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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 private foundations)

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 01-01-2014 , and ending 12-31-2014

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
SCOTT COUNTY FAMILY Y

Doing business as

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

City or town, state or province, country, and ZIP or foreign postal code
DAVENPORT, IA 52801

D Employer identification number
42-0703278

E Telephone number
(563) 322-7171

G Gross receipts $ 12,300,991

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

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

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

H(c) Group exemption number ▶

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

J Website: ▶ SCOTTCOUNTYFAMILYY ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1858

M State of legal domicile IA

Part I Summary

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

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

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	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 2014 (Part V, line 2a)	**5**	984
6	Total number of volunteers (estimate if necessary)	**6**	3,096
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)	3,517,449	3,970,058
9	Program service revenue (Part VIII, line 2g)	7,523,029	8,015,687
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	7,618	8,859
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	284,586	234,259
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	11,332,682	12,228,863
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)	5,802,260	6,294,380
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶233,951		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	3,443,404	3,731,728
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	9,245,664	10,026,108
19	Revenue less expenses Subtract line 18 from line 12	2,087,018	2,202,755

		Beginning of Current Year	End of Year
Net Assets or Fund Balances			
20	Total assets (Part X, line 16)	16,712,552	19,401,496
21	Total liabilities (Part X, line 26)	5,903,291	6,328,590
22	Net assets or fund balances Subtract line 21 from line 20	10,809,261	13,072,906

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

▶ Signature of officer — 2015-05-14 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
Barry L Anderson	Barry L Anderson			P00115583

Firm's name ▶ Anderson Lower Whitlow PC — Firm's EIN ▶ 42-1394940

Firm's address ▶ 1805 State Street Ste 201
Bettendorf, IA 52722

Phone no (563) 359-4757

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 or note to any line 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 $ 4,233,630 including grants of $ 0) (Revenue $ 5,522,205)

4a) 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 2014, OVER 41,000 PEOPLE IN OUR COMMUNITY JOINED TOGETHER AS YMCA MEMBERS TO TEACH AND DEMONSTRATE OUR CORE VALUES THROUGH PROGRAMS AND SERVICES A MAJOR OUTCOME HAS BEEN THE INCREASED SERVICES TO FINANCIALLY STRESSED HOUSEHOLDS WITH OUR UPDATED SCHOLARSHIP PROGRAM TO THAT END, OUR NEW "INCOME-BASED PRICING" PROGRAM HAS ALLOWED US TO FURTHER OUR MISSION BY SERVING MORE PEOPLE THAN EVER BEFORE WHO COULD NOT OTHERWISE AFFORD OUR PROGRAMS WE ALSO ADDED A DIABETES PREVENTION PROGRAM IN CONJUNCTION WITH HOSPITALS AND INSURANCE PROVIDERS, WHICH IS TARGETED TO PEOPLE AT RISK OF HAVING THE DISEASE, BEFORE THE OFTEN EXPENSIVE TREATMENT AND MEDICATION IS NEEDED IN ADDITION, WE CONTINUE TO OFFER AT NO CHARGE TO THE COMMUNITY PROGRAMS LIKE LIVESTRONG AT THE YMCA, WHICH IS DESIGNED TO ASSIST CANCER PATIENTS AND SURVIVORS BY OFFERING A HEALING PEER GROUP FOCUSED ON BOTH EXERCISE TECHNIQUES AND MORE IMPORTANTLY, SPIRITUAL STRENGTHENING WE HAVE ALSO ADDED SUPPORT SERVICES FOR ALZHEIMERS, PARKINSONS AND ARTHRITIS WE HAVE ALSO EXPERIENCED CONTINUED GROWTH IN OUR CORPORATE MEMBERSHIP PROGRAM BY DEVISING A BETTER COLLABORATIVE SYSTEM BETWEEN OUR YMCA AND THE EMPLOYER THAT IS LEADING TO MORE CONSISTENLY POSITIVE OUTCOMES THIS ENSURES THAT A GREATER AMOUNT OF OUR COMMUNITY'S WORKFORCE IS ENGAGED VIA THEIR WORKING AFFILIATIONS IN HEALTHY LIVING

4b (Code) (Expenses $ 1,784,203 including grants of $ 0) (Revenue $ 1,950,976)

4b) YOUTH DEVELOPMENT AT THE Y - CHILD CARE & FAMILY SERVICES OUR 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 WE OPENED A NEW CENTER AS A COLLABORATIVE EFFORT WITH A LOCAL CHURCH WE ALSO PARTNERED WITH OUR COMMUNITY SCHOOL DISTRICT ON THIS PROGRAM, WHICH ALSO ALLOWS GREATER TRACKING AND MEASUREMENT, AS WELL AS UNIVERSAL PRESCHOOL PROGRAMMING TO MORE KIDS AND FAMILIES 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 DEVELPOMENT IN ADDITION, THE INCREASED ROLE THE YMCA IS PLAYING IN THESE COMMUNITY-WIDE INITIATIVES IS ALSO BRINGING AN INCREASED AMOUNT OF FAMILIES INTO OUR SERVICE BASE 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 $ 579,639 including grants of $ 0) (Revenue $ 200,469)

