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Form **990** 

Department of the Treasury
Internal Revenue Service

## **Return of Organization Exempt From Income Tax**

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

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

OMB No 1545-0047

Open to Public

Inspection A For the 2009 calendar year, or tax year beginning 01-01-2009 and ending 12-31-2009 D Employer identification number Name of organization B Check if applicable Please YOUNG WOMENS CHRISTIAN ASSOCIATION
OF SEATTLE-KING COUNTY-SNOHOMISH COUNTY use IRS label or Address change 91-0482890 Doing Business As E Telephone number print or type. See Name change (206) 490-4380 Specific Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite Instruc-**G** Gross receipts \$ 39,373,833 1118 FIFTH AVENUE Terminated tions. City or town, state or country, and ZIP + 4 SEATTLE, WA 98101 Amended return Application pending Name and address of principal officer H(a) Is this a group return for SUE SHERBROOKE affiliates? 1118 FIFTH AVENUE SEATTLE, WA 98101 H(b) Are all affiliates included? If "No," attach a list (see instructions) Tax-exempt status Group exemption number 🕨 Website: ► WWW YWCAWORKS ORG K Form of organization 
✓ Corporation 
☐ Trust 
☐ Association 
☐ Other ► L Year of formation 1894 M State of legal domicile Part I Summary 1 Briefly describe the organization's mission or most significant activities Empower women by attacking homelessness, domestic violence, unemployment, racism, & poverty Activities & Governance Check this box 📂 if the organization discontinued its operations or disposed of more than 25% of its net assets 45 Number of voting members of the governing body (Part VI, line 1a) . . <u>45</u> Number of independent voting members of the governing body (Part VI, line 1b) . . . . 993 Total number of employees (Part V, line 2a) . 425 Total number of volunteers (estimate if necessary) . . . Total gross unrelated business revenue from Part VIII, column (C), line 12 . 0 Net unrelated business taxable income from Form 990-T, line 34 0 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . 23,847,029 32,992,148 Program service revenue (Part VIII, line 2g) . 3,995,061 3,823,682 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 994,317 600,651 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 197,795 11 198,447 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 29,034,854 37,614,276 5,557,344 13 5,784,209 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . 14 Benefits paid to or for members (Part IX, column (A), line 4) . . 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5 Expenses 15,125,710 16,962,202 16a Professional fundraising fees (Part IX, column (A), line 11e) . . 0 Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,476,997 b 10,688,094 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) . 10,216,368 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 31,126,287 33,207,640 Revenue less expenses Subtract line 18 from line 12 . -2,091,433 4,406,636 (Assets or id Balances Beginning of Current **End of Year** Year 123,941,427 20 103,509,431 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) . 50,730,166 63,880,549 Net assets or fund balances Subtract line 21 from line 20 22 52,779,265 60,060,878 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 Sian 2010-11-09 Signature of officer Here sue sherbrooke CHIEF EXECUTIVE OFFICER Type or print name and title Date Check if Preparer's identifying number Preparer's Jane M Searing (see instructions) Paid empolyed 🕨 🦵 Preparer's Firm's name (or yours Clark Nuber PS EIN ▶ if self-employed), **Use Only** address, and ZIP + 4 10900 NE 4th Street Suite 1700 Phone no (425) 454-4919 Bellevue, WA 98004

May the IRS discuss this return with the preparer shown above? (see instructions) . . .

4d

(Expenses \$

#### Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

THE MISSION OF THE YWCA OF SEATTLE-KING COUNTY-SNOHOMISH COUNTY IS TO ADVANCE THE QUALITY OF LIFE FOR WOMEN OF ALL AGES, RACES AND FAITHS, AND THEIR FAMILIES IN SUPPORT OF THIS MISSION, THE YWCA PROVIDES SERVICES TO MEET CRITICAL NEEDS, PROMOTE SELF-SUFFICIENCY, REDUCE VIOLENCE, ELIMINATE RACISM AND ACHIEVE EQUAL OPPORTUNITIES FOR ALL PEOPLE OUR VISION WE BELIEVE THAT, WORKING TOGETHER, WE CAN CREATE A COMMUNITY WHERE ALL WOMEN AND FAMILIES HAVE A SAFE AND STABLE PLACE TO LIVE ALL ADULTS ARE ECONOMICALLY SELF-SUFFICIENT ALL CHILDREN AND YOUTH DEVELOP THE SKILLS THEY NEED FOR SUCCESSFUL LIVES ALL PEOPLE LIVE WITH DIGNITY - FREE FROM VIOLENCE, RACISM AND DISCRIMINATION

