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Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2009 calendar year, or tax year beginning , 2009, and ending , 20

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

C Name of organization **YOUNG WOMEN'S CHRISTIAN ASSOCIATION**
 Doing Business As
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
304 NORTH 8TH STREET
 City or town, state or country, and ZIP + 4
ST JOSEPH, MO 64501

D Employer identification number
44-0552219

E Telephone number
816-232-4481

G Gross receipts \$ **2,675,216**

H(a) Is this a group return for affiliates? ☐ Yes ☒ No
H(b) Are all affiliates included? ☐ Yes ☐ No
 If "No," attach a list (see instructions)
H(c) Group exemption number

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

J Website: **YWCAJ.ORG**

K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation **1885**

M State of legal domicile **MO**

Part I Summary

1 Briefly describe the organization's mission or most significant activities **THE ASSOCIATION DRAWS TOGETHER MEMBERS WHO STRIVE TO CREATE OPPORTUNITIES FOR WOMEN'S GROWTH, LEADERSHIP AND POWER IN ORDER TO ATTAIN A COMMON VISION: PEACE, JUSTICE, FREEDOM AND DIGNITY FOR ALL PEOPLE.**

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

3 Number of voting members of the governing body (Part VI, line 1a)	3	21
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	21
5 Total number of employees (Part V, line 2a)	5	94
6 Total number of volunteers (estimate if necessary)	6	120
7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b Net unrelated business taxable income from Form 990-T, line 34	7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	1,777,506	1,781,707
9 Program service revenue (Part VIII, line 2g)	343,724	348,658
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	(19,482)	(13,119)
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	194,143	126,979
12 Total revenue (add lines 8 through 11 (must equal Part VIII, column (A), line 12))	2,295,891	2,244,225
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)	1,339,840	1,363,139
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25)	0	0
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,120,094	1,064,629
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	2,459,934	2,427,768
19 Revenue less expenses Subtract line 18 from line 12	(164,043)	(183,543)

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	4,582,687	4,630,826
21 Total liabilities (Part X, line 26)	128,735	151,671
22 Net assets or fund balances Subtract line 21 from line 20	4,453,952	4,479,155

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

Date

Type or print name and title

Paid Preparer's Use Only

Preparer's signature

Date

Check if self-employed ☐

Preparer's identifying number (see instructions)

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

MARTIN & HANWAY CPA'S, P.C.
3725 GENE FIELD ROAD, STE B ST JOSEPH, MO 64506EIN 20-4030026
Phone no 816-232-0450May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission
THE ASSOCIATION DRAWS TOGETHER MEMBERS WHO STRIVE TO CREATE OPPORTUNITIES FOR WOMEN'S GROWTH, LEADERSHIP AND POWER IN ORDER TO ATTAIN A COMMON VISION: PEACE, JUSTICE, FREEDOM AND DIGNITY FOR ALL PEOPLE.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code _____) (Expenses \$ 688,840 including grants of \$ 0) (Revenue \$ 19,073)

CAREFIND-CHILD CARE RESOURCE AND REFERRAL

This service provides, via a data base, childcare information for parents and providers in 20 counties in Northwest Missouri. The service is free of charge. 341 referrals were provided in 2009. Training, accreditation, inclusion, and food sponsor services are provided to childcare providers. We serve as the sponsor for 55 childcare homes in the Child and Adult Care Food Program (CACFP). Our Accreditation Specialist works with centers and homes to increase the quality of care and ultimately help them become accredited through a nation or state accrediting body. 426 hours of training/technical assistance were provided in 2009; three facilities achieved accreditation. The goal of the inclusion service is to help children with special needs stay in childcare and avoid expulsion.

