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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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

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

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 $ 9,760,886

F Name and address of principal officer
FRANK KLIPSCH
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) ☐ 501(c) ( ) ◀ (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

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

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	36
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	36
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	**5**	937
6	Total number of volunteers (estimate if necessary)	**6**	2,765
7a	Total 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

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	1,754,650	2,455,985
9	Program service revenue (Part VIII, line 2g)	6,861,431	6,929,353
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	55,616	40,584
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	210,859	211,322
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,882,556	9,637,244
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	5,743,087	5,879,718
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 216,656		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	3,351,917	3,549,309
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	9,095,004	9,429,027
19	Revenue less expenses Subtract line 18 from line 12	-212,448	208,217
Net Assets or Fund Balances		**Beginning of Current Year**	**End of Year**
20	Total assets (Part X, line 16)	8,990,659	9,050,821
21	Total liabilities (Part X, line 26)	2,163,757	2,040,253
22	Net assets or fund balances Subtract line 21 from line 20	6,826,902	7,010,568

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

****** | 2012-10-17
Signature of officer | Date

FRANK KLIPSCH CEO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ NICHOLAS NAUMAN CPA	Date 2012-10-17	Check if self-employed ▶ ☐	Preparer's taxpayer identification number (see instructions) P00056574
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ DOYLE & KEENAN PC 908 W 35TH ST DAVENPORT, IA 528065826			EIN ▶ 42-1363116 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**

Check if Schedule O contains a response to any question in this Part III . . . . . ☑

1 Briefly describe the organization's mission

THE MISSION OF THE YMCA IS TO PUT JUDEO-CHRISTIAN PRINCIPLES INTO PRACTICE THROUGH PROGRAMS THAT BUILD HEALTHY SPIRIT, MIND, AND BODY FOR ALL THE CAUSE OF THE Y IS TO STRENGTHEN COMMUNITY THIS WORK IS ACHIEVED THROUGH THREE FOCUS AREAS 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 organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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 $ 3,969,395 including grants of $) (Revenue $ 4,607,867)

HEALTHY LIVING AT THE Y - MEMBERSHIP, INVOLVEMENT, PROGRAMS AND SERVICES -YMCA MEMBERSHIP IS OUR MOST PROMINENT TOOL FOR PEOPLE OF ALL AGES, GENDERS, ETHNICITIES AND RELIGIOUS BACKGROUMDS TO PARTICIPATE IN OUR CAUSE OF STRENGTHENING COMMUNITY IN 2011, OVER 37,000 MEMBERS OF OUR COMMUNITY JOINED TOGETHER TO TEACH AND DEMONSTRATE OUR CORE VALUES THROUGH PROGRAMS AND SERVICES BY REMOVING THE COST OF GROUP EXERCISE PROGRAMS FOR OUR MEMBERS, WE INCREASED PARTICIPATION WHICH NOT ONLY ENSURED A SIGNIFICANTLY LARGER AND HEALTHIER POPULATION, BUT ALSO BROUGHT AN INCREDIBLE ARRAY OF PEOPLE TOGETHER THROUGH NEW RELATIONSHIPS IN ADDITION, WE NOW OFFER AT NO CHARGE TO THE COMMUNITY PROGRAMS LIKE LIVESTRONG AT THE YMCA, WHICH IS DESIGNED TO ASSIST CANCER PATIENTS AND SURVIVORS BY OFFERING A HEALING PEER GROUP FOCUSED ON BOTH EXERCISE TECHNIQUES AND MORE IMPORTANTLY, SPIRITUAL STRENGTHENING WE HAVE ALSO INCREASED OUR CORPORATE MEMBERSHIP PROGRAM BY REACHING OUT AND OFFERING A GREATER AMOUNT OF TRIAL MEMBERSHIPS THAT INCLUDE OUR SIGNATURE "WELLNESS COACHING" SERVICE AT NO CHARGE TO THE COMMUNITY THIS ENSURES THAT A GREATER AMOUNT OF OUR COMMUNITYS WORKFORCE IS ENGAGED IN HEALTHY LIVING

4b (Code) (Expenses $ 1,683,903 including grants of $) (Revenue $ 1,225,650)