2	Did the organization the prior Form 990	on undertake any significa O or 990-EZ?	nt program se	ervices during the yea		Yes ✓ No						
	If "Yes," describe	these new services on Scl	hedule O									
3	Did the organization	Did the organization cease conducting, or make significant changes in how it conducts, any program services?										
	If "Yes," describe	these changes on Schedu	le O									
4	Section 501(c)(3)		ons and secti	on 4947(a)(1) trusts	e largest program services by exp are required to report the amount service reported							
4a	(Code	) (Expenses \$	8,679,549	ıncludıng grants of \$	92,619 ) (Revenue \$	2,477,198 )						
	PERMANENT AND TIME	ME-LIMITED HOUSING FOR LOW	AND VERY LOW	INCOME CLIENTS, 24 HOU	A OWNED OR OPERATED HOUSING FACI IR DESK AND SECURITY SERVICE, COUN PROVIDES SERVICES AT AN ADDITIONAL	SELING, AND						
	(Code	) (Expenses \$	8,713,449	ıncludıng grants of \$	3,287,810 ) (Revenue \$	259,867)						
40	HOUSING - RELATED DAY CENTERS FOR H	SERVICES 20,595 PERSONS WHOMELESS WOMEN, CASE MANAGED VOCACY FOR CLIENTS NEEDING	/ERE SERVED AN GEMENT, EVICTI	D 9,608 RECEIVED ONGOII ON PREVENTION, COUNSEI	NG SERVICES, INCLUDING 2,612 CHILDR LING, AND INFORMATION/REFERRAL SEF IVIDED AN ADDITIONAL 6,960 PERSONS	REN SERVICES INCLUDE TWO RVICES ASSESSMENT,						
4c	(Code	) (Expenses \$	5,863,943	including grants of \$	1,310,013 ) (Revenue \$	507,571)						
	OF WHOM ARE BELO MENTORING FOR AT THE EFFECTS OF DO	W MEDIAN INCOME AND RECEIN RISK GIRLS IN MIDDLE AND HIG MESTIC VIOLENCE ANOTHER 5,	/E SUBSIDIZED ( GH SCHOOL, ANI ,229 PROVIDERS	CHILD CARE, AFTER-SCHOO D SPECIALIZED, AGE-APPRO OF OUT-OF-SCHOOL CARI	CHILD CARE FOR INFANTS THROUGH SO OL AND SUMMER PROGRAMS AIMED AT SO OPRIATE COUNSELING FOR CHILDREN F E FOR CHILDREN AND YOUTH THROUGH FIT MANY MORE CHILDREN AND YOUTH	SKILL-BUILDING AND Ó O HELP THEM OVERCOME						

866,902 ) (Revenue \$

6,491,360

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

including grants of \$

579,046)

Part IV	Check	list of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		N o
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	Yes	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D,  Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section $170(b)(1)(A)(II)$ ? If "Yes," complete Schedule E	13		Νo
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Νο
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</i> " <i>Yes,"</i> complete Schedule F, Part I	14b		Νο
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? <i>If</i> " <i>Yes,"</i> complete Schedule F, Part II	15		Νο
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16		N o
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</i> "Yes," complete Schedule G, Part I	17		N o
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</i> "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		N o
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νo

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo
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		Νο
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νo
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		Νο
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Νο
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		Νo
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
	IV	28a		Νo
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 of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		Νο
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
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		Νο
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		Νο
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	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		Νο
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	Yes	

Part V	Statements	Regarding	Other	IRS Filing	is and	Tax Com	pliance
					,		P

			Yes	No
la	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b 0			
С	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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		Νο
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
la	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		Νο
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			
ā	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
а	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Νo
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
'	Organizations that may receive deductible contributions under section 170(c).			
	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	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
	file Form 8282?	7c		Νο
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
_	benefit contract?	7e		Νo
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f -		Νo
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	7g		
"	required?	7h	Yes	
3	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
1	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter			
	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			
1	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
Ь	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
.2a	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			

1118 FIFTH AVENUE SEATTLE, WA 98101 (206) 490-4380

**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.

Se	ction A. Governing Body and Management						
			Yes	No			
1a	Enter the number of voting members of the governing body 1a 45						
Ь	Enter the number of voting members that are independent 1b 45						
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		Νο			
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		Νο			
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	Yes				
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νο			
6	Does the organization have members or stockholders?	6		No			
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No			
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No			
		75		NO			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following						
а	The governing body?	8a	Yes				
Ь	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		Νο			
	ction B. Policies (This Section B requests information about policies not required by the Internal						
Re	venue Code.)						
			Yes	No			
	Does the organization have local chapters, branches, or affiliates?	10a		Νo			
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b					
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes				
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990						
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes				
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes				
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	Yes				
13	Does the organization have a written whistleblower policy?	13	Yes				
14	Does 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?						
а	The organization's CEO, Executive Director, or top management official	15a	Yes				
	Other officers or key employees of the organization	15b	Yes				
	If "Yes" to line a or b, describe the process in Schedule O (See instructions )	135	103				
	,						
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		Νo			
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					
Se	ection C. Disclosure	100					
17	List the States with which a copy of this Form 990 is required to be filed►WA						
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)						
	(3)s only) available for public inspection. Indicate how you make these available. Check all that apply  Own website. Another's website. Upon request						
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table						
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	na oran	ınızətici	, <b>⊫</b> -			
20	VERS LAMBRIGHT	ie orga	1111281101				

# Part VIII 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, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees. 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 the organization did i	not compen	sate any	y curi	rent	or fo	rmer	ffice	r, dırector, trustee	or key employee	
<b>(A)</b> Name and Title	(B) Average hours	<b>(C)</b> Position (check all that apply)						<b>(D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
See add'l data										

210,303	31,46

Page 8

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization 1

			Yes	No			
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> "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						
	marviadai	4		<u> </u>			
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	5		Νο			

#### **Section B. Independent Contractors**

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>B</b> ) Description of services	(C) Compensation
SMR ARCHITECTS 911 WESTERN AVE Seattle, WA 98104	ARCHITECTURAL SERVICES	1,124,679
WALSH CONSTRUCTION 509 FAIRVIEW AVE N Seattle, WA 98109	CONSTRUCTION SERVICES	374,495
RAYMOND E BENTLEY 13800 60TH ST SE SNOHOMISH, WA 98290	construction services	134,065
FOSTER PEPPER PLLC 1111 THIRD AVE SE Seattle, WA 98101	LEGAL SERVICES	109,403
JH BRAWNER 18605 51ST AVE SE BOTHELL, WA 98012	FINANCIAL SERVICES	108,481
2 Total number of independent contractors (including but not limited to those listed above) \$100,000 in compensation from the organization ►5	) who received more than	

