	Investment income (including dividends, interest and other similar amounts)		92,808			92,808
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
			(i) Real / (ii) Personal				
	6a	Gross Rents	111,140				
	b	Less rental expenses					
	c	Rental income or (loss)	111,140				
	d	Net rental income or (loss)		111,140			111,140
			(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 $ 32,556 of contributions reported on line 1c) See Part IV, line 18	a 54,376				
	b	Less direct expenses	b 28,661				
	c	Net income or (loss) from fundraising events		25,715			25,715
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances	a 75,147				
	b	Less cost of goods sold	b 51,207				
	c	Net income or (loss) from sales of inventory		23,940			23,940
		Miscellaneous Revenue	Business Code				
	11a	MAQUOKETA ADMIN PAYMEN	900,099	90,000	90,000		
	b	MISCELLANEOUS INCOME	900,099	29,217	29,217		
	c	NSF CHECK SERVICE CHAR	900,099	995	995		
	d	All other revenue					
	e	**Total.** Add lines 11a–11d		120,212			
	12	**Total revenue.** See Instructions		8,781,004	6,801,591	0	253,603

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	565,379	62,732	399,892	102,755
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	4,311,521	4,039,252	264,282	7,987
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	215,559	184,821	30,738	
9 Other employee benefits	306,364	270,465	35,836	63
10 Payroll taxes	349,389	299,521	43,295	6,573
11 Fees for services (non-employees)				
a Management				
b Legal	557		557	
c Accounting	36,550	2,400	34,150	
d Lobbying				
e Professional fundraising *See Part IV, line 17*				
f Investment management fees				
g Other	259,912	214,082	40,406	5,424
12 Advertising and promotion	262,023	224,368	6,174	31,481
13 Office expenses	259,164	248,400	8,110	2,654
14 Information technology	31,423	11,153	18,932	1,338
15 Royalties				
16 Occupancy	801,331	792,170	6,441	2,720
17 Travel	79,936	42,383	34,760	2,793
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	87,286	87,286		
21 Payments to affiliates	90,700		90,700	
22 Depreciation, depletion, and amortization	494,067	494,067		
23 Insurance	131,505	131,505		
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 REPAIRS AND MAINTENANCE	253,919	235,069	18,850	
b BUILDING SUPPLIES	197,602	192,323	3,550	1,729
c MISCELLANEOUS	171,570	151,424	18,460	1,686
d FOOD & MERCHANDISE EXPE	131,684	131,684		
e PROVISION FOR DOUBTFUL	78,215	60,715	17,500	
f All other expenses				
25 **Total functional expenses.** Add lines 1 through 24f	9,115,656	7,875,820	1,072,633	167,203
26 **Joint costs.** Check here ▶ ☐ 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		182,475	1	379,802
	2	Savings and temporary cash investments			2	20,827
	3	Pledges and grants receivable, net		94,508	3	48,400
	4	Accounts receivable, net		1,717,507	4	1,548,750
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees 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		25,500	8	25,500
	9	Prepaid expenses and deferred charges		48,840	9	42,752
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 16,258,495			
	b	Less accumulated depreciation	10b 9,638,379	7,029,831	10c	6,620,116
	11	Investments—publicly traded securities		190,600	11	180,040
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		13,080	15	285,622
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		9,302,341	16	9,151,809
Liabilities	17	Accounts payable and accrued expenses		504,506	17	571,380
	18	Grants payable			18	
	19	Deferred revenue		240,326	19	242,682
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables 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		1,415,560	23	1,323,844
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D			25	
	26	**Total liabilities.** Add lines 17 through 25		2,160,392	26	2,137,906
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		6,754,491	27	6,317,819
	28	Temporarily restricted net assets		387,458	28	695,032
	29	Permanently restricted net assets			29	1,052
		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		7,141,949	33	7,013,903
	34	Total liabilities and net assets/fund balances		9,302,341	34	9,151,809

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 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	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separated basis			
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? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
SCOTT COUNTY FAMILY Y

Employer identification number
42-0703278

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches **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).**

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 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)

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

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

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **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 supported organization(s)

(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? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public Support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 **Total support** (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (See instructions) **12**

