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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 09-01-2009 and ending 08-31-2010

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

SHERIDAN COUNTY YOUNG MEN'S CHRISTIAN ASSOCIATION

Doing Business As

Number and street (or P O box if mail is not delivered to street address)

417 N JEFFERSON ST

Room/suite

City or town, state or country, and ZIP + 4

SHERIDAN, WY 828013827

D Employer identification number

83-0186708

E Telephone number

(307) 674-7488

G Gross receipts \$ 7,409,471

F Name and address of principal officer

JAY MCGINNIS

417 N JEFFERSON ST

SHERIDAN, WY 828013827

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:

WWW.SHERIDANYMCA.ORG

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation

1959

M State of legal domicile

WY

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities SHERIDAN COUNTY YOUNG MEN'S CHRISTIAN ASSOCIATION (YMCA) IS A CHARITABLE, COMMUNITY SERVICE ORGANIZATION THAT INCLUDES MEN, WOMEN AND CHILDREN OF ALL AGES, ABILITIES, INCOME, RACES AND RELIGIONS. WE ARE DEDICATED TO BUILDING STRONG FAMILIES AND STRONG COMMUNITIES.		
	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) 17		
	4	Number of independent voting members of the governing body (Part VI, line 1b) 17		
	5	Total number of employees (Part V, line 2a) 199		
	6	Total number of volunteers (estimate if necessary) 600		
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12 0		
	b	Net unrelated business taxable income from Form 990-T, line 34 0		
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	820,740	612,200
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,576,412	1,808,738
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	19,592	1,083,857
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,346	-345
			2,418,090	3,504,450
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)	112,945	167,891
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,444,957	1,478,785
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	Total fundraising expenses (Part IX, column (D), line 25) ☒ 38,769		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	1,357,349	1,220,954
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	2,915,251	2,867,630
	19	Revenue less expenses. Subtract line 18 from line 12	-497,161	636,820
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	20,311,257	20,863,307
	21	Total liabilities (Part X, line 26)	337,500	249,853
	22	Net assets or fund balances. Subtract line 21 from line 20	19,973,757	20,613,454

Part II Signature Block

Sign Here

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.

Signature of officer

JAY MCGINNIS CEO

Date

2011-01-10

Preparer's signature

Rucki Marshall CPA's PC

Date

2011-01-10

Check if self-employed ☐

Preparer's identifying number (see instructions)

EIN

Phone no

Firm's name (or yours if self-employed), address, and ZIP + 4

RUCKI & MARSHALL CPA'S PC

109 SOUTH MAIN STREET

SHERIDAN, WY 82801

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

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2009)

Part III

Statement of Program Service Accomplishments

1

Briefly describe the organization's mission

THE SHERIDAN COUNTY YOUNG MEN'S CHRISTIAN ASSOCIATION (YMCA) IS A CHARITABLE COMMUNITY SERVICE ORGANIZATION THAT INCLUDES MEN, WOMEN AND CHILDREN OF ALL AGES, ABILITIES, INCOME, RACES AND RELIGIONS WE ARE DEDICATED TO BUILDING STRONG KIDS, STRONG FAMILIES AND STRONG COMMUNITIES BY PUTTING CHRISTIAN PRINCIPLES INTO PRACTICE THROUGH PROGRAMS THAT PROMOTE HEALTHY LIFESTYLES, STRONG VALUES, LEADERSHIP DEVELOPMENT, COMMUNITY INTERACTION AND INTERNATIONAL UNDERSTANDING ALL PERSONS ARE WELCOME AT OUR YMCA REGARDLESS OF THEIR ABILITY TO PAY OUR YMCA IS FOUNDED AND LED BY VOLUNTEERS FROM OUR COMMUNITY VOLUNTEERS ALSO SERVE AS MENTORS, COACHES, PROGRAM LEADERS, INSTRUCTORS AND MORE