4b (Code _____) (Expenses \$ 585,243 including grants of \$ 0) (Revenue \$ 362)

SHELTER FOR ABUSED & HOMELESS WOMEN AND CHILDREN

The YWCA Shelter serves women and children who are victims of domestic violence as well as those who are homeless for other reasons. 612 women and children were provided protective shelter in 2009 for a total of 14,737 nights of shelter. Case management, advocacy, court advocacy, specialized children's programs, support groups, life-skill groups, referrals to other services and individual therapy are provided to residents and non-residents in addition to 24-hour crisis intervention services. As a result of contact with the YWCA Shelter, domestic violence survivors have improved strategies for enhancing their safety, gain knowledge of community resources and feel more hopeful about their future.

4c (Code _____) (Expenses \$ 302,099 including grants of \$ 0) (Revenue \$ 175,535)

CHILD CARE

YWCA Discovery Childcare is a state licensed center that provides quality, professional care in order to enhance the child's emotional, social, physical and cognitive growth. We serve children from six weeks to six years of age from 6:30AM to 5:30PM Monday through Friday. A total of 50,044 hours of care was provided to 77 children in 2009. We are a partner with Early Head Start and accept state subsidy payments.

4d Other program services. (Describe in Schedule O)
 (Expenses \$ 674,138 including grants of \$ 0) (Revenue \$ 180,903)

4e Total program service expenses **▶** 2,250,320

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)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>	4	X
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>	5	
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	X
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10 X	
11 Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	11 X	
<ul style="list-style-type: none"> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> 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? <i>If "Yes," complete Schedule D, Part VII</i> 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? <i>If "Yes," complete Schedule D, Part VIII</i> 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? <i>If "Yes," complete Schedule D, Part IX</i> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> 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? <i>If "Yes," complete Schedule D, Part X</i> 		
12 Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	12 X	
12A Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>	12A	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>	14b	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>	16	X
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? <i>If "Yes," complete Schedule G, Part I</i>	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>	20	X

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>		X
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? <i>If "Yes," complete Schedule J.</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25.</i>		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>		X
25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II.</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III.</i>		X
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)		
28a a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
28b b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
28c c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1.</i>		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
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		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
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)?		X
b	If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
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?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
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?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter.		
a	Initiation fees and capital contributions included on Part VIII, line 12.		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body	1a 21	
b Enter the number of voting members that are independent	1b 21	
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	X
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	X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a material diversion of the organization's assets?	5	X
6 Does the organization have members or stockholders?	6 X	
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a X	
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b X	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a The governing body?	8a X	
b Each committee with authority to act on behalf of the governing body?	8b X	
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	9a	X

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

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?	10a	X
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11 X	
11A Describe in Schedule O the process, if any, used by the organization to review this Form 990	12a X	
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	12a X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b X	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c X	
13 Does the organization have a written whistleblower policy?	13 X	
14 Does the organization have a written document retention and destruction policy?	14 X	
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 X	
b Other officers or key employees of the organization	15b	X
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	X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► NONE

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► JEAN BROWN, 304 N 8TH STREET, ST JOSEPH, MO 64501, 816-232-4481

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
SALLY BAYER DIRECTOR	0.8	X						0	0	0
MARY BLAKLEY-GORMAN DIRECTOR	0.8	X						0	0	0
PAM BOWMAN DIRECTOR	0.8	X						0	0	0
CAROL BURNS DIRECTOR	0.8	X						0	0	0
JANE GRAVES DIRECTOR	0.8	X						0	0	0
JACKIE GRIMWOOD DIRECTOR	0.8	X						0	0	0
DIANE HOOK DIRECTOR	0.8	X						0	0	0
NATALIE LEONARD-REDMOND DIRECTOR	0.8	X						0	0	0
JUDY LUCAS DIRECTOR	0.8	X						0	0	0
LEE ROBERTSON DIRECTOR	0.8	X						0	0	0
LAVELL RUCKER DIRECTOR	0.8	X						0	0	0
PATSY SMITH DIRECTOR	0.8	X						0	0	0
JAIME SWENDSON DIRECTOR	0.8	X						0	0	0
SHIRLEY TWOMBLY DIRECTOR	0.8	X						0	0	0
JILL WALLER DIRECTOR	0.8	X						0	0	0
DENISE YOUNG DIRECTOR	0.8	X						0	0	0