4c) 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 2014, WE POSITIVELY AFFECTED THE LIVES OF 2,200 CHILDREN IN OUR COMMUNITY THROUGH SWIM LESSONS

See Additional Data

4d Other program services (Describe in Schedule O)

(Expenses $ 2,000,574 including grants of $) (Revenue $ 503,977)

4e **Total program service expenses** ▶ 8,598,046

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		
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 other assistance to or for any foreign organization? *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 other assistance to or for foreign individuals? *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)*

21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government 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 or other assistance to or for domestic individuals 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 25a*	**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), 501(c)(4), and 501(c)(29) 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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *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 or note to any line in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	34		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	984		
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" to line 3b, 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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
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			No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			No
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .	9a			
b	Did the sponsoring 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 or note to any line 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, address, and telephone number of the person who possesses the organization's books and records ▶

STEVEN MEYER

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

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

Check if Schedule O contains a response or note to any line 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)						(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			

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)						(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			
1b Sub-Total . . . . . ▶										
c Total from continuation sheets to Part VII, Section A . . . . ▶										
d Total (add lines 1b and 1c) . . . . . ▶								480,737	0	83,237

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 ▶ 1

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization 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
Holst Trucking and Excavating 24118 270th Ave LeClaire, IA 52753	DEMOLITION OF 4 BUILDINGS REMOVAL OF ALL MATERIALS INCLUDES BACKFILLING	114,885

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 or note to any line in this Part VIII . . . . . ☑

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a 86,117				
	b	Membership dues	1b 0				
	c	Fundraising events	1c 22,250				
	d	Related organizations	1d 0				
	e	Government grants (contributions)	1e 0				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 3,861,691				
	g	Noncash contributions included in lines 1a-1f $	0				
	h	**Total.** Add lines 1a-1f		3,970,058			
Program Service Revenue			Business Code				
	2a	Membership Revenue	713940	5,522,205	5,522,205		
	b	Childcare Revenue -- School Age	624410	680,986	680,986		
	c	Childcare Revenue -- Infant/Toddler/Preschool	624410	366,686	366,686		
	d	Resident Camp Revenue	900099	361,281	361,281		
	e	Day Camp Revenue	900099	107,062	107,062		
	f	All other program service revenue		977,467	977,467	0	0
	g	**Total.** Add lines 2a–2f		8,015,687			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		8,859	0	0	8,859
	4	Income from investment of tax-exempt bond proceeds		0	0	0	0
	5	Royalties		0	0	0	0
			(i) Real / (ii) Personal				
	6a	Gross rents	7,500 / 0				
	b	Less rental expenses	0 / 0				
	c	Rental income or (loss)	7,500 / 0				
	d	Net rental income or (loss)		7,500	0	0	7,500
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	0 / 0				
	b	Less cost or other basis and sales expenses	0 / 0				
	c	Gain or (loss)	0 / 0				
	d	Net gain or (loss)		0	0	0	0
	8a	Gross income from fundraising events (not including $ 22,250 of contributions reported on line 1c) See Part IV, line 18	a 91,381				
	b	Less direct expenses	b 42,948				
	c	Net income or (loss) from fundraising events		48,433		0	48,433
	9a	Gross income from gaming activities See Part IV, line 19	a 0				
	b	Less direct expenses	b 0				
	c	Net income or (loss) from gaming activities		0	0	0	0
	10a	Gross sales of inventory, less returns and allowances	a 45,572				
	b	Less cost of goods sold	b 29,180				
	c	Net income or (loss) from sales of inventory		16,392	0	0	16,392
		Miscellaneous Revenue	Business Code				
	11a	MISCELLANEOUS INCOME	900099	43,934	43,934	0	0
	b	MAQUOKETA ADMIN PAYMENT	900099	84,000	84,000	0	0
	c	FOUNDATION SUPPORT	900099	34,000	34,000	0	0
	d	All other revenue		0	0	0	0
	e	**Total.** Add lines 11a–11d		161,934			
	12	**Total revenue.** See Instructions		12,228,863	8,177,621	0	81,184

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 or note to any line 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 domestic organizations and domestic governments See Part IV, line 21	0	0		
2 Grants and other assistance to domestic individuals See Part IV, line 22	0	0		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	0	0		
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	480,737	0	445,233	35,504
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7 Other salaries and wages	4,789,336	4,371,545	295,309	122,482
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	308,663	203,107	90,641	14,915
9 Other employee benefits	335,581	316,858	3,510	15,213
10 Payroll taxes	380,063	320,749	47,737	11,577
11 Fees for services (non-employees)				
a Management	0	0	0	0
b Legal	0	0	0	0
c Accounting	25,720	0	25,720	0
d Lobbying	0	0	0	0
e Professional fundraising services See Part IV, line 17	0			0
f Investment management fees	0	0	0	0
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	0	0	0	0
12 Advertising and promotion	169,611	93,714	63,001	12,896
13 Office expenses	30,459	23,540	5,994	925
14 Information technology	0	0	0	0
15 Royalties	0	0	0	0
16 Occupancy	1,119,476	1,071,698	42,230	5,548
17 Travel	0	0	0	0
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19 Conferences, conventions, and meetings	53,614	36,688	14,072	2,854
20 Interest	202,851	202,851	0	0
21 Payments to affiliates	105,890	0	105,890	0
22 Depreciation, depletion, and amortization	718,137	718,137	0	0
23 Insurance	114,038	104,643	9,395	0
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 MAINTENANCE AND JANITORIAL SUPPLIES	401,103	387,752	13,351	0
b PROGRAM SUPPLIES	293,690	293,690	0	0
c MISCELLANEOUS	146,752	130,452	7,635	8,665
d FOOD & MERCHANDISE EXPENSE	187,953	187,953	0	0
e All other expenses	162,434	134,669	24,393	3,372
25 **Total functional expenses.** Add lines 1 through 24e	10,026,108	8,598,046	1,194,111	233,951
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)	0	0	0	0