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 \$ 692,903 including grants of \$) (Revenue \$ 729,140)

HEALTH AND WELL BEING FOR ALL THE YMCA EXISTS TO BE A LEADER AND PROMOTE HEALTHY COMMUNITIES OUR YMCA SUPPORTS 5,574 MEMBERS IN THEIR PURSUIT OF HEALTHY LIFESTYLES THROUGH SPIRIT, MIND, AND BODY MEN, WOMEN, AND CHILDREN OF ALL AGES, FAITHS, BACKGROUNDS, ABILITIES, AND INCOME LEVELS IMPROVE HEALTH AND WELL-BEING AT THE YMCA IN 2009-2010, WE PROVIDED \$130,003 OF FINANCIAL ASSISTANCE TO OVER 11% OF THE MEMBERS SO THAT THEY HAD THE OPPORTUNITY TO PARTICIPATE FOR ADDITIONAL DETAIL SEE FEDERAL SUPPLEMENTAL INFORMATION - SCHEDULE 0 - CONTINUED

4b

(Code) (Expenses \$ 1,058,315 including grants of \$) (Revenue \$ 1,034,970)

HOLISTIC DEVELOPMENT OF CHILDREN AND YOUTH WE BELIEVE THAT STRONG YOUTH WILL LEAD OUR COMMUNITY IN THE FUTURE OUR PROGRAMS ARE DESIGNED TO BUILD WELL ROUNDED YOUTH BY INSTILLING OUR CORE VALUES OF CARING, HONESTY, RESPECT, AND RESPONSIBILITY INTO THE CURRICULUM EVERY DAY THE YMCA HELPS YOUNG PEOPLE DEEPEN POSITIVE VALUES, THEIR COMMITMENT TO SERVICE AND THEIR MOTIVATION TO LEARN WE PROVIDED 37% IN SCHOLARSHIPS WITH THE GOAL OF PROVIDING AT LEAST 10% OF OUR YOUTH THE ABILITY TO PARTICIPATE THAT OTHERWISE WOULD NOT HAVE HAD THE OPPORTUNITY TO SEE A DETAILED DESCRIPTION OF OUR YOUTH PROGRAMMING, SEE FEDERAL SUPPLEMENTAL INFORMATION - SCHEDULE 0 - CONTINUED

4c

(Code) (Expenses \$ 352,745 including grants of \$) (Revenue \$ 410,918)

FAMILY STRENGTHENINGOUR YMCA IS COMMITTED TO HELPING FAMILIES BUILD STRONGER BONDS BY BRINGING THEM TOGETHER IN A VARIETY OF ACTIVITIES THAT HELP FORM STABLE RELATIONSHIPS, ENHANCE COMMUNICATION, AND PROMOTE HEALTHIER LIFESTYLES WHETHER IT IS OUR FAMILY FUN NIGHTS, FAMILY SWIM TIMES, OR FAMILY TIME IN OUR PLAY LAND, WE PROMOTE PARENTAL INVOLVEMENT THROUGH QUALITY TIME SPENT WITH THEIR CHILDREN FOR MORE DETAILS SEE FEDERAL SUPPLEMENTAL INFORMATION - SCHEDULE 0 - CONTINUED

4d

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

(Expenses \$ 337,843 including grants of \$) (Revenue \$ 717,222)

4e

Total program service expenses \$ 2,441,806

Form 990 (2009)

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	Yes	
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		No
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, line 10? 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		No
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	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? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>	23		No
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? <i>If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25</i>	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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i>	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? <i>If "Yes," complete Schedule L, Part III</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	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		No

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable	1a0	1cYes	
	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?				
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a199	2b	No
	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)			
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		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	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .			7f	
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	17	
b	Enter the number of voting members that are independent . . .	1b	17	
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		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		No
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
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		
13	Does the organization have a written whistleblower policy?	13		No
14	Does the organization have a written document retention and destruction policy?	14		No
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		No
b	Other officers or key employees of the organization	15b		No
	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▶WY
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 ▶ JEANETTE REPSIS 417 N JEFFERSON SHERIDAN, WY 82801 (307) 674-7488

