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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

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 01-01-2012 , 2012, and ending 12-31-2012

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) 606 WEST 2ND STREET | Room/suite

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 $ 11,057,002

F Name and address of principal officer
BRAD MARTELL
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

Activities & Governance

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

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	34
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	34
5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	900
6	Total number of volunteers (estimate if necessary)	6	2,892
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)	2,455,985	4,033,350
	9	Program service revenue (Part VIII, line 2g)	6,929,353	6,703,950
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	40,584	5,851
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	211,322	205,253
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,637,244	10,948,404
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)	5,879,718	5,646,715
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶219,641		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	3,549,309	3,500,812
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	9,429,027	9,147,527
	19	Revenue less expenses Subtract line 18 from line 12	208,217	1,800,877
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	9,050,821	12,189,384
	21	Total liabilities (Part X, line 26)	2,040,253	3,542,912
	22	Net assets or fund balances Subtract line 21 from line 20	7,010,568	8,646,472

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

****** | 2013-07-11
Signature of officer | Date

BRAD MARTELL CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
NICHOLAS NAUMAN CPA		2013-06-27		P00056574
Firm's name ▶ DOYLE & KEENAN PC			Firm's EIN ▶ 42-1363116	
Firm's address ▶ 908 W 35TH ST DAVENPORT, IA 528065826			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 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 $ 3,757,922 including grants of $) (Revenue $ 4,405,683)

HEALTHY LIVING AT THE Y - MEMBERSHIP, INVOLVEMENT, PROGRAMS AND SERVICES - YMCA MEMBERSHIP IS OUR BEST TOOL TO SERVE PEOPLE OF ALL AGES, GENDERS, ETHNICITIES AND RELIGIOUS BACKGROUNDS TO JOIN IN OUR CAUSE OF STRENGTHENING COMMUNITY IN 2012, NEARLY 37,000 PEOPLE IN OUR COMMUNITY JOINED TOGETHER AS YMCA MEMBERS TO TEACH AND DEMONSTRATE OUR CORE VALUES THROUGH PROGRAMS AND SERVICES WE SUCCESFULLY IMPLEMENTED AN ONGOING REFERRAL PROGRAM TO INCENTIVIZE OUR MEMBERS TO BECOME ADVOCATES, WHICH RESULTED IN GREATER MEMBERSHIP, BOTH IN QUANTITY AND QUALITY, WE SERVED MORE PEOPLE AND HAVE SEEN A HIGHER RETENTION IN ADDITION, WE CONTINUE TO OFFER AT NO CHARGE TO THE COMMUNITY PROGRAMS LIKE LIVESTRONG AT THE YMCA(R), 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 ADDED SUPPORT SERVICES FOR ALZHEIMERS AND PARKINSONS DISEASES, AND HAVE INCREASED OUR ARTHRITIS SUPPORT PROGRAMS WE HAVE ALSO EXPERIENCED CONTINUED GROWTH IN 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 COMMUNITY'S WORKFORCE IS ENGAGED VIA THEIR WORKING AFFILIATIONS IN HEALTHY LIVING

4b (Code) (Expenses $ 1,730,119 including grants of $) (Revenue $ 1,241,572)

YOUTH DEVELOPMENT AT THE Y - CHILD CARE & FAMILY SERVICESOUR YMCA HAS EXPANDED OUR PARTNERSHIPS AND COLLABORATIONS TO RAISE AWARENESS ABOUT THE COMPREHENSIVE NEED AND LONG-TERM IMPACT OF QUALITY CHILD CARE IN OUR COMMUNITY OUR CHILD CARE PROGRAMS ARE BUILT ON THE YMCA'S TIME-TESTED CORE VALUES OF CARING, HONESTY, RESPECT & RESPONSIBILITY, A STRONG, HEALTHY COMMUNITY HAPPENS WHEN EACH AND EVERY CHILD HAS ACCESS TO THESE SERVICES THEREFORE, EVERY ACTIVITY AND PROJECT IS CAREFULLY DESIGNED TO SPARK A CHILD'S IMAGINATION AND TO NURTURE THE DEVELOPMENT OF POSITIVE VALUES WE ARE CONTINUING TO EMPHASIZE "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 DEVELOPMENT 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 FURTHERMORE, WE CONTINUE TO OFFER PROGRAMS THAT TEACH, TRAIN AND ENCOURAGE MORE STUDENTS TO ENROLL IN HIGHER EDUCATION, AS WELL AS WORKING WITH "AT-RISK" STUDENTS TO KEEP THEM ENGAGED, OR TO RE-ENGAGE THEM, IN POSITIVE PROGRAMS AND BEHAVIORS THAT WILL SERVE OUR COMMUNITY GREATLY OVER FUTURE GENERATIONS