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X . . . . . ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		1,718,500	1	3,855,152
	2	Savings and temporary cash investments		20,916	2	20,922
	3	Pledges and grants receivable, net		1,136,661	3	972,298
	4	Accounts receivable, net		189,495	4	198,841
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		0	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		0	6	
	7	Notes and loans receivable, net		0	7	0
	8	Inventories for sale or use		24,800	8	26,900
	9	Prepaid expenses and deferred charges		49,113	9	26,778
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 24,043,555			
	b	Less accumulated depreciation	10b 10,524,616	12,879,169	10c	13,518,939
	11	Investments—publicly traded securities		302,256	11	366,147
	12	Investments—other securities See Part IV, line 11		0	12	
	13	Investments—program-related See Part IV, line 11		0	13	
	14	Intangible assets		0	14	0
	15	Other assets See Part IV, line 11		391,642	15	415,519
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		16,712,552	16	19,401,496
Liabilities	17	Accounts payable and accrued expenses		593,974	17	1,146,389
	18	Grants payable		0	18	0
	19	Deferred revenue		654,340	19	590,970
	20	Tax-exempt bond liabilities		0	20	0
	21	Escrow or custodial account liability Complete Part IV of Schedule D		0	21	0
	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		0	22	
	23	Secured mortgages and notes payable to unrelated third parties		4,654,977	23	4,591,231
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	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		0	25	0
	26	**Total liabilities.** Add lines 17 through 25		5,903,291	26	6,328,590
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		8,852,631	27	9,906,343
	28	Temporarily restricted net assets		1,956,630	28	3,166,563
	29	Permanently restricted net assets		0	29	0
		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		0	30	0
	31	Paid-in or capital surplus, or land, building or equipment fund		0	31	0
	32	Retained earnings, endowment, accumulated income, or other funds		0	32	0
	33	Total net assets or fund balances		10,809,261	33	13,072,906
	34	Total liabilities and net assets/fund balances		16,712,552	34	19,401,496

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . . ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	12,228,863
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,026,108
3	Revenue less expenses Subtract line 2 from line 1	3	2,202,755
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	10,809,261
5	Net unrealized gains (losses) on investments	5	60,890
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
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	13,072,906

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line 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: 14000329
Software Version: 2014v1.0
EIN: 42-0703278
Name: SCOTT COUNTY FAMILY Y

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

(Code) (Expenses $ 2,000,574 including grants of $ 0) (Revenue $ 503,977)