YOUTH DEVELOPMENT AT THE Y - CHILD CARE & FAMILY SERVICESOUR YMCA IS WORKING WITH PARTNERS THROUGHOUT THE COMMUNITY TO RAISE THE UNDERSTANDING OF QUALITY CHILD CARE IN OUR COMMUNITY OUR CHILD CARE ARE BUILT ON THE YMCA'S TIME-TESTED CORE VALUES OF CARING, HONESTY, RESPECT & RESPONSIBILITY EVERY ACTIVITY AND PROJECT IS CAREFULLY DESIGNED TO SPARK A CHILD'S IMAGINATION AND TO NURTURE THE DEVELOPMENT OF POSITIVE VALUES OUR COMMITMENT TO QUALITY IS ENSURING THAT OUR COMMUNITY AS A WHOLE PLACES THE PROPER EMPHASIS ON STATE AND FEDERAL QUALITY INDICATORS TO ENSURE THAT EACH AND EVERY CHILD IN OUR COMMUNITY IS INVOLVED IN THESE ESSENTIAL PROGRAMS AND SERVICES WE ARE ALSO ADDING A GREATER EMPHASIS ON CLOSING "THE ACHIEVMENT GAP" IN OUR COMMUNITY THIS CONCEPT STEMS FROM MOUNTING NATIONAL RESEARCH INDICATING A GREATER DIVIDE BETWEEN YOUTH WHO ARE ACTIVELY ENGAGED IN EDUCATIONAL PROGRAMS IN THE SUMMER, AND THOSE WHO ARE NOT WE HAVE PARTNERED WITH SEVERAL AREA AGENCIES TO IDENTIFY A GREATER AMOUNT OF YOUTH WHO ARE OFTEN UN-DIRECTED WHEN SCHOOL IS OUT IN THE SUMMER, IN THE EVENINGS AND OVER WEEKENDS TO PROVIDE ENGAGING PROGRAMS THAT CONTINUE THEIR SPIRITUAL, MENTAL AND PHYSICAL DEVELPOMENT IN ADDITION, THE INCREASED ROLE THE YMCA IS PLAYING IN THESE COMMUNITY-WIDE INITIATIVES IS ALSO BRINGING AN INCREASED AMOUNT OF FAMILIES INTO OUR SERVICE BASE FINALLY, BECAUSE WE BETTER UNDERSTAND THE IMPACT AND AFFECT ON SUCCESS IN THE AREA OF YOUTH DEVELOPMENT IN TERMS OF COLLEGE AND WORK READINESS, WE HAVE BROADENED OUR SERVICE AUDIENCE IN 2011, WE BEGAN TO OFFER A COMPLETE "YMCA HIGHER LEARNING" INTITIATIVE OFFERED FREE OF CHARGE AND DIRECTED AT STUDENTS NORMALLY NOT TRACKED FOR COLLEGE AND HIGHER-SKILLED WORK OPPORTUNITIES THE RESULT HAS BEEN AN INCREASE IN STUDENTS, ESPECIALLY FROM AT-RISK POPULATIONS, THAT ARE WORKING TOWARD, APPLYING FOR AND BEING ACCEPTED INTO COLLEGE AND WORK STUDY PROGRAMS

4c (Code) (Expenses $ 633,222 including grants of $) (Revenue $ 279,026)