4c (Code) (Expenses $ 603,825 including grants of $) (Revenue $ 298,844)

YMCA AQUATICS FOR YOUTH DEVELOPMENT & HEALTHY LIVING - THE YMCA IS OUR COMMUNITY'S LEADER IN YEAR-ROUND AQUATICS PROGRAMS WE USE AQUATICS AS A TOOL TO TEACH AND ENCOURAGE PEOPLE OF ALL AGES TO TAKE PART IN VALUE-BASED LEARNING WE OFFER PRENATAL AND PARENT-CHILD 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 IN ADDITION, STUDIES SHOW 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 RESIDENT AND 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 IN 2012, WE POSITIVELY AFFECTED THE LIVES OF 2,300 CHILDREN IN OUR COMMUNITY THROUGH SWIM LESSONS

(Code) (Expenses $ 1,667,612 including grants of $) (Revenue $ 864,882)

YMCA YOUTH LEADERSHIP AND DEVELOPMENT - IN 2012, WE ENHANCED THE ROLE THAT OUR FIVE, STRATEGICALLY LOCATED FACILITIES PLAY IN THE OPPORTUNITIES AVAILABLE TO OUR COMMUNITY'S 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 UPLIFTING YMCA CAMP ABE LINCOLN-IN 2012 600 INDIVIDUAL CHILDREN BENEFITED FROM YMCA CAMP ABE LINCOLN'S COMPLETE IMMERSION INTO A YMCA CHARACTER DEVELOPMENT ENVIRONMENT THROUGH DAY AND RESIDENT CAMP WE DELIVERED OVER 1,100 RESIDENT CAMPING EXPERIENCES FOR CHILDREN WITHIN A 150-MILE SERVICE AREA, WITH NEARLY 20-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 ARE TRAINED TO CREATE AN ATMOSPHERE FOR POSITIVE GROWTH AND DEVELOPMENT IN EXPERIENCE-BASED PROGRAMS IN ADDITION TO THE MANY NEW FRIENDSHIPS, CAMP PROGRAMMING PROVIDES EXCITING EXPERIENCES IN HORSEBACK RIDING, FISHING, ARCHERY, CAMPFIRES, AND HIKING, ALL WHICH DEVELOP A CHILD'S CONFIDENCE AND SELF-ESTEEM - ESPECIALLY FOR THE SUBSTANTIAL AMOUNT OF 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 YOUTH SPORTS-THE SCOTT COUNTY FAMILY YMCA YOUTH SPORTS PROGRAM WORKS TO CARRY THE Y MISSION OUT INTO A GREATER PROPORTION OF THE COMMUNITY OFTEN TIMES, YOUTH SPORTS PARTICIPATION IS THE PORTAL THE CONNECTS CHILDREN AND FAMILIES TO THE GREATER MISSION OF THE YMCA BECAUSE THE FOUNDATION OF ALL Y PROGRAMS IS BASED ON CORE VALUES AND LEADERSHIP, SPORTS PROVIDES THE PERFECT OPPORTUNITY TO DELIVER THIS MISSION IN 2012, WE OFFERED OVER 20 SPORTS AT OVER 12 LOCATIONS THROUGHOUT EASTERN IOWA THIS WORK WAS ACHIEVED THROUGH NEARLY 300 VOLUNTEER COACHES AND SERVED YOUTH AND FAMILIES WITH ALMOST 6,000 OPPORTUNITIES TO PLAY SPORTS 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" SERVED TWO ENTIRE ELEMENTARY SCHOOLS, DELIVERING YMCA CORE VALUES AND LEADERSHIP TO OVER 600 STUDENTS, INCLUDING FOLLOW-UP WITH STAFF, PARENTS AND SCHOOL ADMINISTRATION YMCA HEALTH AND WELLNESS-THE SCOTT COUNTY FAMILY Y JOINTLY FUNDED A FULL-TIME COMMUNITY WELLNESS EXECUTIVE TO OVERSEE THE COLLABORATION CALLED ACTIVATE QUAD CITIES (AQC) THE GOAL OF AQC IS 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 PROGRAMSIN ADDITION TO THE CHILDREN AND FAMILIES SERVED THROUGH TRADITIONAL PROGRAMS AND MEMBERSHIP, THE Y IS STRENGTHENING COMMUNITY BY OFFERING A MULTITUDE OF COMMUNITY EVENTS SIGNATURE AMONG THESE IS OUR 26TH ANNUAL TURKEY TROT ON THANKSGIVING DAY, WHICH, IN 2012, BROUGHT TOGETHER 3,000 PEOPLE FROM NEARLY 30 STATES WE ALSO PARTNERED WITH SEVERAL COMMUNITY AGENCIES, NONPROFITS AND BUSINESSES ON EVENTS LIKE QC HEALTHY FAMILIES DAY AT OUR LOCAL MINOR-LEAGUE BALLPARK, AND YMCA HEALTHY FAMILIES DAY AT SEVERAL LOCATIONS ON A SATUDAY IN THE SPRING ADDITIONAL FUNDRAISING EVENTS LIKE OUR GOLF OUTING, COMMUNITY CAR SHOW, ZUMBA-THON, YMCA OPEN HOUSES AND WEEKEND FITNESS EVENTS LIKE OUR FALL FLING AND WINTER WELLNESS WEEKENDS MEANT THAT OUR EFFORTS CONNECTED NEARLY 60,000 PEOPLE FOR YOUTH DEVELOPMENT, HEALTHY LIVING AND SOCIAL RESPONSIBILITY