4d OTHER PROGRAM SERVICES YMCA YOUTH LEADERSHIP AND DEVELOPMENT- IN 2014, WE ENHANCED THE ROLE THAT OUR SIX, STRATEGICALLY LOCATED FACILITIES PLAY IN THE OPPORTUNITIES AVAILABLE TO OUR PEOPLE OF ALL AGES IN OUR COMMUNITY 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 ADDED THIS YEAR IS A NEW "YMCA A C E S " PROGRAM THAT WE RUN IN CONJUNCTION WITH OUR JUVENILE COURT SYSTEM A C E S (ACADEMIC COMPLETION FOR EMPOWERMENT AND SUCCESS) HAS HAD A SIGNIFICANT IMPACT IN THE LIVES OF NEARLY 100 TEENAGERS ACES USED MENTORING AND SERVICE LEARNING TO INSPIRE AND TRAIN YOUTH WHO HAVE RUN AFOWL OF THE LAW TO FINISH SCHOOL, GAIN EMPLOYMENT AND EITHER ATTEND COLLEGE OR GAIN MEANINGFUL WORK IN ADDITION TO BEING THE LARGEST PROVIDER OF CHILD CARE PROGRAMS IN OUR COUNTY, WE ARE COMMITTED TO YOUTH PROGRAMMING FOR OVER 300 STUDENTS BEFORE AND 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 2014, OVER 1,100 INDIVIDUAL CHILDREN BENEFITED FROM YMCA CAMP ABE LINCOLN'S COMPLETE IMMERSION INTO A YMCA CHARACTER DEVELOPMENT ENVIRONMENT THROUGH DAY AND RESIDENT CAMP 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 IN ADDITION TO THE TRADITIONAL DAY AND RESIDENT CAMP PROGRAMS, 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 2014, WE OFFERED SEVERAL SPORT SEASONS AND NEARLY 12 LOCATIONS THROUGHOUT EASTERN IOWA THIS WORK WAS ACHIEVED THROUGH NEARLY 300 VOLUNTEER COACHES AND SERVED YOUTH AND FAMILIES WITH ALMOST 5,000 OPPORTUNITIES TO PLAY SPORTS YMCA SOLUTIONS- OUR LOCALLY CREATED "SOLUTIONS" PROGRAM IS A SHINING EXAMPLE IF 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" ADDED ANOTHER ELEMENTARY SCHOOL PARTNERSHIP AND NOW SERVES THE STAFF AND STUDENT BODY OF THREE ENTIRE SCHOOLS, DELIVERING YMCA CORE VALUES AND LEADERSHIP TO EVERY STUDENTS, INCLUDING FOLLOW-UP WITH STAFF, PARENTS AND SCHOOL ADMINISTRATION YMCA HEALTH AND WELLNESS- 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 THIS YEAR, WE STREAMLINED OUR NEW MEMBER PROGRAMS BY SCHEDULING PEOPLE INTO OUR "MYFIT" PERSONAL TRAINING PROGRAM OUR UPDATED PROCESS INCREASED THE PERCENTAGE OF MEMBERS WHO RECEIVE A COACHING PLAN FROM ABOUT 10% TO OVER 20% WE ALSO INVESTED SIGNIFICANTLY IN OUR FACILITIES, ADDING EQUIPMENT AND COSMETIC UPGRADES TO LOCKER ROOMS AND HALLWAYS TO CREATE A BETTER MEMBER EXPERIENCE IN ADDITION TO OUR STATE-OF-THE-ART FITNESS CENTERS, MEMBERS ALSO RECEIVE THE ATTENTION OF A STAFF THAT IS TRAINED TO LISTEN AND RESPOND WITH TECHNIQUES AND PROGRAMS DESIGNED TO PROMOTE A HEALTHIER LIFESTYLE THE SCOTT COUNTY FAMILY Y IS COMMITTED TO RESPOND TO THE CRISIS OF INCREASING LEVELS OF OBESITY IN THE POPULATION AS A WHOLE, BUT EVEN MORE TRAGICALLY TO A RAPIDLY GROWING NUMBER OF CHILDREN THE GROWING NUMBERS OF LIFESTYLE RELATED DISEASES ARE A NATION-WIDE CHALLENGE THAT IS THE FOCUS OF OUR YMCA WE ARE LEADING A COMMUNITY EFFORT TO ATTRACT, SUPPORT, AND DEVELOP THE MANY CHILDREN, ADULTS, AND FAMILIES WHO NEED THE RELATIONSHIP WITH A CARING YMCA TO HELP THEM PURSUE A HEALTHIER LIFESTYLE TO THIS END, OUR YMCA HAS ADDED WELLNESS COACHING FOR ALL MEMBERS AS AN INTEGRAL ELEMENT INCLUDED IN THEIR MEMBERSHIP TO THE SCOTT COUNTY FAMILY Y THESE PROGRAMS ARE ALSO EQUALLY AVAILABLE TO INDIVIDUALS FROM ALL SOCIO-ECONOMIC GROUPS AND AGE CATEGORIES GENERAL PROGRAMS IN 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 27TH ANNUAL TURKEY TROT ON THANKSGIVING DAY, WHICH, IN 2014, BROUGHT TOGETHER 3,000 PEOPLE FROM NEARLY 30 STATES WE ALSO PARTNERED WITH SEVERAL COMMUNITY AGENCIES, NONPROFITS AND BUSINESSES ON EVENTS LIKE YMCA HEALTHY KIDS 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

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			
(1) Doug Cropper CVO	0.90 0	X		X				0	0	0
(1) Kent Pilcher CVO Elect	0.40 0	X		X				0	0	0
(2) Frank Clark Treasurer	0.40 0	X		X				0	0	0
(3) Tara Barney Secrectary	0.40 0	X		X				0	0	0
(4) Ken Koupal Executive Committee	0.40 0	X		X				0	0	0
(5) Ed Rogalski Executive Committee	0.40 0	X		X				0	0	0
(6) Tom Waterman Executive Committee	0.40 0	X		X				0	0	0
(7) Dan Adams Director	0.20 0	X						0	0	0
(8) Pete Bush Director	0.20 0	X						0	0	0
(9) Ed Carroll Director	0.20 0	X						0	0	0
(10) Nancy Chapman Director	0.20 0	X						0	0	0
(11) Don Doucette Director	0.20 0	X						0	0	0
(12) Brock Earnhardt Director	0.20 0	X						0	0	0
(13) Kelli Grubbs Director	0.20 0	X						0	0	0
(14) Perry Hintze Director	0.20 0	X						0	0	0
(15) Rick John Director	0.20 0	X						0	0	0
(16) Rick Johnson Director	0.20 0	X						0	0	0
(17) Mary Jones Director	0.20 0	X						0	0	0
(18) Tim Koehler Director	0.20 0	X						0	0	0
(19) Vince Lamb Director	0.20 0	X						0	0	0
(20) Greg Larrison Director	0.20 0	X						0	0	0
(21) John May Director	0.20 0	X						0	0	0
(22) John Riches Director	0.20 0	X						0	0	0
(23) Caroline Ruhl Director	0.20 0	X						0	0	0
(24) Jim Russell Director	0.20 0	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 (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			
(26) Lisa Schluensen Director	0.20 0	X						0	0	0
(1) Mark Sifrit Director	0.20 0	X						0	0	0
(2) Kerry Smith Director	0.20 0	X						0	0	0
(3) James Spelhaug Director	0.20 0	X						0	0	0
(4) Florian Steffen Director	0.20 0	X						0	0	0
(5) Art Tate Director	0.20 0	X						0	0	0
(6) Beth Tinsman Director	0.20 0	X						0	0	0
(7) Greg Veon Director	0.20 0	X						0	0	0
(8) Jim Von Maur Director	0.20 0	X						0	0	0
(9) Cal Werner Director	0.20 0	X						0	0	0
(10) Dana Wilkinson Director	0.20 0	X						0	0	0
(11) Brad Martell CEO	55.00 0			X	X	X		190,135	0	33,159
(12) Tony Calabrese COO & President	55.00 0			X				120,139	0	24,728
(13) Steven Meyer Vice President/CFO	55.00 0			X				74,732	0	19,374
(14) Clare Thompson Director of Annual Giving	55.00 0			X				35,504	0	4,053
(15) Amy Goodwin Human Resource Director	55.00 0			X				60,227	0	1,923