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
PATTY ZIESEL DIRECTOR	0.8	X						0	0	0
RENEE HURD TREASURER/ DIRECTOR	0.8	X		X				0	0	0
STACEY PARK SECRETARY/ DIRECTOR	0.8	X		X				0	0	0
RACHEL HILDEBRAND VICE PRESIDENT/ DIRECTOR	0.8	X		X				0	0	0
LINDA JUDAH PRESIDENT/ DIRECTOR	0.8	X		X				0	0	0
JEAN BROWN EXECUTIVE DIRECTOR	40			X				61,849	0	4,639
1b Total								61,849	0	4,639

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **0**

- 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*
- 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.*
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*

	Yes	No
3		X
4		X
5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization	0	

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a	261,983				
	b Membership dues	1b	0				
	c Fundraising events	1c	0				
	d Related organizations	1d	0				
	e Government grants (contributions)	1e	1,351,019				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	168,705				
	g Noncash contributions included in lines 1a-1f \$		11,842				
	h Total. Add lines 1a-1f			1,781,707			
Program Service Revenue	2a SHELTER FOR ABUSED WOMEN	Business Code	624200	289	289	0	0
	b CAREFIND		900099	19,073	19,073	0	0
	c CHILD CARE		624410	175,531	175,531	0	0
	d AQUATIC CENTER		900099	95,338	95,338	0	0
	e HEALTH & LEISURE		713940	6,679	6,679	0	0
	f All other program service revenue		900099	51,748	51,748	0	0
	g Total. Add lines 2a-2f			348,658			
	3 Investment income (including dividends, interest, and other similar amounts)			18,472	0	0	18,472
4 Income from investment of tax-exempt bond proceeds			0	0	0	0	
5 Royalties			10,567	0	0	10,567	
Other Revenue	6a Gross Rents	(i) Real	(ii) Personal				
	b Less rental expenses						
	c Rental income or (loss)	0	0				
	d Net rental income or (loss)			0	0	0	0
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b Less cost or other basis and sales expenses						
	c Gain or (loss)	(31,591)	0				
	d Net gain or (loss)			(31,591)	0	0	(31,591)
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18	a	95,364				
	b Less direct expenses	b	31,237				
	c Net income or (loss) from fundraising events			64,127	0	0	64,127
	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	27,233				
	b Less cost of goods sold	b	3,122				
	c Net income or (loss) from sales of inventory			24,111	24,111	0	0
	Miscellaneous Revenue		Business Code				
11a SCHOLARSHIPS IN-KIND		900099	3,104	3,104	0	0	
b MISCELLANEOUS		900099	25,070	0	0	25,070	
c							
d All other revenue							
e Total. Add lines 11a-11d			28,174				
12 Total Revenue. See instructions			2,244,225	375,873	0	86,645	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	0	0		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0	0		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. 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	66,488	37,898	28,590	0
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	1,062,109	989,473	72,636	0
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	55,290	49,442	5,848	0
9	Other employee benefits	68,050	67,993	57	0
10	Payroll taxes	111,202	98,780	12,422	0
11	Fees for services (non-employees)				
a	Management	0	0	0	0
b	Legal	0	0	0	0
c	Accounting	7,084	6,340	744	0
d	Lobbying	0	0	0	0
e	Professional fundraising services See Part IV, line 17	0	0	0	0
f	Investment management fees	0	0	0	0
g	Other	37,122	34,143	2,979	0
12	Advertising and promotion	8,187	8,027	160	0
13	Office expenses	169,010	156,457	12,553	0
14	Information technology	0	0	0	0
15	Royalties	0	0	0	0
16	Occupancy	215,370	197,972	17,398	0
17	Travel	23,511	23,439	72	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	1,774	1,774	0	0
20	Interest	0	0	0	0
21	Payments to affiliates	11,505	11,275	230	0
22	Depreciation, depletion, and amortization	159,666	148,689	10,977	0
23	Insurance	2,646	692	1,954	0
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a	ASSISTANCE TO INDIVIDUALS	397,644	397,644	0	0
b	ORGANIZATIONAL DUES	4,683	2,998	1,685	0
c	SCHOLARSHIPS	3,104	2,144	960	0
d	MISCELLANEOUS	21,319	15,140	6,179	0
e	TAXES-SPRATT WELLS	2,004	0	2,004	0
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	2,427,768	2,250,320	177,448	0
26	Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	0	0	0	0