4d Other program services (Describe in Schedule O)

(Expenses $ 1,667,612 including grants of $) (Revenue $ 864,882)

4e **Total program service expenses** ▶ 7,759,478

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 for escrow or custodial account liability, 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, line 10? *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 and XII*	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 and XII 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, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Parts 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 United States? *If "Yes," complete Schedule F, Parts 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 (see instructions)*	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 hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 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, line 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 lines 24b through 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, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		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 direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		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 11b 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**	36			
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**	900			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			**2b**	Yes	
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, securities account, or other financial 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 as charitable contributions? . . .			**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.** See the instructions for additional information the organization must report on Schedule O			**13a**		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**				
c	Enter the 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	34		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	34		
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		No
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 this 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 ☐ Other (explain in Schedule O)

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶STEVEN MEYER 606 W 2ND STREET DAVENPORT, IA (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 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 organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee) Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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

		(D)	(E)	(F)
1b	Sub-Total . . . . ►			
c	Total from continuation sheets to Part VII, Section A . . . . ►			
d	Total (add lines 1b and 1c) . . . . ►	487,130	0	97,747

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	196,322

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

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . .	1a 209,177				
	b	Membership dues	1b				
	c	Fundraising events	1c 27,146				
	d	Related organizations . . .	1d				
	e	Government grants (contributions)	1e 520,607				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 3,276,420				
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f . . . . ▶		4,033,350			
Program Service Revenue			Business Code				
	2a	MEMBERSHIP DUES	713940	4,405,683	4,405,683		
	b	CHILD CARE SERVICE	624410	1,241,572	1,241,572		
	c	DAVENPORT YMCA	900099	783,052	783,052		
	d	CAMP ABE LINCOLN	900099	273,643	273,643		
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f . . . . ▶		6,703,950			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . ▶		5,851			5,851
	4	Income from investment of tax-exempt bond proceeds . . ▶					
	5	Royalties . . . . ▶					
			(i) Real / (ii) Personal				
	6a	Gross rents	(i) 58,195 / (ii)				
	b	Less rental expenses	(i) 0 / (ii)				
	c	Rental income or (loss)	(i) 58,195 / (ii)				
	d	Net rental income or (loss) . . . . ▶		58,195			58,195
			(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) . . . . ▶					
	8a	Gross income from fundraising events (not including $ 27,146 of contributions reported on line 1c) See Part IV, line 18 . .	a 99,210				
	b	Less direct expenses . . .	b 42,210				
	c	Net income or (loss) from fundraising events . . ▶		57,000			57,000
	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 49,415				
	b	Less cost of goods sold . .	b 66,388				
	c	Net income or (loss) from sales of inventory . . ▶		-16,973			-16,973
		Miscellaneous Revenue	Business Code				
	11a	MAQUOKETA ADMIN PAYMENT	900099	87,000	87,000		
	b	MISCELLANEOUS INCOME	900099	19,711	19,711		
	c	NSF CHECK SERVICE CHARGE	900099	320	320		
	d	All other revenue					
	e	**Total.** Add lines 11a–11d . . . . . . ▶		107,031			
	12	**Total revenue.** See Instructions . . . . . ▶		10,948,404	6,810,981	0	104,073