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

• 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

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

Form **990** (2009)

1b	Total	114,788	0	14,120
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2

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization0

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		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 organization0		

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					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	612,200				
	g	Noncash contributions included in lines 1a-1f \$ _____						
	h	Total. Add lines 1a-1f		612,200				
Program Service Revenue			Business Code					
	2a	HEALTH/WELL BEING CLAS	611,600	547,222	547,222			
	b	CHILDCARE	624,410	219,776	219,776			
	c	WEIGHT ROOM FACILITIES	713,940	153,846	153,846			
	d	CAMPS	721,210	101,416	101,416			
	e	FITNESS ASSESSMENT	713,940	82,803	82,803			
	f	All other program service revenue		703,675	703,675			
	g	Total. Add lines 2a-2f		1,808,738				
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		557,418	557,418			
	4	Income from investment of tax-exempt bond proceeds . .						
	5	Royalties						
	6a	Gross Rents	(i) Real	(ii) Personal				
			13,050					
			13,395					
			-345					
	d	Net rental income or (loss)		-345	-345			
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
			4,418,065					
			3,891,158	468				
			526,907	-468				
	d	Net gain or (loss)		526,439	526,439			
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a					
	b	Less direct expenses	b					
	c	Net income or (loss) from fundraising events . .						
	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					
b	Less cost of goods sold	b						
c	Net income or (loss) from sales of inventory . .							
Miscellaneous Revenue		Business Code						
11a								
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d							
12	Total revenue. See Instructions		3,504,450	2,892,250	0	0		

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	167,891	167,891	185,073	16,825
5	Compensation of current officers, directors, trustees, and key employees	336,496	134,598		
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	912,022	912,022		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	47,014	34,720	10,806	1,488
9	Other employee benefits	66,984	47,029	17,509	2,446
10	Payroll taxes	116,269	96,456	17,415	2,398
11	Fees for services (non-employees)				
a	Management				
b	Legal	26,186		26,186	
c	Accounting	15,500		15,500	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses	20,161	15,604	593	3,964
14	Information technology				
15	Royalties				
16	Occupancy	205,582	191,191	14,391	
17	Travel	14,888	4,466	7,444	2,978
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	35,620	35,620		
22	Depreciation, depletion, and amortization	479,501	412,371	67,130	
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	SUPPLIES	152,984	137,686	7,649	7,649
b	REPAIRS AND MAINTENANCE	130,600	124,070	6,530	
c	BOARD APPROPRIATIONS	69,740	69,740		
d	CONTRACT LABOR	35,062	35,062		
e	TRAINING	15,106	4,532	10,574	
f	All other expenses	20,024	18,748	255	1,021
25	Total functional expenses. Add lines 1 through 24f	2,867,630	2,441,806	387,055	38,769
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)		(B)
						Beginning of year		End of year
Assets	1	Cash—non-interest-bearing					1	
	2	Savings and temporary cash investments				1,123,190	2	632,099
	3	Pledges and grants receivable, net				1,112,928	3	744,666
	4	Accounts receivable, net				6,873	4	14,633
	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				9,142	8	8,561
	9	Prepaid expenses and deferred charges				34,667	9	34,094
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a	11,379,777		6,049,413	10c	6,093,000
	b	Less accumulated depreciation	10b	5,286,777				
	11	Investments—publicly traded securities					11	
	12	Investments—other securities. See Part IV, line 11				10,743,940	12	12,134,354
	13	Investments—program-related. See Part IV, line 11					13	
	14	Intangible assets					14	
	15	Other assets. See Part IV, line 11				1,231,104	15	1,201,900
	16	Total assets. Add lines 1 through 15 (must equal line 34)				20,311,257	16	20,863,307
Liabilities	17	Accounts payable and accrued expenses				151,887	17	68,102
	18	Grants payable					18	
	19	Deferred revenue				103,060	19	93,092
	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					23	
	24	Unsecured notes and loans payable to unrelated third parties					24	
	25	Other liabilities. Complete Part X of Schedule D				82,553	25	88,659
	26	Total liabilities. Add lines 17 through 25				337,500	26	249,853
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				14,582,846	27	15,228,186
	28	Temporarily restricted net assets				4,204,807	28	4,196,252
	29	Permanently restricted net assets				1,186,104	29	1,189,016
	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				19,973,757	33	20,613,454
	34	Total liabilities and net assets/fund balances				20,311,257	34	20,863,307