YMCA AQUATICS FOR YOUTH DEVELOPMENT & HEALTHY LIVING - THE YMCA IS OUR COMMUNITY'S LEADER IN YEAR-ROUND AQUATICS PROGRAMS WE USE THIS TOOL TO TEACH AND ENCOURAGE YOUNG PEOPLE BEGIN A LIFETIME OF VALUE-BASED LEARNING BY OFFERING PARENT-CHILD AND EVEN PRENATAL SWIM LESSONS WE ALSO PROVIDE ADULT LESSONS, WATER EXERCISE AND WARM-WATER THERAPY PROGRAMS WHICH NOT ONLY PROVIDE TREMENDOUS PHYSICAL AND MENTAL BENEFITS, BUT DUE TO OUR GREATER MISSION, WE CREATE RELATIONSHIPS AND GROUP ENVIRONMENTS THAT INCREASE BOTH THE QUALITY - AND LENGTH - OF LIFE FINALLY, STUDIES ARE SHOWING THAT WATER SAFETY IN MINORITY AND ETHNIC POPULATIONS IS BECOMING AN EVEN GREATER NECESSITY THEREFORE, WE ARE WORKING TO ADDRESS THIS NATIONAL NEED BY ENCOURAGING A LARGER PARTICIPATION OF OUR YOUTH PROGRAM PARTICIPANTS IN THIS DEMOGRAPHIC TO LEARN TO SWIM, OFTEN TIMES BY REQUIRING LESSONS AS AN ASPECT OF OTHER CURRICULUMS, SUCH AS OUR RESIDENTA DAY CAMPS WE ARE ALSO MEETING THESE NEEDS BY TRAINING OUR STAFF TO OVERCOME CULTURAL BARRIERS AND ENSURING THAT LANGUAGE IS NOT AN OBSTACLE TO KEEPING KIDS AND THEIR PARENTS SAFE IN THE WATER NEARLY 10,000 PROGRAM REGISTRATIONS CONTINUE TO DEMONSTRATE OUR IMPACT IN THIS COMMUNITY, WITH THE AQUATICS PROGRAMS AS OUR TOOL

(Code) (Expenses $ 1,756,634 including grants of $) (Revenue $ 951,516)

YMCA YOUTH LEADERSHIP AND DEVELOPMENT - IN 2011, WE ENHANCED THE ROLE THAT OUR FIVE, STRATEGICALLY LOCATED FACILITIES PLAY IN THE OPPORTUNITIES AVAILABLE TO OUR COMMUNITYS YOUNG PEOPLE BASICALLY, KIDS ARE ALWAYS WELCOME AT THE YMCA THEREFORE, IN ADDITION TO CREATING A SAFE, POSITIVE ENVIRONMENT, OUR DIRECTORS WORK AS LEADERSHIP LIASONS TO DEVELOP AND ENHANCE RELATIONSHIPS BETWEEN YOUNG PEOPLE AND THEIR TEACHERS, COUNSELORS, PARENTS AND COACHES WE ARE COMMITTED TO 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 UPLIFTINGYMCA HIGHER EDUCATION SERVICE PROJECT -IN 2011, OUR NEW YMCA HIGHER EDUCATION SERVICE PROJECT IN PARTNERSHIP WITH THE QUAD CITIES SCHOLARS PROGRAM IDENTIFIED MINORITY AND DISADVANTAGED CHILDREN WHO HAD NO FAMILY EXPERIENCE WITH HIGHER EDUCATION THROUGH MENTORING, COLLEGE VISITS, FAFSA ASSISTANCE, AND ACT PREPARATION, OVER 660 MIDDLE SCHOOL AND HIGH SCHOOL YOUTH WERE TARGETED FOR COLLEGE AS A GOAL YMCA YOUTH SPORTS -OUR ONGOING YOUTH SPORTS PROGRAMS SERVED OVER 7,500 YOUTH AND INVOLVED MANY MORE FAMILY MEMBERS WITH GAME SESSION STARTING WITH A PLEDGE OF TEAM WORK, SPORTSMANSHIP, AND INCLUSION FOR ALL COUPLED WITH OUR FOCUS ON CHARACTER DEVELOPMENT, OUR YOUTH SPORTS' ACTIVITIES ENCOURAGE HEALTHY LIFESTYLES WHILE DEVELOPING CHARACTER IN OUR YOUTH YMCA CAMP ABE LINCOLN - IN 2011 OVER 800 KIDS BENEFITED FROM YMCA CAMP ABE LINCOLN'S COMPLETE IMMERSION INTO A YMCA CHARACTER DEVELOPMENT ENVIRONMENT TRADITIONAL "OVERNIGHT" RESIDENT CAMP SERVED OVER 500 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 CHILDS 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 YMCA 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 ADMINISTRATORS 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 480 TEENS AND PROVIDES FOLLOW-UP WITH STAFF, PARENTS AND SCHOOL ADMINISTRATION YMCA HEALTH AND WELLNESS - THE SCOTT COUNTY FAMILY Y FUNDS A COMMUNITY COLLABORATION CALLED ACTIVATE QUAD CITIES WITH A CHARTER TO BUILD THE COMMUNITY'S AWARENESS OF AND COMMITMENT TO HEALTHIER LIFESTYLES AND SUSTAINABLE WELLNESS PROGRAMS FOR THE ENTIRE FAMILY PHYSICAL LIMITATIONS 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 RECEIVE THE ATTENTION 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 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 GENERAL PROGRAMS -OUR GENERAL COMMUNITY PROGRAMS BROUGHT OVER 50,000 CHILDREN, ADULTS, AND FAMILIES TOGETHER IN 2010, THESE ACTIVITIES CONTINUED TO ATTRACT LARGER AND EVEN MORE DIVERSE REPRESENTATION FROM THROUGHOUT OUR COMMUNITY THE 23RD ANNUAL "TURKEY TROT" BROUGHT THOUSANDS OF CHILDREN AND FAMILIES TOGETHER FOR WHAT HAS BECOME AN ANNUAL FAMILY TRADITION LARGE COMMUNITY EVENTS CENTERED ON "HEALTHY FAMILIES DAY", FAMILY "KITE FEST", NEW YEAR'S EVE AT NOON, HALLOWEEN FAMILY WEEKEND, FAMILY EASTER EGG HUNT, QUAD CITIES IN MOTION, FALL FLING, WINTER WELLNESS WEEKEND, HEALTHY KIDS DAY, PARTNER WITH YOUTH GOLF OUTING, YOUTH SPORTS PARTICIPATION AND EVENTS PROMOTED RELATIONSHIP BUILDING FOCUSED ON HEALTHY LIVING, YOUTH DEVELOPMENT, AND SOCIAL RESPONSIBILITY