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** ▶☐

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2008 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2009.** 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% support test—2008.** 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—2009.** 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—2008.** 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 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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	1,539,894	1,095,810	1,211,190	1,655,076	1,725,810	7,227,780
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	5,596,544	5,678,690	5,922,922	6,779,980	6,865,638	30,843,774
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 through 5	7,136,438	6,774,500	7,134,112	8,435,056	8,591,448	38,071,554
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	481,567	516,713	383,826	269,928	377,446	2,029,480
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						0
c Add lines 7a and 7b	481,567	516,713	383,826	269,928	377,446	2,029,480
8 **Public Support** (Subtract line 7c from line 6)						36,042,074

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	7,136,438	6,774,500	7,134,112	8,435,056	8,591,448	38,071,554
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	233,950	220,849	224,167	213,295	203,948	1,096,209
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	233,950	220,849	224,167	213,295	203,948	1,096,209
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)	35,718	39,116	88,743	128,642	120,212	412,431
13 **Total support** (Add lines 9, 10c, 11 and 12)	7,406,106	7,034,465	7,447,022	8,776,993	8,915,608	39,580,194

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** ▶☐

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	91 060 %
16	Public support percentage from 2008 Schedule A, Part III, line 15	16	90 880 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2009** (line 10c column (f) divided by line 13 column (f))	17	2 770 %
18	Investment income percentage from **2008** Schedule A, Part III, line 17	18	2 530 %

19a **33 1/3% support tests—2009.** 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% support tests—2008.** 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.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Additional Data

Software ID:
Software Version:
EIN: 42-0703278
Name: SCOTT COUNTY FAMILY Y

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code) (Expenses $ 1,654,484 including grants of $) (Revenue $ 1,176,422)