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? . .	Yes	
b Were the organization's financial statements audited by an independent accountant? 	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 . . .	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? 		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 . .		

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 SHERIDAN COUNTY YOUNG MEN'S CHRISTIAN ASSOCIATION	Employer identification number 83-0186708
---	--

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?

(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?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

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?		(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.)

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 IIISupport 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.")	3,363,770	3,230,558	1,566,753	1,914,916	612,200	10,688,197
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	310,247	342,263	388,336	479,325	1,808,738	3,328,909
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	3,674,017	3,572,821	1,955,089	2,394,241	2,420,938	14,017,106
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
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						0
8 Public Support (Subtract line 7c from line 6)						14,017,106

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	3,674,017	3,572,821	1,955,089	2,394,241	2,420,938	14,017,106
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	404,834	426,298	506,225	435,020	557,418	2,329,795
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	404,834	426,298	506,225	435,020	557,418	2,329,795
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.)	4,078,851	3,999,119	2,461,314	2,829,261	2,978,356	16,346,901
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	85.750 %	
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	56.400 %	

Section D. Computation of Investment Income Percentage			
17	Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	14 250 %
18	Investment income percentage from 2008 Schedule A, Part III, line 17	18	12 100 %
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: 83-0186708
Name: SHERIDAN COUNTY YOUNG MEN'S CHRISTIAN ASSOCIATION