Form 99								Page <b>9</b>
Part V	<u> </u>	Statement o	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
#\$	1a	Federated camp	paigns 1a	1,849,721				
Contributions, gifts, grants and other similar amounts	ь	Membership du	es					
	С	Fundraising events 1c		70,396				
	d	Related organiz	ations 1d					
	e	Government grants	s (contributions) <b>1e</b>	18,503,038				
	f	All other contribution similar amounts no	ons, gifts, grants, and <b>1f</b> of included above	12,568,993				
	g	-	butions included in 710,277					
Sont	h	imes ra-rr \$ _	: 1a-1f	▶	32,992,148			
a				Business Code				
Program Serwce Revenue	2a	HOUSING		531,110	2,477,198	2,477,198		
	b	community service		900,099	533,799	533,799		
	C J	CHILDREN AND YO		624,100	507,571	507,571		
Ř	d	HOUSING-RELATED		624,200	259,867	259,867		
Ē	e	OTHER PROGRAMS		900,099	45,247	45,247		
Ş	f	All other progra	ım service revenue					
	g	Total. Add lines	2a-2f		3,823,682			
	3		ome (including dividend		656,173			656,173
	4		ar amounts) tment of tax-exempt bond p	<b>⊢</b>	030,173			030,173
	5							
		,	(ı) Real	(II) Personal				
	6a	Gross Rents	210,545					
	ь	Less rental expenses	22,950					
	С	Rental income or (loss)	187,595					
	d		me or (loss)		187,595			187,595
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory	1,617,557					
	ь	Less cost or other basis and	1,673,079					
	c	sales expenses Gain or (loss)	-55,522					
	d	Net gain or (los	s)		-55,522			-55,522
e	8a	Gross income fi events (not incl	rom fundraising					
Other Revenue		Ψ	reported on line 1c) e 18					
Ψ	ь	lasa dinashawi	a penses b	70,053				
₹	c		loss) from fundraising (	62,145 events ••	7,908			7,908
	9a		rom gaming activities e 19					
	J.		a	3,675				
	b c		penses <b>b</b> loss)from gaming activ	1,383	2,292			2,292
		Gross sales of returns and allo	inventory, less					
	ь	Less cost of go	a pods sold b					
	С		loss) from sales of inve					
	4.4.	Miscellaneous	Revenue	Business Code				
	11a							
	b							
	C C	All other revenu						
	d e	Total. Add lines	ı	<u> </u>				
	12		See Instructions	▶				
	I				37,614,276	3,823,682	0	798,446

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

Δ	Section 501(c)(3) and 501(c)(4) organizations m Il other organizations must complete column (A) but are not required to			(D)	
Do no	ot include amounts reported on lines 6b, p, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 2.1	2 140 606	2 140 606	-	· · · · · · · · · · · · · · · · · · ·
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	2,149,696	2,149,696		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	3,407,648	3,407,648		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	241,771		241,771	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	13,409,196	11,963,170	828,984	617,042
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	652,486	557,979	50,106	44,401
9	Other employee benefits	1,349,927	1,224,740	66,832	58,355
10	Payroll taxes	1,308,822	1,173,456	67,575	67,791
11	Fees for services (non-employees)				
а	Management				
b	Legal	59,159	19,505	39,654	
c	Accounting	68,326		68,326	
d	Lobbying	4,000		4,000	
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				_
g	Other	987,752	735,495	52,644	199,613
12	Advertising and promotion	44,478	33,579	5,984	4,915
13	Office expenses	1,870,969	1,322,768	185,792	362,409
14	Information technology				
15	Royalties				
16	Occupancy	3,118,572	3,024,046	74,875	19,651
17	Travel	344,980	307,008	28,355	9,617
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	91,585	81,025	8,020	2,540
20	Interest	1,569,727	1,569,727		
21	Payments to affiliates	20,000		20,000	
22	Depreciation, depletion, and amortization	1,441,834	1,365,609	57,157	19,068
23	Insurance	355,408	282,106	62,753	10,549
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)				
а	INKIND EQUIP & SOFTWARE	334,254	254,865	55,581	23,808
b	LICENSES PERMITS & FEES	225,410	173,796	25,521	26,093
С	MISCELLANEOUS	100,624	82,826	6,754	11,044
d	DUES	51,016	19,257	31,658	101
e				·	_
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	33,207,640	29,748,301	1,982,342	1,476,997
26	Joint costs. Check here ► ☐ If following SOP 98-2  Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation			. , =	. ,
	campaign and randrations concitation	L			