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

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

	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	584,877	71,534	416,928	96,415
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	4,199,680	3,838,836	348,925	11,919
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	260,915	223,889	35,656	1,370
9	Other employee benefits	254,863	253,635		1,228
10	Payroll taxes	346,380	288,050	51,576	6,754
11	Fees for services (non-employees)				
a	Management				
b	Legal				
c	Accounting				
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	606,392	472,649	74,091	59,652
12	Advertising and promotion	253,924	217,772	4,380	31,772
13	Office expenses	276,249	265,721	8,232	2,296
14	Information technology	47,422	19,412	27,578	432
15	Royalties . .				
16	Occupancy	660,902	650,959	7,362	2,581
17	Travel	102,268	26,903	71,287	4,078
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	34,443	34,443		
21	Payments to affiliates	91,180		91,180	
22	Depreciation, depletion, and amortization	462,528	462,528		
23	Insurance	103,295	103,295		
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a	REPAIRS AND MAINTENANCE	379,040	364,595	14,445	
b	MISCELLANEOUS	220,387	206,325	14,062	0
c	BUILDING SUPPLIES	126,589	122,739	2,706	1,144
d	FOOD & MERCHANDISE EXPE	122,071	122,071		
e	All other expenses	14,122	14,122		
25	**Total functional expenses.** Add lines 1 through 24e	9,147,527	7,759,478	1,168,408	219,641
26	**Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X **Balance Sheet**

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		707,681	1	1,068,346
	2	Savings and temporary cash investments		20,895	2	20,907
	3	Pledges and grants receivable, net		97,600	3	477,925
	4	Accounts receivable, net		1,388,545	4	222,189
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		24,900	8	24,800
	9	Prepaid expenses and deferred charges		97,495	9	91,722
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 20,734,164			
	b	Less accumulated depreciation	10b 11,020,818	6,231,042	10c	9,713,346
	11	Investments—publicly traded securities		183,173	11	226,485
	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		299,490	15	343,664
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		9,050,821	16	12,189,384
Liabilities	17	Accounts payable and accrued expenses		640,829	17	691,151
	18	Grants payable			18	
	19	Deferred revenue		295,847	19	542,275
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties		1,103,577	23	2,309,486
	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		2,040,253	26	3,542,912
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		5,804,931	27	7,695,592
	28	Temporarily restricted net assets		1,201,830	28	947,073
	29	Permanently restricted net assets		3,807	29	3,807
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		7,010,568	33	8,646,472
	34	Total liabilities and net assets/fund balances		9,050,821	34	12,189,384

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	10,948,404
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,147,527
3	Revenue less expenses Subtract line 2 from line 1	3	1,800,877
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7,010,568
5	Net unrealized gains (losses) on investments	5	47,061
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-212,034
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	8,646,472

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
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
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		

Additional Data

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

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 (list any hours for related organizations below dotted line)	(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			
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 (list any hours for related organizations below dotted line)	(C) Position: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
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
FRANK CLARK BOARD MEMBER EMERITUS	10	X						0	0	0
FRANK KLIPSCH CEO	55 00			X				167,507	0	31,441
TONY CALABRESE COO & PRESIDENT	55 00			X				117,564	0	25,504
LEE GASTON CFO & VICE PRESIDENT	55 00			X				62,742	0	12,865
KELLIE ESTERS VICE PRESIDENT FUND DEVELO	55 00			X				48,078	0	12,786
JULIE LINK VICE PRESIDENT HUMAN RESOU	55 00			X				43,324	0	7,363
STEVEN MEYER VICE PRESIDENT/CFO	55 00			X				20,631	0	4,458
CLARE THOMPSON DIRECTOR OF ANNUAL GIVING	55 00			X				14,395	0	1,261
AMY GOODWIN HUMAN RESOURCES DIRECTOR	55 00			X				12,889	0	2,069