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

4d. Other program services					
(Code	) (Expenses \$	337,843	including grants of \$	) (Revenue \$	717,222)
MEMBERS (REASONABLE ESTIMATES GIVEN) IN 2009/2010 THERE WERE 5574 YMCA MEMBERS, INCLUDING 2048 YOUTH, 2986 ADULTS, AND 540 SENIORS OF THESE 645 RECEIVED FINANCIAL AID, VALUED AT \$130,003 IN ADDITION, THE YMCA SERVED 7409 YOUTH AND ADULTS IN ITS PROGRAMS, WITH FINANCIAL AID TOTALING \$29,137 IN 2009/2010, 30 POLICY MAKING VOLUNTEERS DONATED 1000 HOURS, VALUED AT \$15,000 THIS IS BASED ON THE ESTIMATED VALUE OF THEIR TIME AT \$15 PER HOUR ALL SERVICES ARE OFFERED AT AFFORDABLE FEES FOR THE COMMUNITY AT LARGE, WITH FINANCIAL ASSISTANCE AVAILABLE FOR THOSE WHO CANNOT AFFORD THE FULL FEE YMCA HEALTH ENHANCEMENT WELL-BEING MEANS A HEALTHY SPRIT, MIND, AND BODY YMCA HEALTH ENHANCEMENT PROGRAMS ARE MEDICALLY-BASED PROGRAMS THAT STRESS THE VALUE OF PREVENTION THROUGH FOOD, EXERCISE HABITS, AND HEALTH INCLUDING NUTRITION, STRESS MANAGEMENT AND HEALTH EDUCATION ABOUT 3998 PARTICIPANTS YMCA AQUATICS THESE PROGRAMS ARE PART OF THE YMCA'S OVERALL GOAL OF BUILDING A 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 ABOUT 5092 PARTICIPANTS YMCA YOUTH SPORTS PROGRAMS THESE PROGRAMS PROMOTE AN APPRECIATION OF ONE'S OWN WORTH WHATEVER THE SPORT, THE FOCUS IS ON FULL AND EQUAL PARTICIPATION OF ALL EVERY CHILD PLAYS IN EVERY GAME LEAGUES ARE ORGANIZED ON THE BASIS OF SKILL CLINICS WIN OR LOSE, YMCA YOUTH SPORTS PROGRAMS EMPHASIZE DEVELOPMENT OF SKILL, HEALTH AND FITNESS, SAFETY, COOPERATION, SELF-ESTEEM, AND RESPECT FOR OTHERS VOLUNTEERS PLAY A VITAL ROLE IN YOUTH SPORTS ABOUT 2368 PARTICIPANTS YMCA CAMPING REVERING NATURE AND THE FULLNESS OF GOD'S BOUNTY IS A MAJOR PROGRAM GOAL FOR THE YMCA YMCA CAMPING PROGRAMS ARE EDUCATIONAL THEY PROMOTE SPIRITUAL AWARENESS, MENTAL DEVELOPMENT, PHYSICAL WELL-BEING, SOCIAL GROWTH, AND AWARENESS OF ONE'S NATURAL SURROUNDINGS YMCA CAMPING SEEKS TO HELP PARTICIPANTS ACHIEVE THEIR FULLEST POTENTIAL WHILE PROMOTING THE CORE VALUES OF CARING, HONESTY, RESPECT AND RESPONSIBILITY ABOUT 786 PARTICIPANTS IN MANY INSTANCES, CAMPING PROGRAMS SERVE AS CHILD CARE FOR PARENTS IN THE SUMMERTIME, ALLOWING THEM TO REMAIN GAINFULLY EMPLOYED THE PROGRAM IS OFFERED ON A BELOW-COST BASIS TO PARENTS UNABLE TO AFFORD THE FULL FEE YMCA CHILD CARE THE CENTRAL FOCUS OF ALL YMCA CHILD CARE PROGRAMS IS TO FOSTER GROWTH AND DEVELOPMENT, NOT ONLY IN CHILDREN BUT ALSO IN THEIR PARENTS AND FAMILIES THESE EDUCATIONAL PROGRAMS HELP KIDS DEVELOP MORAL AND ETHICAL BEHAVIOR, SELF-ESTEEM, AND LEADERSHIP PARENTS PLAY AN IMPORTANT ROLE IN POLICY AND PROGRAM DECISIONS YMCA CHILD CARE ALLOWS PARENTS OF THE CHILDREN IN OUR PROGRAMS TO REMAIN GAINFULLY EMPLOYED, KNOWING THAT THEIR CHILDREN ARE THRIVING IN A SAFE, SUPPORTIVE ENVIRONMENT FOR PARENTS WHO CANNOT AFFORD THE FULL FEE, CARE IS PROVIDED ON A BELOW-COST BASIS ABOUT 54 PARTICIPANTS THE YMCA ALSO PROVIDES CHILD CARE AT A REDUCED COST SO THAT MEMBERS CAN EXERCISE WHILE THEIR CHILDREN ARE WATCHED WITH QUALIFIED CARE ABOUT 570 REGISTRATIONS FOR THE PROGRAM YMCA AFTER SCHOOL PROGRAM THIS FUN FILLED PROGRAM OFFERS A SAFE ENVIRONMENT WITH A CARING AND QUALIFIED STAFF FOR YOUTH DURING THE AFTER SCHOOL HOURS EDUCATION OPPORTUNITIES ARE COMBINED WITH PHYSICAL ACTIVITIES TO HELP DEVELOP SELF-ESTEEM AND SELF-CONFIDENCE ABOUT 90 PARTICIPANTS YMCA FAMILY THESE PROGRAMS HELP PEOPLE GROW AS RESPONSIBLE MEMBERS OF FAMILIES THEY PROVIDE CHILDREN AND THEIR PARENTS WITH ACTIVITIES THAT FOSTER UNDERSTANDING AND COMPANIONSHIP ACTIVITIES ARE PLANNED TO BRING GROUPS OF FAMILIES TOGETHER TO SUPPORT EACH OTHER PARENTS HAVE THE OPPORTUNITY TO LEARN FROM EACH OTHER AND FROM THEIR CHILDREN IN AN ENJOYABLE WAY ABOUT 945 PARTICIPANTS YMCA TEEN LEADERSHIP YMCA YOUTH AND TEEN PROGRAMS GIVE KIDS POSITIVE ROLE MODELS TO HELP THEM DEVELOP SELF-ESTEEM, CONFIDENCE AND LEADERSHIP SKILLS ABOUT 75 PARTICIPATE YMCA ACTIVE OLDER ADULTS THE ACTIVE OLDER ADULT PROGRAM STRESSES A THREE-WAY APPROACH TO WORK WITH SENIORS INVOLVING HEALTH AND FITNESS, SOCIAL ACTIVITIES AND OPPORTUNITIES FOR VOLUNTEERS ABOUT 577 PARTICIPANTS YMCA SPECIAL POPULATIONS THE YMCA OFFERS A VARIETY OF PROGRAMS AND SERVICES TO PEOPLE OF ALL ABILITIES, INCLUDING THOSE WITH PHYSICAL DISABILITIES ABOUT 250 PARTICIPANTS YMCA ARTS & HUMANITIES THE ARTS AND HUMANITIES ARE AS MEASURABLE AND IMMEASURABLE AS THE HUMAN SPIRIT, MIND AND BODY - REMAINING A FORM OF DISCOVERY, REFLECTION AND MOTION PROGRAMMING IS AS DIVERSE AS MARIMBAS, NATURE DRAWING, THEATER CLUB, VIDEO PRODUCTION AND COMMERCIALS, VISITING PROFESSIONAL ART STUDIOS, BOOK DISCUSSION GROUPS, LABYRINTH BUILDING AND MUSICALS CULTURALLY DIVERSE ART RESIDENCIES IN THE SCHOOLS HAVE ALSO BEEN CENTRAL TO OUR PROGRAMMING ART IS INCORPORATED INTO OUR PROGRAMMING WHEN PRACTICAL ABOUT 415 PARTICIPANTS FINANCIAL ASSISTANCE IS AVAILABLE TO THOSE WHO CAN'T AFFORD THE WHOLE FEE					