Pa	rt X	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			1,818,148	1	3,629,698
	2	Savings and temporary cash investments			8,504,291	2	16,353,953
	3	Pledges and grants receivable, net			3,588,101	3	3,875,133
	4	Accounts receivable, net			3,128,158	4	3,050,493
	5	Receivables from current and former officers, directors, trustee highest compensated employees Complete Part II of	s, key	employees, and			
		Schedule L				5	
	6	Receivables from other disqualified persons (as defined under spersons described in section $4958(c)(3)(B)$ Complete Part II (		1 4958(f)(1)) and			
		Schedule L				6	
Assets	7	Notes and loans receivable, net			8,621,421	7	8,688,824
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			434,633	9	636,303
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i>	10a	71,281,147			
	ь	Less accumulated depreciation	10b	8,584,332	55,533,429	10c	62,696,815
	11	Investments—publicly traded securities			17,009,203	11	20,591,648
	12	Investments—other securities See Part IV, line 11			2,752,384	12	2,830,992
	13	Investments—program-related See Part IV, line 11			13		
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			2,119,663	15	1,587,568
	16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .			103,509,431	16	123,941,427
	17	Accounts payable and accrued expenses .			3,487,629	17	3,902,042
	18	Grants payable		18			
	19	Deferred revenue	137,211	19	52,564		
	20	Tax-exempt bond liabilities	32,109,052	20	44,607,401		
<u>ie</u> s	21	Escrow or custodial account liability Complete Part IV of Schedu	•		21		
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
ï		persons Complete Part II of Schedule L		•		22	
	23	Secured mortgages and notes payable to unrelated third parties			14,896,274	23	15,200,722
	24	Unsecured notes and loans payable to unrelated third parties			100,000	24	100,000
	25	Other liabilities Complete Part X of Schedule D			0	25	17,820
	26	Total liabilities. Add lines 17 through 25			50,730,166	26	63,880,549
Fund Balances		Organizations that follow SFAS 117, check here ► ✓ and comp through 29, and lines 33 and 34.	olet e l	ines 27			
an	27	Unrestricted net assets			38,083,844	27	33,727,073
Ba	28	Temporarily restricted net assets		9,384,494	28	21,003,305	
됟	29	Permanently restricted net assets			5,310,927	29	5,330,500
Full		Organizations that do not follow SFAS 117, check here ▶ ┌ ar	nd con	ıplet e			
2	_	lines 30 through 34.					
	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other fu	ınds			32	
Net	33	Total net assets or fund balances			52,779,265	33	60,060,878
	34	Total liabilities and net assets/fund balances			103,509,431	34	123,941,427

## Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
C	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both  Separate basis  Consolidated basis  Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
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	Yes	

Form **990** (2009)

## OMB No 1545-0047

Inspection

## **SCHEDULE A**

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

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

**Public Charity Status and Public Support** 

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

**Employer identification number** Name of the organization YOUNG WOMENS CHRISTIAN ASSOCIATION OF SEATTLE-KING COUNTY-SNOHOMISH COUNTY

								91-048289	90		
Part I			olic Charity Stat						structions		
he orgar	ıızatıon ıs	not a private	e foundation because	eitis (Forlin	nes 1 throu	igh 11, check	only one bo	x )			
1	A churc	h, conventio	on of churches, or as	sociation of d	churches <b>s</b>	ection 170(b	)(1)(A)(i).				
2	A schoo	ol described	ın <b>section 170(b)(1)</b>	(A)(ii). (Att	ach Schedı	ıle E )					
з Г	A hospı	tal or a coop	perative hospital serv	vice organiza	ıtıon descri	bed in <b>sectio</b>	n 170(b)(1)	(A)(iii).			
4			organization operate y, and state	ed in conjunc	tion with a	hospital desc	cribed in <b>sec</b>	tion 170(b)(1	. <b>)(A)(iii).</b> En	ter the	
5	_	•	rated for the benefit	=	or universit	ty owned or o	perated by a	governmenta	al unit descri	 bed in	
			<b>\)(iv).</b> (Complete Pa								
6   			local government or								
7  ✓	describ	ed ın	t normally receives a <b>A)(vi)</b> (Complete Pa		part of its	support from	a governme	ntal unit or fro	om the gener	al publi	С
8 🗆			described in <b>section</b>		)(vi) (Con	nplete Part II	)				
9 —			t normally receives					outions, memb	pership fees,	and gro	oss
•			ties related to its ex								
	ıts supp	ort from gro	ss investment incom	ne and unrela	ited busine	ss taxable in	come (less s	section 511 to	ax) from bus	nesses	
	acquire	d by the orga	anızatıon after June 3	30,1975 Se	e <b>section</b> 5	5 <b>09(a)(2).</b> (Co	omplete Par	t III )			
.о Г	A n orga	nızatıon org	anızed and operated	exclusively	to test for p	oublic safety	See <b>section</b>	509(a)(4).			
e 「fg	one or r the box a	nore publicly that describ Type I king this bo an foundation 509(a)(2) ganization r his box ugust 17, 20 g persons? rson who dir below, the g	anized and operated y supported organizations the type of supported by Type II x, I certify that the con managers and other cecived a written decorporation of the cetty or indirectly consoverning body of the content	tions describering organizer  organization in the termination of the t	red in section and of Type III so not control or more publication the IR and gift red any gift red organization and organizat	on 509(a)(1) complete lines - Functionall colled directly clicly supporte S that it is a 7 or contribution	or section S s 11e through ly integrated or indirectly ed organizat Type I, Type on from any	509(a)(2) Segh 11h  d dy by one or molons describe  a II or Type II  of the	e <b>section 50</b> 9 Type if Type i	(a)(3) (II - Ot ed pers 509(a)() (organiz	. Check her ons (1) or
	• •	•	r of a person describ	• •					11g(ii		
_			ed entity of a person						<b>11</b> g(ii	i)	
h	Provide	the followin	g information about t	the supported	d organizat	ion(s)					
Nan supp	i) ne of orted zation	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organizati col (i) list your gove docume	on in ed in rning	(v) Did you no organiza col (i) o suppo	otify the tion in of your	(vi Is th organiza col (i) or in the l	he ition in ganized	Am	(vii) lount of pport?
			(see (nstructions))	Yes	No	Yes	No	Yes	No	7	
otal											

### Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Part II

_	(Complete only if yo	ou checkeu the	box on line 3, 1	, or o or rait i	•-/		
	ection A. Public Support	1					
Cale	endar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	<b>(c)</b> 2007	( <b>d)</b> 2008	<b>(e)</b> 2009	(f) Total
1	Gifts, grants, contributions, and						
-	membership fees received (Do not	19,413,26	9 20,084,096	26,641,453	23,847,029	32,992,14	122,977,994
	ınclude any "unusual	15,415,20	20,004,030	20,041,433	23,047,023	32,332,1-	122,577,554
	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	10.112.26	20.004.006	26 644 452	22.047.020	22.002.44	122 027 004
4	Total. Add lines 1 through 3	19,413,26	9 20,084,096	26,641,453	23,847,029	32,992,14	122,977,994
5	The portion of total contributions						
	by each person (other than a governmental unit or publicly						
	supported organization) included						2,411,058
	on line 1 that exceeds 2% of the						
	amount shown on line 11, column						
	(f)						
6	<b>Public Support.</b> Subtract line 5 from line 4						120,566,936
5	ection B. Total Support						
	endar year (or fiscal year	( ) 2005	(1) 2006	( ) 2007	( I) 2000	( ) 2000	(6) T
	beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	A mounts from line 4	19,413,269	1,157,176	26,641,453	23,847,029	32,992,14	7 122,977,994
8	Gross income from interest,						
	dividends, payments received on	998,103	1,157,176	1,394,225	1,261,710	866,71	8 5,677,932
	securities loans, rents, royalties and income from similar	550,105	1,137,170	1,354,223	1,201,710	000,71	3,077,332
	sources						
9	Net income from unrelated						
	business activities, whether or	38,572	13,265		13,556	10,20	0 75,593
	not the business is regularly	30,512	15,255		15,555	10,20	13,333
	carried on						
10	Other income (Explain in Part IV ) Do not include gain or loss						
	from the sale of capital						
	assets						
11	Total support (Add lines 7						128,731,519
	through 10)					<del> </del>	
12	Gross receipts from related activit	•	•			12	16,153,941
13	First Five Years If the Form 990 is check this box and stop here	for the organizat	ion's first, second	, thırd, fourth, or f	ifth tax year as a !	501(c)(3) orga	anization, ►
	check this box and stop here						-,
S	ection C. Computation of Pul						
14	Public Support Percentage for 200	9 (line 6 column	(f) divided by line	11 column (f))		14	93 660 %
15	Public Support Percentage for 200	8 Schedule A, Pa	art II, line 14			15	94 210 %
16a	<b>33 1/3% support test—2009.</b> If the	e organization did	not check the box	on line 13, and l	ine 14 is 33 1/3%	or more, chec	
	and <b>stop here.</b> The organization qu	•					<b>▶</b> ▽
b	<b>33 1/3% support test—2008.</b> If the box and <b>stop here.</b> The organizatio	=			a, and line 15 is 3	33 1/3% or mo	re, check this
17a	10%-facts-and-circumstances test			-	ne 13 16a or 16h	and line 14	
	is 10% or more, and if the organiza						ın
	in Part IV how the organization me						
	organization						<b>▶</b> ┌
b	10%-facts-and-circumstances test						
	15 is 10% or more, and if the organize						c l v
	Explain in Part IV how the organiza supported organization	ation meets the	iacts allu circumsi	ances test ine	organization quali	ines as a publi	►
18	Private Foundation If the organization	tion did not chec	k a box on line 13.	16a, 16b, 17a o	r 17b, check this l	oox and see	- 1
	instructions		,	, ,	,		<b>▶</b> □

Part III Support Schedule for Organizations Described in IRC 509(a)(2)

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support				1	T	ı
Cale	ndar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	( <b>d)</b> 2008	(e) 2009	<b>(f)</b> 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						
3	purpose Gross receipts from activities that				+		
3	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	A mounts included on lines 1, 2, and 3 received from disqualified						
	persons				1		
ь	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						
с	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	from line 6 )						
	ction B. Total Support		1			1	Γ
Cale	ndar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	<b>(c)</b> 2007	( <b>d)</b> 2008	(e) 2009	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
ь	Unrelated business taxable						
	ıncome (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
c 11	Net income from unrelated						
11	business activities not included						
	ın lıne 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,						
14	11 and 12 ) First Five Years If the Form 990 is for	or the organizat	lon's first, second	L third, fourth, or	l fifth tax vear as a	1 a 501(c)(3) organ	l uzation
	check this box and <b>stop here</b>	or the organizat		., 4,	men tax your as t	(c)(c) c.gu.	<b>▶</b> ┌
	ction C. Computation of Publ						
15	Public Support Percentage for 2009	(line 8 column	(f) divided by line	13 column (f))		15	
16	Public support percentage from 200	8 Schedule A , F	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ge			
17	Investment income percentage for 2	<b>009</b> (line 10c c	olumn (f) dıvıded	by line 13 columi	n (f))	17	
18	Investment income percentage from	<b>2008</b> Schedule	A, Part III, line 1	L 7		18	
19a	33 1/3% support tests—2009. If the	organization di	d not check the b	ox on line 14, and	d line 15 is more	than 33 1/3% and	d line 17 is not
	more than 33 1/3%, check this box a	ind <b>stop here.</b> T					
L	organization 33 1/3% support tests—2008. If the	► C	d not chastes been	on line 14 amilion	100 and line 4	5 ic mara +ha= 22	1/20/2 and line
b	שר בו בע suppoit tests—zouo. If the	organization (I	и посепеска вох	OILLINE TH OLINE	= ⊥⊃a, anu nne 1(	us more man 33	1/370 and ine

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV

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

Schedule A (Form 990 or 990-EZ) 2009

#### **Additional Data**

Software ID:

**Software Version:** 

**EIN:** 91-0482890

Name: YOUNG WOMENS CHRISTIAN ASSOCIATION

OF SEATTLE-KING COUNTY-SNOHOMISH COUNTY

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

(Code	) (Expenses \$	5,109,373	including grants of \$	700,292 ) (Revenue \$	41,947 )
SERVICES SERVI SUPPORT, CASE M	CES INCLUDED INDIVIDUA	L AND GROU SISTANCE, A	JP JOB SEARCH COUNSI	SERVED AND 9,788 RECEIVED O ELING, PLACEMENT ASSISTANCE FOOD, CLOTHING, HOUSING AN	E, FOLLOW-UP
SERVICES INCLUI	NCE 2,332 WOMEN, TEENS DE COUNSELING FOR ADUL	S AND CHILD TS RECOVER	RING FROM DOMESTIC	137,111) (Revenue \$ ) 2,032 RECEIVED ON-GOING SE /IOLENCE, VIOLENCE PREVENTI Y REGARDING DOMESTIC VIOLE	ON
JUSTICE WORK BO	VICES VOLUNTEER SERVIO OTH INTERNAL AND EXTERI	CES, INCLUD	AGENCY 3,582 LOW-IN	29,499) (Revenue \$ AND SCHOOL DAYS PROGRAMS, COME CHILDREN & ADULTS REC VER 20,000 HOURS TO YWCA PR	EIVED BACK

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per	erage Position (check all ours that apply)		( <b>D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation from related	<b>(F)</b> Estimated amount of other compensation				
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
CHARLENE BLETHEN BOARD CHAIR	1 00	×		Х		•		0	0	0
MOLLY HANLON BOARD CHAIR ELECT	1 00	X		X				0	0	0
WHITNEY TYNER SECRETARY	1 00	Х		Х				0	0	0
MARY SNAPP TREASURER	1 00	X		X				0	0	0
MARTHA MAYES BOES BOARD MEMBER	1 00	Х						0	0	0
BOBBE BRIDGE BOARD MEMBER	1 00	X						0	0	0
SONYA CAMPION BOARD MEMBER	1 00	X						0	0	0
BLAIR CARLETON BOARD MEMBER	1 00	X						0	0	0
CHERYL CHOW BOARD MEMBER	1 00	Χ						0	0	0
ROBYN N CORR BOARD MEMBER	1 00	Х						0	0	0
MARYANN P CRISSEY BOARD MEMBER	1 00	X						0	0	0
PAM DANIELS BOARD MEMBER	1 00	X						0	0	0
ELLEN CONEDERA DIAL BOARD MEMBER	1 00	X						0	0	0
BOB DREWEL BOARD MEMBER	1 00	Χ						0	0	0
JEAN ENERSEN BOARD MEMBER	1 00	Χ						0	0	0
MARY ANNE ENG BOARD MEMBER	1 00	Χ						0	0	0
BARBARA FAHEY BOARD MEMBER	1 00	Χ						0	0	0
MARTHA FULLER BOARD MEMBER	1 00	Х						0	0	0
MIMI GARDNER GATES BOARD MEMBER	1 00	X						0	0	0
PAMELA J HARKINS BOARD MEMBER	1 00	Χ						0	0	0
DEBORAH HARRIS BOARD MEMBER	1 00	Х						0	0	0
KANDACE HOLLEY BOARD MEMBER	1 00	Х						0	0	0
KALEN HOLMES BOARD MEMBER	1 00	Х						0	0	0
KATIE HONG BOARD MEMBER	1 00	Х						0	0	0
CHRISTAL JENKINS BOARD MEMBER	1 00	Χ						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A)	(B)		((					(D)	(E)	(F)
Name and Title	A verage hours		tion (	(che				Reportable compensation	Reportable compensation	Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
JONELLE MC JOHNSON BOARD MEMBER	1 00	X						0	0	0
LESLIE D JONES BOARD MEMBER	1 00	X						0	0	0
SUSAN KERNES BOARD MEMBER	1 00	Χ						0	0	0
AMY KOSTERLITZ BOARD MEMBER	1 00	X						0	0	0
KAYCEE W KRYSTY BOARD MEMBER	1 00	X						0	0	0
SANDRA MADRID PHD BOARD MEMBER	1 00	X						0	0	0
SUSAN MASK BOARD MEMBER	1 00	Χ						0	0	0
N ELIZABETH MCCAW BOARD MEMBER	1 00	Χ						0	0	0
CHARLES MITCHELL ED D BOARD MEMBER	1 00	X						0	0	0
BARBARA S MORGAN BOARD MEMBER	1 00	X						0	0	0
BETSY MOSELEY BOARD MEMBER	1 00	X						0	0	0
JEANNIE NORDSTROM BOARD MEMBER	1 00	Χ						0	0	0
NINA ODELL BOARD MEMBER	1 00	Χ						0	0	0
CYNTHIA PARKER BOARD MEMBER	1 00	Χ						0	0	0
SHARON ROWLEY BOARD MEMBER	1 00	X						0	0	0
JILL S RUCKELHAUS BOARD MEMBER	1 00	Χ						0	0	0
DARA SCHMIDT BOARD MEMBER	1 00	Х						0	0	0
JAN SINEGAL BOARD MEMBER	1 00	X						0	0	0
PHYLLIS STARK BOARD MEMBER	1 00	X						0	0	0
KATHY SURACE-SMITH BOARD MEMBER	1 00	X						0	0	0
WENDE WAHL BOARD MEMBER	1 00	Х						0	0	0
SUE SHERBROOKE CEO	40 00			X				118,037	0	16,986
KRIS LAMBRIGHT CFO	40 00			Χ				92,266	0	14,482

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

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
HOUSING	531,110	2,477,198	2,477,198		
community services	900,099	533,799	533,799		
CHILDREN AND YOUTH	624,100	507,571	507,571		
HOUSING-RELATED SVCS	624,200	259,867	259,867		
OTHER PROGRAMS	900,099	45,247	45,247		