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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.**

▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2014

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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations . . . . . _____

g 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 listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 VI)						
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 section 501(c)(3) organization, check this box and **stop here** . . . . . ▶☐

Section C. Computation of Public Support Percentage

14	Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	**14**
15	Public support percentage for 2013 Schedule A, Part II, line 14	**15**

16a **33 1/3% support test—2014.** 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—2013.** 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—2014.** 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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2013.** 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 VI 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	1,754,650	2,455,985	4,033,350	3,517,449	3,970,058	15,731,492
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	7,052,668	7,059,496	6,852,575	7,612,576	8,061,259	36,638,574
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	8,807,318	9,515,481	10,885,925	11,130,025	12,031,317	52,370,066
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	554,607	988,973	291,300	132,065	147,558	2,114,503
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	0	0	0	0	0
c Add lines 7a and 7b	554,607	988,973	291,300	132,065	147,558	2,114,503
8 **Public support** (Subtract line 7c from line 6)						50,255,563

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6	8,807,318	9,515,481	10,885,925	11,130,025	12,031,317	52,370,066
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	136,212	110,699	64,046	11,785	16,353	339,095
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	136,212	110,699	64,046	11,785	16,353	339,095
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 VI)	105,925	134,706	107,031	309,929	161,934	819,525
13 **Total support.** (Add lines 9, 10c, 11, and 12)	9,049,455	9,760,886	11,057,002	11,451,739	12,209,604	53,528,686

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	93 89 %
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	92 74 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2014** (line 10c, column (f) divided by line 13, column (f))	17	0 63 %
18 Investment income percentage from **2013** Schedule A, Part III, line 17	18	1 04 %

19a **33 1/3% support tests—2014.** 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—2013.** 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 Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. . . .*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990) .*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part II of Schedule L (Form 990).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).*	10b		
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI.*	11c		

Part IV Supporting Organizations (continued)

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.*	2		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	1		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard.*	3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

- **a** ☐ The organization satisfied the Activities Test Complete **line 2** below
- **b** ☐ The organization is the parent of each of its supported organizations Complete **line 3** below
- **c** ☐ The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructions)

			Yes	No
2	Activities Test **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		
3	Parent of Supported Organizations **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*	3b		

Part V – Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income

			(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

Section B - Minimum Asset Amount

			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (explain in detail in Part VI) _____			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount

				Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)			

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009.			
b From 2010.			
c From 2011.			
d From 2012.			
e From 2013.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 $ _____			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2015.** Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010.			
b From 2011.			
c From 2012.			
d From 2013.			
e From 2014.			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation
Schedule A, Part III, Line 12 Other Income	DESCRIPTION - , COLUMN A - 105925 0, COLUMN B - 134706 0, COLUMN C - 107031 0, COLUMN D - 309929 0, COLUMN E - 161934 0, COLUMN F - 819525 0,

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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.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

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 value of contributions to (during year)		
3	Aggregate value of 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) Revenue 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 Revenue 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, for escrow or custodial account liability? ☐ 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	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	387,226	291,796	522,713	517,095	482,107
b Contributions	13,309	10,173	32,827	30,000	10,000
c Net investment earnings, gains, and losses	60,890	85,257	46,382	-23,332	24,988
d Grants or scholarships					
e Other expenditures for facilities and programs	0	0	310,126	0	0
f Administrative expenses				1,050	
g End of year balance	461,425	387,226	291,796	522,713	517,095

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

- a Board designated or quasi-endowment ▶ 100 %
- 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. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. 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		4,030,289		4,030,289
b Buildings		14,516,293	6,974,538	7,541,755
c Leasehold improvements				
d Equipment		4,643,468	3,550,078	1,093,390
e Other		853,505		853,505
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				13,518,939

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. 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.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(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.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d 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.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. 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)* ▶	0

2. Liability for uncertain tax positions 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 Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	12,361,881
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a	60,890		
b	Donated services and use of facilities	2b	0		
c	Recoveries of prior year grants	2c	0		
d	Other (Describe in Part XIII)	2d	72,128		
e	Add lines **2a** through **2d**			2e	133,018
3	Subtract line **2e** from line **1**			3	12,228,863
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	0		
b	Other (Describe in Part XIII)	4b	0		
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	12,228,863