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			
BROCK BOEDECKER DIRECTOR	1 00	X						0	0	0
RICH DESTEFANO VICE PRESIDENT	1 00	X		X				0	0	0
ALISON OCHS DIRECTOR	1 00	X						0	0	0
PAT THUESEN TREASURER	1 00	X		X				0	0	0
AMY ALBRECHT DIRECTOR	1 00	X						0	0	0
MITCH KRAFT DIRECTOR	1 00	X						0	0	0
HOLLAND DUEL DIRECTOR	1 00	X						0	0	0
JIM GILLESPIE DIRECTOR	1 00	X						0	0	0
GINGER STOUT DIRECTOR	1 00	X						0	0	0
BRUCE GARBER PRESIDENT	1 00	X		X				0	0	0
DICK HALL DIRECTOR	1 00	X						0	0	0
WILLEY MORRIS HONOR DIRECTOR	1 00	X						0	0	0
DON GRIFFITH HONOR DIRECTOR	1 00	X						0	0	0
JUDY MCDOWELL DIRECTOR	1 00	X						0	0	0
TEMPE MURPHY DIRECTOR	1 00	X						0	0	0
LINDA PINDER SECRETARY	1 00	X		X				0	0	0
JAY MCGINNIS CEO	50 00	X			X			71,488	0	11,520
ELLEN TREIDE DIRECTOR	1 00	X						0	0	0
DAN ALSUP CFO	40 00				X			43,300	0	2,600