**SCHEDULE C** (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

DLN: 93493314013390

# OMB No 1545-0047

# **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

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

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities),

- ◆ Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C

<ul><li>Se</li><li>If the</li><li>Se</li><li>Se</li></ul>	ction 527 organizations Complete e organization answered "Ye ction 501(c)(3) organizations that ction 501(c)(3) organizations that	01(c)(3)) organizations Complete Par Part I-A only s," to Form 990, Part IV, Line 4, or have filed Form 5768 (election under have NOT filed Form 5768 (election u s," to Form 990, Part IV, Line 5 (Pr	Form 990-EZ, F section 501(h)) ( inder section 501	Part VI, line 47 (Lobb Complete Part II-A Dor (h)) Complete Part II-B	ying a not co 3 Do r	mplete Part II-B not complete Part II-A
Se N a YOU OF	ction 501(c)(4), (5), or (6) organizeme of the organization UNG WOMENS CHRISTIAN ASSOCIATION SEATTLE-KING COUNTY-SNOHOMISH CO	zations Complete Part III		Employe 91-048	r ider 2890	ntification number
1 2 3		ganization is exempt under			- -	\$
Par 1 2 3 4a b	Enter the amount of any excise	ganization is exempt under tax incurred by the organization under tax incurred by organization managetion 4955 tax, did it file Form 472	der section 4955 ers under sectio	5	<b>*</b>	\$ \$ Yes
Par 1 2 3 4 5	Enter the amount directly expendent the amount of the filing of exempt function expendent.  Total exempt function expendent to the filing organization file in the	ganization is exempt under anded by the filing organization for se reganization's funds contributed to ot tures. Add lines 1 and 2. Enter here form 1120-POL for this year? In demployer identification number (E on listed, enter the amount paid from the promptly and directly delivered to littee (PAC). If additional space is not the second to the second	ction 527 exem her organization and on Form 112 IN) of all section the filing organ a separate polit	pt function activities s for section 527 20-POL, line 17b n 527 political organiz ization's funds Also e ical organization, such	► ► ation:	\$ Yes No s to which payments the amount of political
	(a) Name	(b) Address	(c) EIN	(d) A mount paid filing organization funds If none, ente	n's	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

e Grassroots ceiling amount (150% of line 2d, column (e))

**f** Grassroots lobbying expenditures

Pa	rt II-A Complete if the organization under section 501(h)).	is exempt under	section 501(c	)(3) and file	d Form 5768	(election
	Check   If the filing organization belongs to a Check   If the filing organization checked box		d" provisions apply	,		
<u> </u>	Limits on Lobbying E  (The term "expenditures" means ar	Expenditures			(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a	Total lobbying expenditures to influence public o	ppinion (grass roots lob	bying)			
b	Total lobbying expenditures to influence a legisla	ative body (direct lobby	yıng)			
c	Total lobbying expenditures (add lines 1a and 18	b)				
d	Other exempt purpose expenditures					
e	Total exempt purpose expenditures (add lines 1					
f	Lobbying nontaxable amount Enter the amount f					
	If the amount on line 1e, column (a) or (b) is: Not over \$500,000	The lobbying nontaxa 20% of the amount on lir				
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,00	0		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000,0	000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,00	00		
	Over \$17,000,000	\$1,000,000				
		•				
g	Grassroots nontaxable amount (enter 25% of lin	ne 1 f)				
h	Subtract line 1g from line 1a If zero or less, enter	er -0-				
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -				
j	If there is an amount other than zero on either li section 4911 tax for this year?	ne 1h or line 1ı, did the	organization file F	orm 4720 repoi	rtıng	┌ Yes ┌ No
	(Some organizations that made a columns below. See the	he instructions fo	ection do not l r lines 2a thro	nave to com ugh 2f on pa		ne five
	Lobbying Exp	enditures During	4-Year Averag	ing Period	I	ı
	Calendar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	<b>(c)</b> 2008	( <b>d)</b> 2009	<b>(e)</b> Total
2a	Lobbying non-taxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots non-taxable amount					

Sche	edule C ( <u>F</u> orm 990 or 990-EZ) 2009					age <b>3</b>
Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has N (election under section 501(h)).	IOT fi	led F	orm	5768	B 
	-	(a	a)		(b)	
		Yes	No	4	A mour	nt
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of					
а	Volunteers?	Yes				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes				
c	Media advertisements?		Νo			
d	Mailings to members, legislators, or the public?		Νo			
е	Publications, or published or broadcast statements?		Νo			
f	Grants to other organizations for lobbying purposes?		Νo			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes			7	74,445
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Νο			
i	Other activities? If "Yes," describe in Part IV		Νο			
j	Total lines 1c through 1i				7	74,445
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Νo			
b	If "Yes," enter the amount of any tax incurred under section 4912					
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	rt III-A Complete if the organization is exempt under section 501(c)(4), section 5501(c)(6).	<b>01</b> (c	)(5),	or s	ectio	n
	301(0)(0).				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		ſ	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		t	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?		ŀ	3		
Par	t III-B Complete if the organization is exempt under section $501(c)(4)$ , section 5	01(c	)(5),	or s	ectio	n
	501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part II answered "Yes".					
1	Dues, assessments and similar amounts from members	1				
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political					
	expenses for which the section 527(f) tax was paid).					
а	Current year	2a				
b	Carryover from last year	2b				
C	Total	2c				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	4				
5	political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions)	5				
	art IV Supplemental Information	, J				
		L D				
	implete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and so, complete this part for any additional information	Part	II-B, lin	ie 1i		
	Identifier Return Reference Explanat	ion				

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As Filed Data

DLN: 93493314013390

OMB No 1545-0047

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.