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	17,128	1	35,439
	2 Savings and temporary cash investments	0	2	0
	3 Pledges and grants receivable, net	375,184	3	392,115
	4 Accounts receivable, net	7,016	4	9,156
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	0	8	0
	9 Prepaid expenses and deferred charges	55,117	9	27,435
	10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	10a 4,596,114		
	b Less: accumulated depreciation	10b 1,538,767	3,140,964	10c 3,057,347
	11 Investments—publicly traded securities	987,278	11	1,109,334
	12 Investments—other securities. See Part IV, line 11	0	12	0
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	0	15	0
16 Total assets. Add lines 1 through 15 (must equal line 34)	4,582,687	16	4,630,826	
Liabilities	17 Accounts payable and accrued expenses	73,853	17	75,393
	18 Grants payable	0	18	0
	19 Deferred revenue	54,882	19	76,278
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities. Complete Part X of Schedule D	0	25	0
	26 Total liabilities. Add lines 17 through 25	128,735	26	151,671
	Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
27 Unrestricted net assets		3,330,206	27	3,225,456
28 Temporarily restricted net assets		1,075,401	28	1,205,354
29 Permanently restricted net assets		48,345	29	48,345
Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
30 Capital stock or trust principal, or current funds			30	
31 Paid-in or capital surplus, or land, building, or equipment fund			31	
32 Retained earnings, endowment, accumulated income, or other funds			32	
33 Total net assets or fund balances		4,453,952	33	4,479,155
34 Total liabilities and net assets/fund balances		4,582,687	34	4,630,826

Part XI Financial Statements and Reporting

- 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? . . .
- b** Were the organization's financial statements audited by an independent accountant? . . .
- 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? . . .
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- d** If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . .
- 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.

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

YOUNG WOMEN'S CHRISTIAN ASSOCIATION

Employer identification number

44-0552219

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

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

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I b ☐ Type II c ☐ Type III—Functionally integrated d ☐ Type III—Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**.
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box: ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? ☐
- (ii) A family member of a person described in (i) above? ☐
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? ☐
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									0

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	1,678,623	1,783,879	1,751,527	1,777,506	1,781,707	8,773,242
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
4 Total. Add lines 1 through 3	1,678,623	1,783,879	1,751,527	1,777,506	1,781,707	8,773,242
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)						0
6 Public support. Subtract line 5 from line 4						8,773,242

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	1,678,623	1,783,879	1,751,527	1,777,506	1,781,707	8,773,242
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	57,155	58,428	67,962	50,639	(2,552)	231,632
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)	70,395	117,637	146,447	137,182	89,197	560,858
11 Total support. Add lines 7 through 10						9,565,732
12 Gross receipts from related activities, etc. (see instructions)					12	1,878,210
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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	91.72 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	77.00 %
16a 33 1/3 % support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3 % support test—2008. 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 <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
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 <input type="checkbox"/>		

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)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 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						
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						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support. (Add lines 9, 10c, 11, and 12)						
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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 33 1/3% support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10, Part II, line 17a or 17b, and Part III, line 12. Provide any other additional information. See instructions.