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
HEALTH/WELL BEING CLAS	611,600	547,222	547,222		
CHILDCARE	624,410	219,776	219,776		
WEIGHT ROOM FACILITIES	713,940	153,846	153,846		
CAMPS	721,210	101,416	101,416		
FITNESS ASSESSMENT	713,940	82,803	82,803		

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

<i>Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
SUPPLIES	152,984	137,686	7,649	7,649
REPAIRS AND MAINTENANCE	130,600	124,070	6,530	
BOARD APPROPRIATIONS	69,740	69,740		
CONTRACT LABOR	35,062	35,062		
TRAINING	15,106	4,532	10,574	

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
SHERIDAN COUNTY YOUNG MEN'S CHRISTIAN ASSOCIATION

Employer identification number
83-0186708

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	1
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	69,740
4	Aggregate value at end of year	875,086
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
2a	Total number of conservation easements
2b	Total acreage restricted by conservation easements
2c	Number of conservation easements on a certified historic structure included in (a)
2d	Number of conservation easements included in (c) acquired after 8/17/06

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

\$

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2009

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
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				
b	Contributions				
c	Investment earnings or losses				
d	Grants or scholarships				
e	Other expenditures for facilities and programs				
f	Administrative expenses				
g	End of year balance				

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ %

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

(i)

unrelated organizations

(ii)

related organizations

b

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

	Yes	No
3a(i)	Yes	
3a(ii)	Yes	
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		226,156		226,156
b Buildings		7,237,027	3,569,044	3,667,983
c Leasehold improvements		2,611,124	900,515	1,710,609
d Equipment		1,305,470	817,218	488,252
e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				6,093,000

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)	13,504,450
2	Total expenses (Form 990, Part IX, column (A), line 25)	2,867,630
3	Excess or (deficit) for the year Subtract line 2 from line 1	636,820
4	Net unrealized gains (losses) on investments	-35
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV)	2,912
9	Total adjustments (net) Add lines 4 - 8	2,877
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	639,697

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements	13,507,327
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a	Net unrealized gains on investments2a-35	
b	Donated services and use of facilities2b	
c	Recoveries of prior year grants2c	
d	Other (Describe in Part XIV)2d2,912	
e	Add lines 2a through 2d2e2,877	
3	Subtract line 2e from line 133,504,450	
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 7b4a	
b	Other (Describe in Part XIV)4b	
c	Add lines 4a and 4b4c0	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)53,504,450	

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements	12,867,630
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
a	Donated services and use of facilities2a	
b	Prior year adjustments2b	
c	Other losses2c	
d	Other (Describe in Part XIV)2d	
e	Add lines 2a through 2d2e0	
3	Subtract line 2e from line 132,867,630	
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 7b4a	
b	Other (Describe in Part XIV)4b	
c	Add lines 4a and 4b4c0	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)52,867,630	

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 XI, Line 8 - Other Adjustments		INCREASE IN ASSETS HELD BY WYOMING COMMUNITY FOUNDATION

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

Open to Public
Inspection

Name of the organization SHERIDAN COUNTY YOUNG MEN'S CHRISTIAN ASSOCIATION	Employer identification number 83-0186708
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Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		THE BOARD OF DIRECTORS REVIEWED THE 990 BEFORE IT WAS FILED WITH THE INTERNAL REVENUE SERVICE
Form 990, Part VI, Section C, line 19		THE BOARD REVIEWS THE CONFLICT OF INTEREST QUESTIONNAIRE ANNUALLY
		THE YMCA HAS AN AUDIT COMMITTEE THAT FUNCTIONS AS OVERSIGHT OF THE AUDIT AND AUDITOR SELECTION