YMCA YOUTH LEADERSHIP AND DEVELOPMENT - OUR YMCA'S COMMITMENT TO OUR COMMUNITY'S YOUTH IS DEMONSTRATED IN OUR BRANCH STAFF STRUCTURE AT EVERY BRANCH FACILITY, A YOUTH LEADERSHIP AND DEVELOPMENT DIRECTOR IS WORKING TO CREATE AND ENHANCE RELATIONSHIPS BETWEEN THE AREA'S YOUNG PEOPLE, TEACHERS, COUNSELORS, PARENTS AND COACHES EACH OF OUR FIVE FACILITIES IS COMMITTED TO ONGOING YOUTH PROGRAMMING FOR UP TO 50 KIDS EVERY DAY AFTER SCHOOL THROUGH THE SUPPORT OF OUR COMMUNITY, YOUNG PEOPLE RECEIVE TUTORING, EDUCATIONAL ENCOURAGEMENT, WELLNESS PROGRAMS, AND PHYSICAL ACTIVITY OPPORTUNITIES THESE ENVIRONMENTS ARE DESIGNED TO BE CONSTRUCTIVE, FUN, EDUCATIONAL, AND SPIRITUALLY UPLIFTING EXPENSES $284,796 INCLUDING GRANTS OF $0 REVENUE $497,765YMCA CAMP ABE LINCOLN - IN 2009 OVER 800 KIDS BENEFITED FROM YMCA CAMP ABE LINCOLN'S COMPLETE IMMERSION INTO A YMCA CHARACTER DEVELOPMENT ENVIRONMENT TRADITIONAL "OVERNIGHT" RESIDENT CAMP SERVED OVER 1,100 CHILDREN WITH OVER THIRTY PERCENT RECEIVING FINANCIAL ASSISTANCE THE INCREDIBLY DEEP AND INDELIBLE CONNECTION MADE BETWEEN FELLOW CAMPERS AS WELL AS CAMPERS WITH STAFF "ROLE MODELS" LASTS A LIFETIME OUR STAFF IS TRAINED TO CREATE AN ATMOSPHERE FOR POSITIVE GROWTH AND DEVELOPMENT IN EXPERIENCE-BASED PROGRAMS IN ADDITION TO THE MANY NEW FRIENDSHIPS, CAMP PROGRAMMING PROVIDES EXCITING EXPERIENCES IN HORSEBACK RIDING, FISHING, ARCHERY, CAMPFIRES, AND HIKING, ALL WHICH DEVELOP A CHILD'S CONFIDENCE AND SELF-ESTEEM FOR MANY CHILDREN AWAY FROM HOME FOR THE FIRST TIME THE UNIQUE CAMP EXPERIENCE IMPACTED THE LIVES OF OVER 2,000 YOUNG PEOPLE WHO WERE CONNECTED THROUGH SCHOOL FIELD TRIPS, SCOUTING PROGRAMS, CHURCH RETREATS AND COLLEGE GROUPS SPECIALTY AND TARGETED SESSIONS FOR KIDS AFFECTED BY CANCER (CAMP GENESIS), CHILDREN IN FAMILIES WITH DEPLOYED MILITARY PERSONNEL (MILITARY KIDS CAMP), AND ACHIEVEMENT GAP "ENRICHMENT" PROGRAMS FOR MIDDLE SCHOOL CHILDREN (CAMPING COUNTS) PROVIDED LASTING IMPACT IN ADDITION, OVER 500 ADULTS PARTICIPATED IN FAMILY CAMPS, CHURCH RETREATS, AND FAMILY REUNIONS THAT STRENGTHENED RELATIONSHIPS AND FURTHER BONDED PARENT-CHILD RELATIONSHIPS EXPENSES $570,828 INCLUDING GRANTS OF $0 REVENUE $237,600YMCA SOLUTIONS - OUR LOCALLY CREATED "SOLUTIONS" PROGRAM IS A SHINING EXAMPLE OF WHAT CAN BE ACCOMPLISHED THROUGH COMMUNITY COLLABORATION THE SCOTT COUNTY FAMILY Y HAS A FULL-TIME "SOLUTIONS" DIRECTOR WHO WORKS WITH SCHOOL ADMINISTATORS TO IDENTIFY AND DEVELOP AT-RISK YOUTH THE PROGRAM INCLUDES WEEKLY GROUP MEETINGS, AS WELL AS A "SOLUTIONS" CURRICULUM WHICH EMPHASIZES COMMUNITY "SERVICE LEARNING", LEADERSHIP TRAINING AND CHARACTER DEVELOPMENT "SOLUTIONS" SERVES OVER 600 TEENS AND PROVIDES FOLLOW-UP WITH STAFF, PARENTS AND SCHOOL ADMINISTRATION EXPENSES $38,692 INCLUDING GRANTS OF $0 REVENUE $1,540YMCA HEALTH AND FITNESS - THE SCOTT COUNTY FAMILY Y HAS BECOME A "PIONEERING HEALTHIER COMMUNITIES" YMCA WE HAVE UNDERTAKEN AN INNOVATIVE COMMUNITY COLLABORATION TO BUILD THE COMMUNITY'S AWARENESS OF AND COMMITMENT TO HEALTHIER LIFESTYLES AND SUSTAINABLE WELLNESS PROGRAMS FOR THE ENTIRE FAMILY PHYSICAL LIMIATIONS ARE OFTEN THE BIGGEST OBSTACLES BETWEEN PEOPLE AND THEIR GOD-GIVEN POTENTIAL THE SCOTT COUNTY FAMILY Y HEALTH AND WELLNESS TEAM IS CONSTANTLY WORKING TO INFUSE OUR MEMBERSHIP WITH CONFIDENCE IN ADDITION TO OUR STATE-OF-THE-ART FITNESS CENTERS, MEMBERS ALSO RECIEVE THE ATTTENTION OF A STAFF THAT IS TRAINED TO LISTEN AND RESPOND WITH TECHNIQUES AND PROGRAMS DESIGNED TO PROMOTE A HEALTHIER LIFESTYLE THE SCOTT COUNTY FAMILY Y IS COMMITTED TO RESPOND TO THE CRISIS OF INCREASING LEVELS OF OBESITY IN THE POPULATION AS A WHOLE, BUT EVEN MORE TRAGICALLY TO A RAPIDLY GROWING NUMBER OF CHILDREN THE GROWING NUMBERS OF LIFESTYLE RELATED DISEASES ARE A NATION WIDE CHALLENGE THAT IS THE FOCUS OF OUR YMCA WE ARE LEADING A COMMUNITY EFFORT TO ATTRACT, SUPPORT, AND DEVELOP THE MANY CHILDREN, ADULTS, AND FAMILIES WHO NEED THE RELATIONSHIP WITH A CARING YMCA TO HELP THEM PURSUE A HEALTHIER LIFESTYLE TO THIS END, OUR YMCA HAS ADDED WELLNESS COACHING FOR ALL OF OUR MEMBERS AS AN INTEGRAL ELEMENT INCLUDED IN THEIR MEMBERSHIP TO THE SCOTT COUNTY FAMILY Y THESE PROGRAMS ARE ALSO EQUALLY AVAILABLE TO INDIVIDUALS FROM ALL SOCIO-ECONOMIC GROUPS AND AGE CATEGORIES EXPENSES $526,830 INCLUDING GRANTS OF $0 REVENUE $155,502GENERAL PROGRAMS -EXPENSES $233,338 INCLUDING GRANTS OF $0 REVENUE $284,015