PART II, LINE 10- OTHER REVENUE IS MADE UP OF SPECIAL EVENTS NET EXPENSES OF \$64,127. THE YWCA PERFORMS A VARIETY OF SPECIAL EVENTS EACH YEAR THAT RAISE REVENUE TO HELP SUPPORT THE YWCA. THE YWCA GETS SOME MISCELLANEOUS INCOME THROUGHOUT THE YEAR THAT DOES NOT FIT INTO OTHER CATEGORIES (FISCAL AGENT FEES, ONE TIME GRANTS, ETC), THIS AMOUNT WAS \$25,070. THE AMOUNTS ARE DIFFERENT FOR EACH YEAR, HOWEVER THE DESCRIPTIONS PUT IN MISCELLANEOUS INCOME IS THE SAME.

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

YOUNG WOMEN'S CHRISTIAN ASSOCIATION

Employer identification number

44-0552219

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e g , recreation or pleasure) ☐ Preservation of an historically 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 Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 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 XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

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

(i) Revenues included in Form 990, Part VIII, line 1 ► \$

(ii) Assets included in Form 990, Part X ► \$

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

a Revenues included in Form 990, Part VIII, line 1 ► \$

b Assets included in Form 990, Part X ► \$

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

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

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

- | | | | |
|--|-----------|------------------------------|-----------------------------|
| 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b If "Yes," explain the arrangement in Part XIV and complete the following table | | | |
| | | Amount | |
| c Beginning balance | 1c | | |
| d Additions during the year | 1d | | |
| e Distributions during the year | 1e | | |
| f Ending balance | 1f | | |
| 2a Did the organization include an amount on Form 990, Part X, line 21? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b If "Yes," explain the arrangement in Part XIV. | | | |

	Amount
1c	
1d	
1e	
1f	

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	846,246	1,220,189			
b Contributions	11,842	12,888			
c Net investment earnings, gains, and losses	194,949	(314,693)			
d Grants or scholarships	0	0			
e Other expenditures for facilities and programs	(53,204)	(62,319)			
f Administrative expenses	8,117	9,819			
g End of year balance	991,716	846,246			

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

- | | | |
|---|-------------------------------------|--------|
| a | Board designated or quasi-endowment | 0 % |
| b | Permanent endowment | 4.9 % |
| c | Term endowment | 95.1 % |

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

	Yes	No
3a(i)		X
3a(ii)		X
3b		

- (i) unrelated organizations
- (ii) related organizations
- b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?
- 4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		65,241		65,241
b Buildings		4,153,252	1,270,207	2,883,045
c Leasehold improvements		0	0	0
d Equipment		377,621	268,560	109,061
e Other		0	0	0
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				3,057,347

Schedule D (Form 990) 2009

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,244,225
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,427,768
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	(183,543)
4	Net unrealized gains (losses) on investments	4	208,746
5	Donated services and use of facilities	5	0
6	Investment expenses	6	0
7	Prior period adjustments	7	0
8	Other (Describe in Part XIV)	8	0
9	Total adjustments (net) Add lines 4 through 8	9	208,746
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	25,203

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

1	Total revenue, gains, and other support per audited financial statements	1	2,452,971
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	208,746
b	Donated services and use of facilities	2b	0
c	Recoveries of prior year grants	2c	0
d	Other (Describe in Part XIV.)	2d	0
e	Add lines 2a through 2d	2e	208,746
3	Subtract line 2e from line 1	3	2,244,225
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 XIV.)	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	2,244,225

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

1	Total expenses and losses per audited financial statements	1	2,427,768
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 XIV)	2d	0
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	2,427,768
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 XIV)	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	2,427,768

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4- THE TERM ENDOWMENT IS TO BE USED FOR CAPITAL IMPROVEMENTS FOR THE YWCA. THE

BOARD OF DIRECTORS HAS DETERMINED THAT ONLY INTEREST EARNED ON THE BEQUEST WILL BE SPENT

ON CAPITAL IMPROVEMENTS. THE PRINCIPAL WILL NOT BE SPENT EXCEPT BY DIRECT BOARD ACTION.

THE PERMANENT ENDOWMENTS INCLUDE FUNDS CONTRIBUTED TOWARD MAINTENANCE OF THE SHELTER.