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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

2012

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 described in **section 170(b)(1)(A)(i).**

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

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

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 - Non-functionally integrated

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
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 2012 (line 6, column (f) divided by line 11, column (f)) | 14 |

15 Public support percentage for 2011 Schedule A, Part II, line 14 | 15 |

16a **33 1/3% support test—2012.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support test—2011.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2012.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2011.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	1,655,076	1,725,810	1,754,650	2,455,985	4,033,350	11,624,871
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	6,779,980	6,865,638	7,052,668	7,059,496	6,852,575	34,610,357
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	8,435,056	8,591,448	8,807,318	9,515,481	10,885,925	46,235,228
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	269,928	377,446	554,607	988,973	291,300	2,482,254
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	269,928	377,446	554,607	988,973	291,300	2,482,254
8 **Public support** (Subtract line 7c from line 6)						43,752,974

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6	8,435,056	8,591,448	8,807,318	9,515,481	10,885,925	46,235,228
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	213,295	203,948	136,212	110,699	64,046	728,200
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	213,295	203,948	136,212	110,699	64,046	728,200
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)	128,642	120,212	105,925	134,706	107,031	596,516
13 **Total support.** (Add lines 9, 10c, 11, and 12)	8,776,993	8,915,608	9,049,455	9,760,886	11,057,002	47,559,944

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 2012 (line 8, column (f) divided by line 13, column (f))	15	92 000 %
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	90 800 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2012** (line 10c, column (f) divided by line 13, column (f))	17	1 530 %
18 Investment income percentage from **2011** Schedule A, Part III, line 17	18	2 020 %

19a **33 1/3% support tests—2012.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☑

b **33 1/3% support tests—2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

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

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

Facts And Circumstances Test

Explanation

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SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047
2012
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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

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

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

			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, and not on a historic structure listed in the National Register	2d	

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

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

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

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

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

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

9 In Part XIII, 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 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ ______________

(ii) Assets included in Form 990, Part X ▶ $ ______________

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ ______________

b Assets included in Form 990, Part X ▶ $ ______________

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

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

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 XIII

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

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ **Yes** ☐ **No**

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

			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 XIII Check here if the explanation has been provided in Part XIII . . . . ☐

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

		(a) Current year	**(b)** Prior year	**(c)** Two years back	**(d)** Three years back	**(e)** Four years back
1a	Beginning of year balance	522,713	517,095	482,107	494,795	502,845
b	Contributions	32,827	30,000	10,000		
c	Net investment earnings, gains, and losses	46,382	-23,332	24,988	-12,688	-8,050
d	Grants or scholarships					
e	Other expenditures for facilities and programs	310,126				
f	Administrative expenses		1,050			
g	End of year balance	291,796	522,713	517,095	482,107	494,795

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

a Board designated or quasi-endowment ▶ 100 000 %

b Permanent endowment ▶

c Temporarily restricted endowment ▶

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

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

			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 XIII 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		2,988,289		2,988,289
b Buildings		12,320,646	6,411,200	5,909,446
c Leasehold improvements				
d Equipment		5,425,229	4,609,618	815,611
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				9,713,346

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) must 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) must 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) must 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)** Book value
Federal income taxes	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	

2. Fin 48 (ASC 740) Footnote In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☑

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

1	Total revenue, gains, and other support per audited financial statements			1	11,104,063
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	47,061		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	108,598		
e	Add lines **2a** through **2d**			2e	155,659
3	Subtract line **2e** from line **1**			3	10,948,404
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 XIII)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	10,948,404

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

1	Total expenses and losses per audited financial statements			1	9,256,125
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 XIII)	2d	108,598		
e	Add lines **2a** through **2d**			2e	108,598
3	Subtract line **2e** from line **1**			3	9,147,527
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 XIII)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	9,147,527