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ANNE HAWKS DIRECTOR	1 00	X						0	0	0
BILL NORTHUP CHIEF VOLUNTEER OFFICER	2 00	X		X				0	0	0
BROCK EARNHARDT DIRECTOR	1 00	X						0	0	0
CAL WERNER DIRECTOR	2 00	X						0	0	0
DAVID EVERITT DIRECTOR	1 00	X						0	0	0
ED CARROLL DIRECTOR	1 00	X						0	0	0
ED ROGALSKI EXECUTIVE COMMITTEE (AT	2 00	X						0	0	0
FRANK CLARK EXECUTIVE COMMITTEE (AT	2 00	X						0	0	0
GREG LARRISON DIRECTOR	1 50	X						0	0	0
JARROD PARKER DIRECTOR	1 00	X						0	0	0
JIM RUSSELL DIRECTOR	1 00	X						0	0	0
JIM SPELHAUG DIRECTOR	1 00	X						0	0	0
JIM VON MAUR DIRECTOR	1 00	X						0	0	0
JOHN RICHES DIRECTOR	1 00	X						0	0	0
JULIO ALMANZA DIRECTOR	1 00	X						0	0	0
JULIE BECHTEL DIRECTOR	1 00	X						0	0	0
KEN KOUPAL PAST CVO	2 00	X						0	0	0
LARRY PATTEN DIRECTOR	1 00	X						0	0	0
MARK SIFRIT DIRECTOR	1 00	X						0	0	0
MO HYDER DIRECTOR	2 00	X						0	0	0
NANCY CHAPMAN DIRECTOR	1 00	X						0	0	0
DR PATRICIA KEIR SECRETARY	2 00	X		X				0	0	0
RICK JOHN DIRECTOR	1 00	X						0	0	0
REV ROGERS KIRK DIRECTOR	1 00	X						0	0	0
TARA BARNEY DIRECTOR	1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
TIM KOEHLER DIRECTOR	1 00	X						0	0	0
TOM PETERS TREASURER	2 00	X		X				0	0	0
TOM WATERMAN CHIEF VOLUNTEER OFFICER	2 00	X						0	0	0
DOUG CROPPER DIRECTOR	1 00	X						0	0	0
RANDY MOORE DIRECTOR	1 00	X						0	0	0
FRANK KLIPSCH CEO & PRESIDENT	40 00			X				160,239	0	36,606
TONY CALABRESE COO & VICE PRESIDENT	40 00			X				96,600	0	28,863
LEE GASTON CFO & VICE PRESIDENT	40 00			X				78,030	0	16,483
KELLIE ESTERS VICE PRESIDENT FUND DEVE	40 00			X				65,694	0	19,292
JERRY MCCORMICK VICE PRESIDENT HUMAN RES	40 00			X				56,021	0	7,551

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
REPAIRS AND MAINTENANCE	253,919	235,069	18,850	
BUILDING SUPPLIES	197,602	192,323	3,550	1,729
MISCELLANEOUS	171,570	151,424	18,460	1,686
FOOD & MERCHANDISE EXPE	131,684	131,684		
PROVISION FOR DOUBTFUL	78,215	60,715	17,500	