THE INCOME IS EXPENDABLE TO SUPPORT GENERAL PROGRAM SERVICES.

PART X, LINE 2 - THE ORGANIZATION STARTED FOLLOWING THE PROVISIONS OF FASB ASC 740-10-25

Part XIV Supplemental Information (continued)

(FORMERLY FASB INTERPRETATION NO. 48, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES (FIN 48) ON JANUARY 1, 2009. UNDER FIN 48, AN ORGANIZATION MUST RECOGNIZE THE TAX BENEFIT ASSOCIATED WITH TAX TAKEN FOR TAX RETURN PURPOSES WHEN IT IS MORE LIKELY THAN NOT THE POSITION WILL BE SUSTAINED. THE IMPLEMENTATION OF FIN 48 HAD NO IMPACT ON THE ORGANIZATION'S FINANCIAL STATEMENTS. THE ORGANIZATION DOES NOT BELIEVE THERE ARE ANY MATERIAL UNCERTAIN TAX POSITIONS AND, ACCORDINGLY, IT WILL NOT RECOGNIZE ANY LIABILITY FOR UNRECOGNIZED TAX BENEFITS. NO INTEREST OR PENALTIES WERE ACCRUED AS OF JANUARY 1, 2009, AS A RESULT OF THE ADOPTION OF FIN 48. FOR THE YEAR ENDED DECEMBER 31, 2009, THERE WERE NO INTEREST OR PENALTIES RECORDED OR INCLUDED IN THE ORGANIZATION'S FINANCIAL STATEMENTS.

Department of the Treasury
Internal Revenue Service

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

2009

Open To Public Inspection

44-0552219

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

- 3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Schedule G (Form 990 or 990-EZ) 2009

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1 WOMEN OF EXCELLENCE (event type)	(b) Event #2 GARDEN FESTIVAL (event type)	(c) Other events 3 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	54,661	15,400	23,008	93,069
	2 Less: Charitable contributions	0	0	0	0
	3 Gross income (line 1 minus line 2)	54,661	15,400	23,008	93,069
Direct Expenses	4 Cash prizes	0	0	0	0
	5 Noncash prizes	0	0	0	0
	6 Rent/facility costs	2,300	0	0	2,300
	7 Food and beverages	0	0	0	0
	8 Entertainment	0	0	0	0
	9 Other direct expenses	19,150	9,788	0	28,938
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				(31,238)
	11 Net income summary. Combine line 3, column (d), and line 10 ▶				61,831

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 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				()	
8 Net gaming income summary. Combine line 1, column d, and line 7 ▶					

		Yes	No
9	Enter the state(s) in which the organization operates gaming activities _____		
a	Is the organization licensed to operate gaming activities in each of these states?	9a	
b	If "No," explain: _____ _____		
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," explain: _____ _____	10a	
11	Does the organization operate gaming activities with nonmembers?	11	
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

		Yes	No
13	Indicate the percentage of gaming activity operated in		
a	The organization's facility 13a %		
b	An outside facility 13b %		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ►		
	Address ►		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue? 15a		
b	If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the amount of gaming revenue retained by the third party ► \$		
c	If "Yes," enter name and address of the third party		
	Name ►		
	Address ►		
16	Gaming manager information		
	Name ►		
	Gaming manager compensation ► \$		
	Description of services provided ►		
	<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor		
17	Mandatory distributions:		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? 17a		
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$		

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

YOUNG WOMEN'S CHRISTIAN ASSOCIATION

Employer identification number

44-0552219

FORM 990, PART III, LINE 4d-OTHER PROGRAM SERVICES.

HEALTH & LEISURE

This program includes a women's only fitness center and a variety of health/leisure classes including martial arts, ballroom dance classes, babysitter training, and other recreational activities. Over 3500 persons participated in these physical and mental wellness programs for adults and youth in 2009. Full or partial scholarships are available to those who qualify.