4d Other program services (Describe in Schedule O)

(Expenses $ 1,756,634 including grants of $) (Revenue $ 951,516)

4e **Total program service expenses** ▶ $ 8,043,154

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* (see instructions)?	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, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		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 temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e		No
f	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 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b		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, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *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 and IV*	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 and IV*	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
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

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 (or a family member thereof) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 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
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	**35a**		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		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**

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	**1a**	34		
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**	937			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			**2b**	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			**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 or securities account)?			**4a**		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			**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?			**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 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	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**		
8	**Sponsoring organizations maintaining donor advised funds 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**				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state			**13a**		
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**				
c	Enter the aggregate amount of reserves on hand	**13c**				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**		

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.

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	36		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	36		
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 governing documents since the prior Form 990 was filed?		4	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .		5		No
6	Did the organization have members or stockholders?		6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		7b		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	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did 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 15a or 15b, 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," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

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 made 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 made 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 ▶

STEVEN MEYER
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

Check if Schedule O contains a response to any question in this Part VII . . . . . .☐

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, 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, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** 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 neither the organization nor any related organizations compensated any current or former officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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 Additional Data Table										

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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 Additional Data Table										
1b **Sub-Total** . . . . . ▶										
c **Total from continuation sheets to Part VII, Section A** . . . . ▶										
d **Total (add lines 1b and 1c)** . . . . . ▶								483,293	0	116,799

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

			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 or individual 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 Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
MIDWEST JANITORIAL SERVICE INC 5443 CAREY AVE DAVENPORT, IA 52807	NIGHT CUSTODIAL CLEANING	173,198

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

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	180,811				
	b	Membership dues					
	c	Fundraising events	17,500				
	d	Related organizations					
	e	Government grants (contributions)	506,078				
	f	All other contributions, gifts, grants, and similar amounts not included above	1,751,596				
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f		2,455,985			
Program Service Revenue			Business Code				
	2a	MEMBERSHIP DUES	713940	4,607,867	4,607,867		
	b	CHILD CARE SERVICE	624410	1,225,650	1,225,650		
	c	DAVENPORT YMCA	900099	820,750	820,750		
	d	CAMP ABE LINCOLN	900099	275,086	275,086		
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		6,929,353			
	3	Investment income (including dividends, interest and other similar amounts)		40,584			40,584
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
			(i) Real / (ii) Personal				
	6a	Gross rents	70,115 /				
	b	Less rental expenses	0 /				
	c	Rental income or (loss)	70,115 /				
	d	Net rental income or (loss)		70,115			70,115
			(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 $ 17,500 of contributions reported on line 1c) See Part IV, line 18 a	78,317				
	b	Less direct expenses b	41,248				
	c	Net income or (loss) from fundraising events		37,069			37,069
	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	51,826				
	b	Less cost of goods sold b	82,394				
	c	Net income or (loss) from sales of inventory		-30,568			-30,568
		Miscellaneous Revenue	Business Code				
	11a	MAQUOKETA ADMIN PAYMEN	900099	90,000	90,000		
	b	MISCELLANEOUS INCOME	900099	43,784	43,784		
	c	NSF CHECK SERVICE CHAR	900099	922	922		
	d	All other revenue					
	e	**Total.** Add lines 11a–11d		134,706			
	12	**Total revenue.** See Instructions		9,637,244	7,064,059	0	117,200