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
SCOTT COUNTY FAMILY Y

Employer identification number
42-0703278

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 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 pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a 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, 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)(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 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 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	494,795	502,845			
b Contributions					
c Investment earnings or losses	-12,688	-8,050			
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	482,107	494,795			

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

- a Board designated or quasi-endowment ▶ 100 000 % %
- b Permanent endowment ▶ %
- 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) Accumulated depreciation	(d) Book value
1a Land		422,991		422,991
b Buildings		11,069,805	5,705,804	5,364,001
c Leasehold improvements				
d Equipment		4,765,699	3,932,575	833,124
e Other				
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				6,620,116

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

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.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	

2. Fin 48 Footnote 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	8,781,004
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	9,115,656
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-334,652
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	217,166
8	Other (Describe in Part XIV)	8	-10,560
9	Total adjustments (net) Add lines 4 - 8	9	206,606
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-128,046

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	8,850,312
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	-10,560		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	51,207		
e	Add lines **2a** through **2d**			2e	40,647
3	Subtract line **2e** from line **1**			3	8,809,665
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	-28,661		
c	Add lines **4a** and **4b**			4c	-28,661
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	8,781,004

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

1	Total expenses and losses per audited financial statements			1	9,195,524
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	Other losses	2c			
d	Other (Describe in Part XIV)	2d	79,868		
e	Add lines **2a** through **2d**			2e	79,868
3	Subtract line **2e** from line **1**			3	9,115,656
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	9,115,656

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 IV, 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 Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
Part V, Line 4	Description of Intended Use of Endowment Funds	THE INTENDED USE OF THE ORGANIZATION'S ENDOWMENT FUNDS ARE AT THE DISCRETION OF THE BOARD OF DIRECTORS WHILE THERE ARE NO SPECIFIC LIMIATIONS IMPOSED ON THESE FUNDS, PRIOR APPROVAL FROM THE BOARD MUST BE OBTAINED PIROR TO USE
Part XI, Line 8 - Other Adjustments		UNREALIZED GAIN(LOSS) ON INVESTMENTS -10560
Part XII, Line 2d - Other Adjustments		COST OF GOODS SOLD 51207
Part XII, Line 4b - Other Adjustments		SPECIAL EVENT EXPENSES INCLUDED WITH REVENUES -28661
Part XIII, Line 2d - Other Adjustments		SPECIAL EVENT EXPENSES INCLUDED WITH REVENUES 28661 COST OF GOODS SOLD 51207

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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

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.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization
SCOTT COUNTY FAMILY Y

Employer identification number
42-0703278

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

- **a** ☐ Mail solicitations
- **b** ☐ Internet and e-mail 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? Yes	**(iii)** No	**(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
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 GOLF OUTING (event type)	(b) Event #2 TURKEY TROT (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	22,620	64,312		86,932
	2 Less Charitable contributions	12,660	19,896		32,556
	3 Gross income (line 1 minus line 2)	9,960	44,416		54,376
Direct Expenses	4 Cash prizes	0	0		
	5 Non-cash prizes	0	0		
	6 Rent/facility costs	0	0		
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	8,376	20,285		28,661
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				28,661
	11 Net income summary Combine lines 3, column d, and line 10 ▶				25,715

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, column d, and line 7 ▶				

			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	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?	**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
▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
SCOTT COUNTY FAMILY Y

Employer identification number
42-0703278

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 any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
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**	Yes	
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 with respect to the filing organization or a related organization			
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			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
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
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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) Retirement and other 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 reportable compensation				
FRANK KLIPSCH	(i)	159,600	0	639	0	36,606	196,845	0
	(ii)	0	0	0	0	0	0	0

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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493316060510

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.**

▶ **Attach to Form 990 or Form 990-EZ.** ▶**See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
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Employer identification number
42-0703278

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	No	(f) Approved by board or committee? Yes	No	(g) Written agreement? Yes	No

Total . . . . . ▶ $

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	No
US BANK	ENTITY IN WHICH KENNETH KOUPAL, A BOARD MEMBER, IS AN OFFICER	128,989	INTEREST EXPENSE ON SHORT TERM NOTE, LINE OF CREDIT, AND GENESIS CAPITAL NOTE, CREDIT CARD & MERCHANT FEES		No