AQUATIC CENTER

A wide range of adult and youth programs are offered in a warm water pool. Swimming lessons from 6-months to adult, water exercise classes, and daily plunges are available for YWCA members and non-members. Full or partial scholarships are available to those who qualify. Red Cross Lifeguarding, Lifeguard Instructor, Water Safety, and Water Safety Instructor trainings are provided, as well as, Lifeguard renewal challenges. In 2009 there were 12,428 open swim visits, 4,707 water exercise visits, 3,069 arthritis and physical therapy visits, and 2,801 swimming lessons. 29 new lifeguards were certified.

WOMEN'S RESOURCES

The Women's Resources Department provides services for women in the areas of parenting, breast cancer awareness, life skills, and diversity. Moms' Time is a stress relief, empowerment program for women with young children. The program served 56 women in 64 group education sessions in 2009. The goal of the program is to help mothers increase their parenting knowledge and life skills and learn to reduce stress related to parenting. The ENCOREplus program is a breast cancer education, referral and resource program. Over 1,777 women participated in education programs in 2009, 408 received mammograms and 563 received clinical breast exams as a result of their program participation. JUMP provides education and support to teen parents by providing mentors, monthly group education meetings, home visits, and school visits. 74 teens participated in the program in 2009; 100% stayed in school or an alternative program.

RAPE CRISIS

The Rape Crisis Program serves women and men who have been victims of sexual violence as adults or in childhood. Depending on the victim's needs, these services may include hospital advocacy, crisis intervention/support through the 24-hour hotline, case management, court advocacy, referral to other services, and individual/group therapy. Services are provided at no charge. 223 individuals received 1,107 hours of individual therapy in 2009.

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Employer identification number

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FORM 990, PART VI, LINE 11A

THE YWCA AUDIT COMMITTEE, COMPRISED OF ALL VOLUNTEER MEMBERS OF THE YWCA FINANCE COMMITTEE (NO STAFF INCLUDED) WILL MEET WITH THE AUDITOR TO REVIEW THE AUDIT AND IRS 990 FORM AND TO DISCUSS/MAKE ANY RECOMMENDATIONS. A SUMMARY OF THE IRS 990 FORM AND ANY RECOMMENDATIONS WILL BE SHARED WITH THE BOARD OF DIRECTORS. A COPY OF THE IRS 990 WILL BE SENT VIA EMAIL TO ALL BOARD MEMBERS PRIOR TO THE BOARD MEETING, AND A HARD COPY WILL BE MADE AVAILABLE TO ANY BOARD MEMBER UPON REQUEST. THE IRS 990 FORM WILL BE REVIEWED AND APPROVED AT THE BOARD MEETING BEFORE IT IS FILED.

FORM 990, PART VI, LINE 12C

CONFLICTS OF INTEREST ARE ADDRESSED IN THE BYLAWS ARTICLE VIII: BOARD OF DIRECTORS, SECTION 10. CONFLICTS OF INTEREST. CONFLICTS OF INTEREST ARE MONITORED ANNUALLY THROUGH A SIGNED BOARD MEMBER AGREEMENT FORM AND ANNUAL CONFLICT OF INTEREST STATEMENT AND DISCLOSURE FORM. IF A BOARD MEMBER MARKS YES TO A CONFLICT OF INTEREST THAT MEMBER CAN NOT VOTE ON THAT PARTICULAR ITEM.