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	10,098,236
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	0		
b	Prior year adjustments	2b	0		
c	Other losses	2c	0		
d	Other (Describe in Part XIII)	2d	72,128		
e	Add lines **2a** through **2d**			2e	72,128
3	Subtract line **2e** from line **1**			3	10,026,108
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	0		
b	Other (Describe in Part XIII)	4b	0		
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	10,026,108

Part XIII Supplemental Information

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

Return Reference	Explanation
Schedule D, Part V, Line 4 Intended uses of endowment funds	THE INTENDED USE OF THE ORGANIZATION'S ENDOWMENT FUNDS ARE AT THE DISCRETION OF THE BOARD OF DIRECTORS WHILE THERE ARE NO SPECIFIC LIMITATIONS IMPOSED ON THESE FUNDS, PRIOR APPROVAL FROM THE BOARD MUST BE OBTAINED PRIOR TO USE IN OUR 157TH YEAR OF SERVICE, THE SCOTT COUNTY FAMILY Y CONTINUES TO RESPOND TO COMMUNITY NEEDS AND CHALLENGES WITH HIGH-QUALITY PROGRAMS PRICED AFFORDABLY AND MADE AVAILABLE TO ALL THROUGH FUNDRAISING AND FINANCIAL ASSISTANCE WE HAVE CONTINUED TO DEVELOP COLLABORATIONS THAT HAVE INCREASED OUR COMMUNITY SERVICE, ELIMINATED DUPLICATION, AND PROVIDED ADDITIONAL OPPORTUNITIES TO FURTHER OUR MISSION WE PARTNERED WITH SCHOOL DISTRICTS ON OUTREACH EDUCATIONAL PROGRAMS, WITH CHURCHES TO PROVIDE FAMILIES WITH CHILD CARE SERVICES, AND WITH BUSINESSES TO OFFER EMPLOYEE WELLNESS THROUGHOUT THE YEAR, WE SERVED OVER 41,000 PEOPLE THROUGH MEMBERSHIP, AND OVER 52,000 THROUGH PROGRAMS AND SERVICES IN TOTAL, WE PROVIDED $1,134,815 IN DIRECT FINANCIAL ASSISTANCE TO SUPPORT KIDS, FAMILIES, ADULTS AND SENIORS FOR YOUTH DEVELOPMENT, WE PROVIDED ASSISTANCE TO FAMILIES FOR BEFORE AND AFTER SCHOOL PROGRAMS, HIGH QUALITY CHILD CARE, PRESCHOOL AND OUTREACH PROGRAMS TO THE AT-RISK POPULATION INCLUDING A C E S (ACADEMIC COMPLETION FOR EMPOWERMENT AND SUCCESS) AND SOLUTIONS, WHICH IS OFFERED WITHIN SCHOOLS TO CHALLENGED STUDENTS WHO OTHERWISE WOULD FALL PREY TO THE "ACHIEVEMENT GAP" THAT OFTEN PLAGUES COMMUNITIES WHERE THESE SERVICES ARE NOT AVAILABLE FOR HEALTHY LIVING OUR NEW "INCOME-BASED MEMBERSHIP" PROGRAM HAS MADE SCHOLARSHIP ASSISTANCE MORE CONSISTENT AND STREAMLINED THROUGH 2014, WE INCREASED THE PERCENTAGE OF MEMBERS RECEIVING ASSISTANCE FROM 7% TO 16%, AND IN OUR DOWNTOWN/URBAN YMCA BRANCH, OVER 30% OF NEW MEMBERSHIPS - TWICE THAT OF PREVIOUS YEARS - ARE SUPPORTED THROUGH INCOME-BASED MEMBERSHIP IN ADDTION, WE HAVE CONTINUED TO BOLSTER OUR PREVENTATIVE AND RECOVERY HEALTH PROGRAMS SERVING CANCER PATIENTS, THOSE WITH PARKINSONS, DIABETES AND OTHER LONG-TERM AND OFTEN COSTLY AFFLICTIONS NEW THIS YEAR IS OUR DIABETES PREVENTION PROGRAM THAT TARGETS ADULTS BEFORE THEY ARE INTO FULL DIABETES FOR SOCIAL RESPONSIBILITY, WE CONTINUE TO FOLLOW THE LEAD OF OUR 164 POLICY-LEVEL CORPORATE AND ADVISORY BOARD VOLUNTEERS, AS WELL AS NEARLY 3,000 PROGRAM VOLUNTEERS WHO CONTRIBUTED OVER 7,500 HOURS OF SERVICE ULTIMATELY, THE GIFTS MADE BY OVER 1,600 DONORS ENABLE US TO SERVE OUR COMMUNITY BY BUILDING HEALTHY SPIRIT, MIND AND BODY FOR ALL
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	THE ORGANIZATION HAS RECEIVED NOTIFICATION THAT IT QUALIFIES AS A TAX-EXEMPT ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND A SIMILAR SECTION OF THE STATE STATUES AND ACCORDINGLY IS NOT SUBJECT TO FEDERAL OR STATE INCOME TAXES EXCEPT ON ANY UNRELATED BUSINESS NET INCOME THE ORGANIZATON MAY HAVE THE ORGANIZATON EVALUATES THE TAX BENEFITS OF A TAX POSITION USING THE "MORE LIKELY THAN NOT" THRESHOLD AS OF DECEMBER 31, 2014, MANAGEMENT IS NOT AWARE OF ANY UNCERTAIN TAX POSITIONS AND RELATED TAX BENEFITS WHICH WOULD BE MATERIAL TO THE ORGANIZATION'S FINANCIAL STATEMENTS THE ORGANIZATION FILES U S FEDERAL TAX RETURN WHICH FOR YEARS SUBSEQUENT TO 2010 ARE SUBJECT TO EXAMINATION BY TAXING AUTHORITIES
Schedule D, Part XI, Line 2(d) Other revenues in audited financial statements not in form 990	COSTS OF GOODS SOLD - 29180 SPECIAL EVENTS EXPENSE INCLUDED WITH REVENUES - 42948
Schedule D, Part XII, Line 2(d) Other expenses in audited financial statements not in form 990	COSTS OF GOODS SOLD - 29180 SPECIAL EVENTS EXPENSES INCLUDED WITH REVENUES - 42948