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)
Check if Schedule O contains a response to any question in this Part IX . . . . . ☐

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 United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	600,092	69,672	416,419	114,001
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	4,370,144	4,015,020	339,345	15,779
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	258,435	222,621	33,913	1,901
9	Other employee benefits	294,216	254,980	38,999	237
10	Payroll taxes	356,831	299,167	49,885	7,779
11	Fees for services (non-employees)				
a	Management				
b	Legal				
c	Accounting				
d	Lobbying				
e	Professional fundraising *See Part IV, line 17* . .				
f	Investment management fees				
g	Other	540,141	447,625	71,151	21,365
12	Advertising and promotion	246,853	198,373	5,659	42,821
13	Office expenses	281,590	266,790	12,479	2,321
14	Information technology	32,625	10,477	21,794	354
15	Royalties . .				
16	Occupancy	688,188	679,422	6,101	2,665
17	Travel	96,011	30,032	61,015	4,964
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	37,335	37,335		
21	Payments to affiliates	84,995		84,995	
22	Depreciation, depletion, and amortization	452,583	452,583		
23	Insurance	119,618	119,618		
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	REPAIRS AND MAINTENANCE	383,595	368,183	15,412	
b	MISCELLANEOUS	313,846	304,404	8,731	711
c	BUILDING SUPPLIES	119,960	114,883	3,319	1,758
d	FOOD & MERCHANDISE EXPE	106,310	106,310		
e					
f	All other expenses	45,659	45,659		
25	**Total functional expenses.** Add lines 1 through 24f	9,429,027	8,043,154	1,169,217	216,656
26	**Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) 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		423,515	1	707,681
	2	Savings and temporary cash investments		20,874	2	20,895
	3	Pledges and grants receivable, net		25,600	3	97,600
	4	Accounts receivable, net		1,527,069	4	1,388,545
	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		25,400	8	24,900
	9	Prepaid expenses and deferred charges		113,834	9	97,495
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 16,789,332			
	b	Less accumulated depreciation	10b 10,558,290	6,341,190	10c	6,231,042
	11	Investments—publicly traded securities		207,508	11	183,173
	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		305,669	15	299,490
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		8,990,659	16	9,050,821
Liabilities	17	Accounts payable and accrued expenses		648,029	17	640,829
	18	Grants payable			18	
	19	Deferred revenue		292,088	19	295,847
	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		1,223,640	23	1,103,577
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D			25	
	26	**Total liabilities.** Add lines 17 through 25		2,163,757	26	2,040,253
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		6,012,005	27	5,804,931
	28	Temporarily restricted net assets		813,845	28	1,201,830
	29	Permanently restricted net assets		1,052	29	3,807
		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		6,826,902	33	7,010,568
	34	Total liabilities and net assets/fund balances		8,990,659	34	9,050,821

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	9,637,244
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,429,027
3	Revenue less expenses Subtract line 2 from line 1	3	208,217
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	6,826,902
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-24,551
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	7,010,568

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☑

			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 separate basis, consolidated 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

2011

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 2011 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2010 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2011.** 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—2010.** 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—2011.** 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—2010.** 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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	1,211,190	1,655,076	1,725,810	1,754,650	2,455,985	8,802,711
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	5,922,922	6,779,980	6,865,638	7,052,668	7,059,496	33,680,704
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	7,134,112	8,435,056	8,591,448	8,807,318	9,515,481	42,483,415
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	383,826	269,928	377,446	554,607	988,973	2,574,780
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	383,826	269,928	377,446	554,607	988,973	2,574,780
8 **Public Support** (Subtract line 7c from line 6)						39,908,635