FORM 990, PART VI, SECTION B, LINE 15A

EXECUTIVE DIRECTOR IS JEAN BROWN AND THE LAST TIME IT WAS PERFORMED WAS 2009. COMPENSATION REVIEW- THE YWCA'S COMPENSATION REVIEWS ARE USUALLY GIVEN WITH PERFORMANCE REVIEWS/APPRAISALS ON THE ANNIVERSARY DATE OF EMPLOYMENT OR ON A PREDETERMINED DATE BASED ON PROGRAM FUNDING OR FISCAL CYCLE. THE OVERALL PERFORMANCE APPRAISAL WILL INFLUENCE ANY COMPENSATION ADJUSTMENT. ALSO, COMPARABLE DATA WILL BE PROVIDED AND WILL BE CONSIDERED IN MAKING COMPENSATION DECISIONS FOR THE EXECUTIVE DIRECTOR. COMPARABLE COMPENSATION DATA MAY BE AVAILABLE FROM THE NATIONAL ASSOCIATION OF YWCA EXECUTIVES, THE YWCA OF GREATER HEARTLAND REGION AND/OR OTHER COMPARABLE SOCIAL SERVICE/ASSOCIATION ORGANIZATIONS. THE HUMAN RESOURCE COMMITTEE CHAIR WILL INCLUDE THE COMMITTEE'S RECOMMENDATION FOR EXECUTIVE COMPENSATION IN HER REPORT TO THE BOARD. INITIAL COMPENSATION AND ANY COMPENSATION CHANGE

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2009

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FORM 990, PART VI, SECTION B, LINE 15A (CONTINUED)

FOR THE EXECUTIVE MUST BE APPROVED BY THE BOARD OF DIRECTORS. A COMPENSATION CHANGE MUST
BE DOCUMENTED ON A PERSONNEL CHANGE FORM, INCLUDE SIGNATURES OF THE HUMAN RESOURCE
COMMITTEE CHAIR AND BOARD PRESIDENT, AND THE DATE OF BOARD APPROVAL. THIS FORM WILL BE
FILED IN THE EXECUTIVE'S PERMANENT PERSONNEL RECORD. BOARD MINUTES WILL FURTHER DOCUMENT
THE REPORT OF THE APPRAISAL COMMITTEE, INCLUDING ANY COMPENSATION RECOMMENDATION AND
ANY BOARD ACTION.

FORM 990, PART VI, SECTION C, LINE 19

ALL GOVERNING DOCUMENTS AND THE CONFLICT OF INTEREST POLICY ARE MADE AVAILABLE UPON REQUEST.
ANNUAL REPORTS AND AUDITS ARE GIVEN TO ALL FUNDERS AND THEN MADE AVAILABLE UPON REQUEST
TO THE GENERAL PUBLIC.

FORM 990, PART VI, SECTION A, LINE 6

ANY WOMAN OR GIRL (AT LEAST 15 YEARS) OF AGE OR OVER WHO PAYS DUES MAY JOIN THE ASSOCIATION
AND VOTE. MEMBERS VOTE ON BYLAW CHANGES, BOARD MEMBERS, AND NOMINATING COMMITTEE
MEMBERS. MEMBERS ALSO HAVE FINAL VOTE ON ANY QUESTION AFFECTING MEMBERSHIP IN YWCA USA.

FORM 990, PART VI, SECTION A, LINE 7A

ANY WOMAN OR GIRL (AT LEAST 15 YEARS) OF AGE OR OVER WHO PAYS DUES MAY JOIN THE ASSOCIATION
AND VOTE. MEMBERS VOTE ON BYLAW CHANGES, BOARD MEMBERS, AND NOMINATING COMMITTEE
MEMBERS. MEMBERS ALSO HAVE FINAL VOTE ON ANY QUESTION AFFECTING MEMBERSHIP IN YWCA USA.

FORM 990, PART VI, SECTION A, LINE 7B

ANY WOMAN OR GIRL (AT LEAST 15 YEARS) OF AGE OR OVER WHO PAYS DUES MAY JOIN THE ASSOCIATION

Name of the organization

YOUNG WOMEN'S CHRISTIAN ASSOCIATION

Employer identification number

44-0552219

AND VOTE. MEMBERS VOTE ON BYLAW CHANGES, BOARD MEMBERS, AND NOMINATING COMMITTEE

MEMBERS. MEMBERS ALSO HAVE FINAL VOTE ON ANY QUESTION AFFECTING MEMBERSHIP IN YWCA USA.