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Information about Schedule G (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
SCOTT COUNTY FAMILY Y

Employer identification number
42-0703278

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

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

- **a** ☐ Mail solicitations
- **b** ☐ Internet and 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
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total . . . . . ▶							

3 List all states in which the organization is registered or licensed to solicit contributions 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	24,881	88,750		113,631
	2 Less Contributions	9,750	12,500		22,250
	3 Gross income (line 1 minus line 2)	15,131	76,250	0	91,381
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	8,521	34,427		42,948
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(42,948)
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				48,433

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 Subtract line 7 from line 1, column (d) ▶				

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

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

b If "No," explain _____

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

b If "Yes," explain _____

11 Does the organization conduct 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 activities conducted 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.** 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 provide any additional information (see instructions).

Return Reference	Explanation

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

▶ **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
SCOTT COUNTY FAMILY Y

Employer identification number
42-0703278

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement 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 directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
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	☐ Written employment contract		
	☐ Independent compensation consultant	☑ Compensation survey or study		
	☑ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations 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**	Yes	
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 in column(B) reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 Brad Martell CEO	(i)	146,976	10,000	33,159	23,564	9,595	223,294	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

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

Return Reference	Explanation
Schedule J, Part I, Line 5a Compensation contigent on revenues of the organization	THE ORGANIZATION HAS AN ANNUAL INCENTIVE PLAN WHICH EMPHASIZES OVERALL PERFORMANCE BASED ON PRIORITIES IN THE ASSOCIATION'S STRATEGIC PLAN CERTAIN KEY MANAGEMENT MEMBERS ARE ELIGIBLE FOR PERFORMANCE PAYMENT IF CERTAIN SPECIFIED TARGETS ARE REACHED

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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.**

▶ **Information about Schedule L (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2014

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), section 501(c)(4), and 501(c)(29) 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? To	From	**(e)** Original principal amount	**(f)** Balance due	**(g)** In default? Yes	No	**(h)** Approved by board or committee? Yes	No	**(i)** Written agreement? Yes	No

Total ▶ $			

Part III Grants or Assistance Benefiting 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) GENESIS HEALTH SYSTEMS	ENTITY IN WHICH DOUG CROPPER, CVO OF THE BOARD, IS THE PRESIDENT/CEO	192,000	THE SCOTT COUNTY FAMILY Y GIVES APPROXIMATELY 10,400 GENESIS EMPLOYEES A 35% DISCOUNT ON MEMBERSHIPS		No
(2) FITNESS PROFESSIONALS LLC	ENTITY IN WHICH KENT PILCHER, A BOARD MEMBER, IS THE MANAGING MEMBER	182,000	ANNUAL PRINCIPAL AND INTEREST PAYMENTS ON REAL ESTATE CONTRACT FOR A FACILITY PURCHASED BY SCFY IN 2013		No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

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 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization	Employer identification number
SCOTT COUNTY FAMILY Y	42-0703278