Part XIII Supplemental Information

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

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 SEE SCHEDULE O FOR DETAILS
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X, LINE 2	INCOME TAXES ARE NOT PROVIDED FOR IN THE FINANCIAL STATEMENTS SINCE THE ORGANIZATION IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND SIMILAR STATE STATUTES THE ORGANIZATION HAS BEEN CLASSIFIED AS A PUBLICLY SUPPORTED ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION UNDER SECTION 509(A) OF THE CODE THE FASB ISSUED GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES UNDER THE INCOME TAXES TOPIC OF THE FASB ACCOUNTING STANDARDS CODIFICATION 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 WITH FEW EXCEPTIONS, THE ORGANIZATION IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE U S FEDERAL, STATE, OR LOCAL TAX AUTHORITIES FOR YEARS BEFORE 2009
PART XI, LINE 2D - OTHER ADJUSTMENTS		COST OF GOODS SOLD 66,388 SPECIAL EVENT EXPENSES INCLUDED WITH REVENUES 42,210
PART XII, LINE 2D - OTHER ADJUSTMENTS		SPECIAL EVENT EXPENSES INCLUDED WITH REVENUES 42,210 COST OF GOODS SOLD 66,388

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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. Form 990-EZ filers are not required to complete this part.

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

OMB No 1545-0047

2012

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 email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising 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

(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 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. 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	21,681	104,675		126,356
	2 Less Contributions	8,596	18,550		27,146
	3 Gross income (line 1 minus line 2)	13,085	86,125		99,210
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	10,310	31,900		42,210
	10 Direct expense summary Add lines 4 through 9 in column (d)				(42,210)
	11 Net income summary Combine line 3, column (d), and line 10				57,000

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

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

Name ▶

Address ▶

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

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 of the third party

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ $

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

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

Identifier	Return Reference	Explanation

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

2012

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Name of the organization
SCOTT COUNTY FAMILY Y

Employer identification number
42-0703278

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate 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 ☐ Travel for companions ☐ Tax idemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☐ 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 or provision of all of 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 filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III ☑ Compensation committee ☐ Independent compensation consultant ☑ Form 990 of other organizations ☐ Written employment contract ☑ Compensation survey or study ☑ 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 Regulations 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 duplicate copies if additional space is 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, applicable column (D) and (E) amounts for that individual

(A) Name and Title		**(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 as deferred in prior Form 990
		(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
(1)FRANK KLIPSCH	**(i)**	166,482	0	1,025	0	31,441	198,948	0
CEO	**(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, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II
Also complete this part for any additional information

Identifier	Return Reference	Explanation

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
SCOTT COUNTY FAMILY Y

Employer identification number
42-0703278

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

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

1 (a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	No

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

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

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
Total			▶ $									

Part III Grants or Assistance Benefitting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

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

(a) Name of interested person	**(b)** Relationship between interested person and the organization	**(c)** Amount of transaction	**(d)** Description of transaction	**(e)** Sharing of organization's revenues? Yes	No
(1) WG BLOCK CO	ENTITY IN WHICH CHRIS RAYBURN, A BOARD MEMBER, IS THE PRESIDENT	2,540,189	THE SCOTT COUNTY FAMILY Y PURCHASED LAND FROM WG BLOCK IN ORDER TO BUILD THEIR NEW DOWNTOWN AND CHILD CARE FACILITY THE PURCHASE WAS APPROVED BY THE BOARD AND BELIEVED TO BE AT FAIR MARKET VALUE		No
(2) GENESIS HEALTH SYSTEMS	ENTITY IN WHICH DOUG CROPPER, A BOARD MEMBER, IS THE PRESIDENT/CEO	136,357	THE SCOTT COUNTY FAMILY Y GIVES APPROXIMATELY 745 GENESIS EMPLOYEES A 35% DISCOUNT ON MEMBERSHIPS		No

Part V Supplemental Information
Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

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

2012

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 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 AND CONFLICT OF INTEREST POLICY ARE AVAILABLE TO THE PUBLIC UPON REQUEST THE DONOR PRIVACY POLICY, LIST OF BOARD MEMBERS AND KEY STAFF, FORM 990 TAX RETURN, AND AUDIT REPORT ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE.
	FORM 990, PART XII, LINE 2C	THERE WERE NO CHANGES TO THE PROCESS AND COMMITTEE FOR SELECTION OF THE INDEPENDENT AUDITOR
	SCHEDULE D, PART V, ENDOWMENT FUNDS, LINE 1E	THE $310,126 IS AN ELIMINATION OF INTERFUND PAYABLE AND RECEIVABLE.