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6	7,134,112	8,435,056	8,591,448	8,807,318	9,515,481	42,483,415
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	224,167	213,295	203,948	136,212	110,699	888,321
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	224,167	213,295	203,948	136,212	110,699	888,321
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)	88,743	128,642	120,212	105,925	134,706	578,228
13 **Total support** (Add lines 9, 10c, 11 and 12)	7,447,022	8,776,993	8,915,608	9,049,455	9,760,886	43,949,964

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 2011 (line 8 column (f) divided by line 13 column (f))	15	90 800 %
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	91 310 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2011** (line 10c column (f) divided by line 13 column (f))	17	2 020 %
18 Investment income percentage from **2010** Schedule A, Part III, line 17	18	2 420 %

19a **33 1/3% support tests—2011.** 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—2010.** 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. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

Additional Data

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

Form 990, Special Condition Description:

Special Condition Description

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

4d. Other program services

(Code) (Expenses $ 1,756,634 including grants of $) (Revenue $ 951,516)

YMCA YOUTH LEADERSHIP AND DEVELOPMENT - IN 2011, WE ENHANCED THE ROLE THAT OUR FIVE, STRATEGICALLY LOCATED FACILITIES PLAY IN THE OPPORTUNITIES AVAILABLE TO OUR COMMUNITYS YOUNG PEOPLE BASICALLY, KIDS ARE ALWAYS WELCOME AT THE YMCA THEREFORE, IN ADDITION TO CREATING A SAFE, POSITIVE ENVIRONMENT, OUR DIRECTORS WORK AS LEADERSHIP LIASONS TO DEVELOP AND ENHANCE RELATIONSHIPS BETWEEN YOUNG PEOPLE AND THEIR TEACHERS, COUNSELORS, PARENTS AND COACHES WE ARE COMMITTED TO 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 UPLIFTINGYMCA HIGHER EDUCATION SERVICE PROJECT -IN 2011, OUR NEW YMCA HIGHER EDUCATION SERVICE PROJECT IN PARTNERSHIP WITH THE QUAD CITIES SCHOLARS PROGRAM IDENTIFIED MINORITY AND DISADVANTAGED CHILDREN WHO HAD NO FAMILY EXPERIENCE WITH HIGHER EDUCATION THROUGH MENTORING, COLLEGE VISITS, FAFSA ASSISTANCE, AND ACT PREPARATION, OVER 660 MIDDLE SCHOOL AND HIGH SCHOOL YOUTH WERE TARGETED FOR COLLEGE AS A GOAL YMCA YOUTH SPORTS -OUR ONGOING YOUTH SPORTS PROGRAMS SERVED OVER 7,500 YOUTH AND INVOLVED MANY MORE FAMILY MEMBERS WITH GAME SESSION STARTING WITH A PLEDGE OF TEAM WORK, SPORTSMANSHIP, AND INCLUSION FOR ALL COUPLED WITH OUR FOCUS ON CHARACTER DEVELOPMENT, OUR YOUTH SPORTS' ACTIVITIES ENCOURAGE HEALTHY LIFESTYLES WHILE DEVELOPING CHARACTER IN OUR YOUTH YMCA CAMP ABE LINCOLN - IN 2011 OVER 800 KIDS BENEFITED FROM YMCA CAMP ABE LINCOLN'S COMPLETE IMMERSION INTO A YMCA CHARACTER DEVELOPMENT ENVIRONMENT TRADITIONAL "OVERNIGHT" RESIDENT CAMP SERVED OVER 500 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 CHILDS 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 YMCA 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 ADMINISTRATORS 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 480 TEENS AND PROVIDES FOLLOW-UP WITH STAFF, PARENTS AND SCHOOL ADMINISTRATION YMCA HEALTH AND WELLNESS - THE SCOTT COUNTY FAMILY Y FUNDS A COMMUNITY COLLABORATION CALLED ACTIVATE QUAD CITIES WITH A CHARTER TO BUILD THE COMMUNITY'S AWARENESS OF AND COMMITMENT TO HEALTHIER LIFESTYLES AND SUSTAINABLE WELLNESS PROGRAMS FOR THE ENTIRE FAMILY PHYSICAL LIMITATIONS 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 RECEIVE THE ATTENTION 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 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 GENERAL PROGRAMS -OUR GENERAL COMMUNITY PROGRAMS BROUGHT OVER 50,000 CHILDREN, ADULTS, AND FAMILIES TOGETHER IN 2010, THESE ACTIVITIES CONTINUED TO ATTRACT LARGER AND EVEN MORE DIVERSE REPRESENTATION FROM THROUGHOUT OUR COMMUNITY THE 23RD ANNUAL "TURKEY TROT" BROUGHT THOUSANDS OF CHILDREN AND FAMILIES TOGETHER FOR WHAT HAS BECOME AN ANNUAL FAMILY TRADITION LARGE COMMUNITY EVENTS CENTERED ON "HEALTHY FAMILIES DAY", FAMILY "KITE FEST", NEW YEAR'S EVE AT NOON, HALLOWEEN FAMILY WEEKEND, FAMILY EASTER EGG HUNT, QUAD CITIES IN MOTION, FALL FLING, WINTER WELLNESS WEEKEND, HEALTHY KIDS DAY, PARTNER WITH YOUTH GOLF OUTING, YOUTH SPORTS PARTICIPATION AND EVENTS PROMOTED RELATIONSHIP BUILDING FOCUSED ON HEALTHY LIVING, YOUTH DEVELOPMENT, AND SOCIAL RESPONSIBILITY