Return Reference	Explanation	
	CoreFormPartIII_PartIIILine4d Description of other program services	(Expenses $ 2,000,574 including grants of $ 0)(Revenue $ 503,977) 4d OTHER PROGRAM SERVICES YMCA YOUTH LEADERSHIP AND DEVELOPMENT- IN 2014, WE ENHANCED THE ROLE THAT OUR SIX, STRATEGICALLY LOCATED FACILITIES PLAY IN THE OPPORTUNITIES AVAILABLE TO OUR PEOPLE OF ALL AGES IN OUR COMMUNITY 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 ADDED THIS YEAR IS A NEW "YMCA ACES" PROGRAM THAT WE RUN IN CONJUNCTION WITH OUR JUVENILE COURT SYSTEM ACES (ACADEMIC COMPLETION FOR EMPOWERMENT AND SUCCESS) HAS HAD A SIGNIFICANT IMPACT IN THE LIVES OF NEARLY 100 TEENAGERS ACES USED MENTORING AND SERVICE LEARNING TO INSPIRE AND TRAIN YOUTH WHO HAVE RUN AFOWL OF THE LAW TO FINISH SCHOOL, GAIN EMPLOYMENT AND EITHER ATTEND COLLEGE OR GAIN MEANINGFUL WORK IN ADDITION TO BEING THE LARGEST PROVIDER OF CHILD CARE PROGRAMS IN OUR COUNTY, WE ARE COMMITTED TO YOUTH PROGRAMMING FOR OVER 300 STUDENTS BEFORE AND 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 2014, OVER 1,100 INDIVIDUAL CHILDREN BENEFITED FROM YMCA CAMP ABE LINCOLN'S COMPLETE IMMERSION INTO A YMCA CHARACTER DEVELOPMENT ENVIRONMENT THROUGH DAY AND RESIDENT CAMP 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. IN ADDITION TO THE TRADITIONAL DAY AND RESIDENT CAMP PROGRAMS, 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 2014, WE OFFERED SEVERAL SPORT SEASONS AND NEARLY 12 LOCATIONS THROUGHOUT EASTERN IOWA THIS WORK WAS ACHIEVED THROUGH NEARLY 300 VOLUNTEER COACHES AND SERVED YOUTH AND FAMILIES WITH ALMOST 5,000 OPPORTUNITIES TO PLAY SPORTS YMCA SOLUTIONS- OUR LOCALLY CREATED "SOLUTIONS" PROGRAM IS A SHINING EXAMPLE IF 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" ADDED ANOTHER ELEMENTARY SCHOOL PARTNERSHIP AND NOW SERVES THE STAFF AND STUDENT BODY OF THREE ENTIRE SCHOOLS, DELIVERING YMCA CORE VALUES AND LEADERSHIP TO EVERY STUDENTS, INCLUDING FOLLOW-UP WITH STAFF, PARENTS AND SCHOOL ADMINISTRATION YMCA HEALTH AND WELLNESS- 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. THIS YEAR, WE STREAMLINED OUR NEW MEMBER PROGRAMS BY SCHEDULING PEOPLE INTO OUR "MYFIT" PERSONAL TRAINING PROGRAM OUR UPDATED PROCESS INCREASED THE PERCENTAGE OF MEMBERS WHO RECEIVE A COACHING PLAN FROM ABOUT 10% TO OVER 20% WE ALSO INVESTED SIGNIFICANTLY IN OUR FACILITIES, ADDING EQUIPMENT AND COSMETIC UPGRADES TO LOCKER ROOMS AND HALLWAYS TO CREATE A BETTER MEMBER EXPERIENCE. 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 FAMI

Return Reference	Explanation	
	CoreFormPartIII_PartIIILine4d Description of other program services	LY Y IS COMMITTED TO RESPOND TO THE CRISIS OF INCREASING LEVELS OF OBESITY IN THE POPULATI ON AS A WHOLE, BUT EVEN MORE TRAGICALLY TO A RAPIDLY GROWING NUMBER OF CHILDREN THE GROWI NG 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 CHIL DREN, ADULTS, AND FAMILIES WHO NEED THE RELATIONSHIP WITH A CARING YMCA TO HELP THEM PURSU E 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 P ROGRAMS ARE ALSO EQUALLY AVAILABLE TO INDIVIDUALS FROM ALL SOCIO-ECONOMIC GROUPS AND AGE C ATEGORIES GENERAL PROGRAMS IN ADDITION TO THE CHILDREN AND FAMILIES SERVED THROUGH TRADIT IONAL PROGRAMS AND MEMBERSHIP, THE Y IS STRENGTHENING COMMUNITY BY OFFERING A MULTITUDE OF COMMUNITY EVENTS SIGNATURE AMONG THESE IS OUR 27TH ANNUAL TURKEY TROT ON THANKSGIVING DA Y, WHICH, IN 2014, BROUGHT TOGETHER 3,000 PEOPLE FROM NEARLY 30 STATES WE ALSO PARTNERED WITH SEVERAL COMMUNITY AGENCIES, NONPROFITS AND BUSINESSES ON EVENTS LIKE YMCA HEALTHY KID S 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 EVEN TS LIKE OUR FALL FLING AND WINTER WELLNESS WEEKENDS MEANT THAT OUR EFFORTS CONNECTED NEARL Y 60,000 PEOPLE FOR YOUTH DEVELOPMENT, HEALTHY LIVING AND SOCIAL RESPONSIBILITY

Return Reference	Explanation
Form 990, Part VI, Line 2 Family/business relationships amongst interested persons	ED CARROLL AND TOM WATERMAN ARE BOTH PARTNERS AT LANE & WATERMAN - Business relationship

Return Reference	Explanation
Form 990, Part VI, Line 11b Review of form 990 by governing body	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

Return Reference	Explanation
Form 990, Part VI, Line 12c Conflict of interest policy	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

Return Reference	Explanation
Form 990, Part VI, Line 15b Process to establish compensation of other employees	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

Return Reference	Explanation
Form 990, Part VI, Line 19 Required documents available to the public	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

Return Reference	Explanation
Form 990, Part VIII, Line 2f Other Program Service Revenue	Other Program Revenue - Total Revenue 977467, Related or Exempt Function Revenue 977467, Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 , Residence Revenue - Total Revenue 0, Related or Exempt Function Revenue 0, Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 ,