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2009

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Name of the organization
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Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 2		ED CARROLL AND TOM WATERMAN ARE BOTH PARTNERS AT LANE & WATERMAN, LLP
Form 990, Part VI, Section B, line 11		AFTER REVIEW AND APPROVAL OF THE ANNUAL AUDIT BY SCOTT COUNTY FAMILY Y'S AUDIT COMMITTEE, FINANCE COMMITTEE, AND EXECUTIVE COMMITTEE, AND ACCEPTANCE OF THE AUDIT BY THE FULL BOARD OF DIRECTORS, THE AUDIT COMMITTEE AND EXECUTIVE COMMITTEE ALSO REVIEW THE ANNUAL 990 TAX RETURN ONCE THAT RETURN IS APPROVED BY THOSE COMMITTEES, COPIES ARE ELECTRONICALLY TRANSMITTED TO THE FULL MEMBERSHIP OF THE SCOTT COUNTY FAMILY Y'S BOARD OF DIRECTORS, PRIOR TO FILING
Form 990, Part VI, Section B, line 12c		THE GOVERNANCE COMMITTEE OF THE SCOTT COUNTY FAMILY Y'S BOARD OF DIRECTORS ENSURES THAT ALL BOARD MEMBERS HAVE BEEN GIVEN OUR CONFLICT OF INTERST POLICY, AND HAVE COMPLETED AND SIGNED THEIR CONFLICT OF INTEREST DISCLOSURE FORM THAT COMMITTEE THEN REVIEWS EACH OF THE DICLOSURE FORMS FROM EACH OF THE BOARD MEMBERS AND ADDRESSES ANY SITUATION THAT MIGHT ARISE PERTAINING TO ANY POTENTIAL CONFLICT THEY THEN REPORT TO OUR EXECUTIVE COMMITTEE WHO REVIEWS THE INFORMATION AND THEN RECOMMENDS ACCEPTANCE OF THE REPORT TO THE OVERALL BOARD OF DIRECTORS
Form 990, Part VI, Section B, line 15		A PERFORMANCE REVIEW/COMPENSATION COMMITTEE MADE UP OF THE PREVIOUS TWO BOARD CHAIRMEN, THE CURRENT BOARD CHAIRMAN, AND THE INCOMING BOARD CHAIRMAN ANNUALLY CONDUCT THE FOLLOWING PROCESS THE CEO PROVIDES A MANAGEMENT LETTER DETAILING THE MUTUALLY AGREED UPON GOALS AND OBJECTIVES WITH THE PERFORMANCE RESULTS DETAILED THE REVIEW/COMPENSATION COMMITTEE CONTACTS THE YMCA OF THE USA STAFF TO GET A SALARY/COMPENSATION ANALYSIS FOR YMCA CEO'S AND KEY STAFF IN SIMILAR SIZED YMCAS IN OUR MIDWEST GEOGRAPHIC REGION WITH BUDGETS OF COMPARABLE SIZE THEY REVIEW THIS INFORMATION TO ENSURE THAT OUR CEO AND KEY EMPLOYEES' COMPENSATION FALLS WITHIN THE RANGE EVIDENCED IN THE SALARY/COMPENSATION ANALYSIS THE COMMITTEE THEN REVIEWS PERFORMANCE, DETERMINES ANY SALARY OR COMPENSATION ADJUSTMENTS (BASED ON THE INFORMATION IN THE SALARY/COMPENSATION ANALYSIS), AND RECOMMENDS THESE CHANGES TO THE EXECUTIVE COMMITTEE OF OUR BOARD OF DIRECTORS THE EXECUTIVE COMMITTEE THEN REPORTS THE COMPLETION OF THE PROCESS TO THE FULL BOARD OF DIRECTORS
Form 990, Part VI, Section C, line 19		THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST
FORM 990, PART XI, LINE 2C		THERE WERE NO CHANGES TO THE PROCESS AND COMMITTEE FOR SELECTION OF THE INDEPENDENT AUDITOR