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 EARNHARDT DIRECTOR	20	X						0	0	0
CAL WERNER DIRECTOR	10	X						0	0	0
DAVID EVERITT EXECUTIVE COMMITTEE (AT LA	20	X						0	0	0
ED CARROLL DIRECTOR	20	X						0	0	0
ED ROGALSKI CHIEF VOLUNTEER OFFICER	90	X		X				0	0	0
GREG LARRISON DIRECTOR	20	X						0	0	0
JIM RUSSELL DIRECTOR	10	X						0	0	0
JIM SPELHAUG DIRECTOR	20	X						0	0	0
JIM VON MAUR DIRECTOR	10	X						0	0	0
JOHN RICHES DIRECTOR	20	X						0	0	0
KEN KOUPAL EXECUTIVE COMMITTEE (AT LA	40	X						0	0	0
LARRY PATTEN DIRECTOR	10	X						0	0	0
MARK SIFRIT DIRECTOR	10	X						0	0	0
MO HYDER EXECUTIVE COMMITTEE (AT LA	60	X						0	0	0
NANCY CHAPMAN DIRECTOR	20	X						0	0	0
RICK JOHN DIRECTOR	20	X						0	0	0
REV ROGERS KIRK DIRECTOR	10	X						0	0	0
TARA BARNEY SECRETARY	30	X		X				0	0	0
TIM KOEHLER DIRECTOR	10	X						0	0	0
TOM PETERS TREASURER	60	X		X				0	0	0
TOM WATERMAN PAST CVO	40	X						0	0	0
DOUG CROPPER CVO ELECT	30	X						0	0	0
RANDY MOORE EXECUTIVE COMMITTEE (AT LA	20	X						0	0	0
FLORIAN STEFFEN DIRECTOR	30	X						0	0	0
PETE BUSH DIRECTOR	10	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			
DON DOUCETTE DIRECTOR	10	X						0	0	0
GREGG ONTIVEROS DIRECTOR	10	X						0	0	0
KENT PILCHER DIRECTOR	20	X						0	0	0
CHRIS RAYBURN DIRECTOR	20	X						0	0	0
CAROLINE RUHL DIRECTOR	10	X						0	0	0
ART TATE DIRECTOR	10	X						0	0	0
GREG VEON DIRECTOR	10	X						0	0	0
DANA WILKINSON DIRECTOR	10	X						0	0	0
JULIO ALMANZA DIRECTOR	20	X						0	0	0
JULIE BECHTEL DIRECTOR	30	X						0	0	0
PATRICIA KEIR DIRECTOR	30	X						0	0	0
FRANK KLIPSCH CEO	40 00			X				165,645	0	37,733
TONY CALABRESE COO & PRESIDENT	40 00			X				108,499	0	30,846
LEE GASTON CFO & VICE PRESIDENT	40 00			X				84,562	0	21,804
KELLIE ESTERS VICE PRESIDENT FUND DEVELO	40 00			X				73,268	0	20,395
JULIE LINK VICE PRESIDENT HUMAN RESOU	40 00			X				51,319	0	6,021

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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, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

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	517,095	482,107	494,795	502,845	
b	Contributions	30,000	10,000			
c	Investment earnings or losses	-23,332	24,988	-12,688	-8,050	
d	Grants or scholarships					
e	Other expenditures for facilities and programs					
f	Administrative expenses	1,050				
g	End of year balance	522,713	517,095	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 Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(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		11,183,551	6,188,095	4,995,456
c Leasehold improvements				
d Equipment		5,182,790	4,370,195	812,595
e Other				
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				6,231,042

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
(1) Financial derivatives		
(2) 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 (ASC 740) 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 (ASC740)

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	9,637,244
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	9,429,027
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	208,217
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	
8	Other (Describe in Part XIV)	8	-24,551
9	Total adjustments (net) Add lines 4 - 8	9	-24,551
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	183,666

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	9,736,335
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	-24,551		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	123,642		
e	Add lines **2a** through **2d**			2e	99,091
3	Subtract line **2e** from line **1**			3	9,637,244
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	9,637,244

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

1	Total expenses and losses per audited financial statements			1	9,552,669
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	123,642		
e	Add lines **2a** through **2d**			2e	123,642
3	Subtract line **2e** from line **1**			3	9,429,027
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	9,429,027

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
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	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 PRIOR TO USE
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE FASB ISSUED GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES UNDER THE INCOME TAXES TOPIC OF THE FASB ASC MANAGEMENT EVALUATED THE ORGANIZATION'S TAX POSITIONS AND CONCLUDED THAT THE ORGANIZATION HAS MAINTAINED ITS TAX-EXEMPT STATUS AND HAS TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS THEREFORE, NO PROVISION OR LIABILITY FOR INCOME TAXES HAS BEEN INCLUDED IN THE FINANCIAL STATEMENTS
PART XI, LINE 8 - OTHER ADJUSTMENTS		UNREALIZED GAIN(LOSS) ON INVESTMENTS -24,551
PART XII, LINE 2D - OTHER ADJUSTMENTS		COST OF GOODS SOLD 82,394 SPECIAL EVENT EXPENSES INCLUDED WITH REVENUES 41,248
PART XIII, LINE 2D - OTHER ADJUSTMENTS		SPECIAL EVENT EXPENSES INCLUDED WITH REVENUES 41,248 COST OF GOODS SOLD 82,394

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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

2011

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.

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 services? ☐ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	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	16,470	79,347		95,817
	2 Less Charitable contributions	5,000	12,500		17,500
	3 Gross income (line 1 minus line 2)	11,470	66,847		78,317
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	9,121	32,127		41,248
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(41,248)
	11 Net income summary Combine lines 3 and 10 in column (d) ▶				37,069

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

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

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," Explain _____

11 Does the organization operate gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in

a	The organization's facility	**13a**	
b	An outside facility	**13b**	

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ ----------

Address ▶ ----------

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ Yes ☐ No

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? . . . . . ☐ Yes ☐ No

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 ▶ $

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation

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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

2011

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**		
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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(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				
(1) FRANK KLIPSCH	(i)	165,000	0	645	0	37,733	203,378	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

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
SCOTT COUNTY FAMILY Y

Employer identification number
42-0703278

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 A, LINE 4	THE ORGANIZATION AMENDED AND RESTATED THEIR BYLAWS AS OF JANUARY 2011
	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 DISCLOSURE 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
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	UNREALIZED GAIN(LOSS) ON INVESTMENTS -24,551 TOTAL TO FORM 990, PART XI, LINE 5 -24,551
	FORM 990, PART XII, LINE 2C	THERE WERE NO CHANGES TO THE PROCESS AND COMMITTEE FOR SELECTION OF THE INDEPENDENT AUDITOR