Open to Public Inspection

► Attach to Form 990. ► See separate instructions. Name of the organization **Employer identification number** YOUNG WOMENS CHRISTIAN ASSOCIATION OF SEATTLE-KING COUNTY-SNOHOMISH COUNTY 91-0482890 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 Total number at end of year Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised □ No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year 🛌 Number of states where property subject to conservation easement is located -Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year 🕨 A mount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)? 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. 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 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 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

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

3	Using the organization's accession and othe		•			•					ontinuea)
	items (check all that apply)			_		_					
а	Public exhibition		d	ı	Loan or	exchange prog	rams	;			
b	Scholarly research		e	Γ	Other						
c	Preservation for future generations										
4	Provide a description of the organization's co Part XIV	ollections and expla	ın hov	w they	further	the organizatioi	n's e	xempt purpos	se in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t							nılar	Γ,	Yes	□ No
Pai	Part IV, line 9, or reported an an	ements. Comple	ete ıf	the o	rganıza	ation answere		es" to Forr	n 990	,	·
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterme	dıary	for co	ntributio	ons or other ass	ets	not	Γ,	Yes	☐ No
b	If "Yes," explain the arrangement in Part XI	/ and complete the	follow	ıng tal	ble	Γ		1	A mou	nt	
С	Beginning balance						1c				
d	Additions during the year						1d				
e	Distributions during the year					}	1e				
f	Ending balance						1f				
· 2-	Did the organization include an amount on Fo	arm 000 Part V II-	. 212							V 0.5	
2a	-		e 21,						,	res	) NO
	If "Yes," explain the arrangement in Part XIV <b>Endowment Funds.</b> Complete		2 200	woro	d "Voc"	to Form 000	Da	rt IV. lino 1	0		
Pa	Endowment Funds. Complete	(a)Current Year		b)Prior \		(c)Two Years Bac				Four Y	ears Back
1a	Beginning of year balance	17,257,480			619,785	(0)		,,,,,,,,,,			
ь	Contributions	127,417			96,149						
c	Investment earnings or losses	3,416,307		-4,	791,454		$\top$				
d	Grants or scholarships										
e	Other expenditures for facilities and programs	5,285,929			667,000						
f	Administrative expenses										
g	End of year balance	15,515,275		17,	257,480						
2	Provide the estimated percentage of the yea	r end balance held a	as								
a	Board designated or quasi-endowment	%	-								
ь	Permanent endowment  66 000 % %	70									
	70										
c 3a		scion of the organiz	ntion	+62+21	a bold a	nd administers	d for	+ho			
<b>5</b> a	Are there endowment funds not in the posses organization by	ssion of the organiza	ation	tiiat ai	e neiu a	mu aummistere	u ioi	trie		Yes	No
	(i) unrelated organizations								3a(i)		No
	(ii) related organizations							[	Ba(ii)		No
b	If "Yes" to 3a(II), are the related organizatio	ns listed as require	d on S	Schedu	ıle R?				3b		
4	Describe in Part XIV the intended uses of th	e organization's end	dowm	ent fun	ids						
Pai	t VI Investments—Land, Buildings	s, and Equipme	nt. S	ee Fo	rm 990	), Part X, line	10.	1			
	Description of investment				Cost or oth (investme			(c) Accumula depreciatio		<b>(d)</b> Bo	ok value
1a	Land					17,048	3,928			1	7,048,928
Ь	Buildings					45,622	2,213	5,953	,224	3	9,668,989
c	Leasehold improvements										
d	Equipment					3,150	),145	2,631	,108		519,037
e	Other						9,861		$\neg \uparrow$		5,459,861
	I. Add lines 1a-1e (Column (d) should equal Fo		nn (B,	), line 1	10(c).)		•		$\neg \dagger$		2,696,815
	· ,	·							e D (F	orm 9	90) 2009

Part VII Investments—Other Securities. See  (a) Description of security or category			d of valuation
(including name of security)	(b)Book value		year market value
Financial derivatives			
Closely-held equity interests Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		12	
Part VIII Investments—Program Related. See			d of valuation
(a) Description of investment type	(b) Book value		year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)  Part IX Other Assets. See Form 990, Part X, line			
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)  Part IX Other Assets. See Form 990, Part X, lin  (a) Descrip	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.		<b>(b)</b> Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.		( <b>b)</b> Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.		( <b>b)</b> Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.		( <b>b)</b> Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.		( <b>b)</b> Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.		( <b>b</b> ) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, Im (a) Descrip	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip	ne 15. ition  5.)		(b) Book value
Part IX Other Assets. See Form 990, Part X, Im (a) Descrip	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	ne 15. ition  5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	5.)		(b) Book value

Schedule D (Form 990) 2009

1 Total revenue (Form 990, Part VIII, column (A),	ne 12)		1	37,614,276
Total expenses (Form 990, Part IX, column (A),	ne 25)		2	33,207,640
3 Excess or (deficit) for the year Subtract line 2 from	m line 1		3	4,406,636
4 Net unrealized gains (losses) on investments			4	2,988,940
5 Donated services and use of facilities			5	
6 Investment expenses			6	
7 Prior period adjustments			7	
8 Other (Describe in Part XIV)			8	-113,962
9 Total adjustments (net) Add lines 4 - 8			9	2,874,978
10 Excess or (deficit) for the year per financial state	nents Combine lines 3 and 9	)	10	7,281,614
Part XII Reconciliation of Revenue per A	dited Financial Staten	nents With Revenue p	er Re	eturn
1 Total revenue, gains, and other support per aud	ed financial statements .		1	42,274,959
2 A mounts included on line 1 but not on Form 990	Part VIII, line 12			
a Net unrealized gains on investments	2	a 2,988,940		
<b>b</b> Donated services and use of facilities	2	<b>b</b> 194,950		
<b>c</b> Recoveries of prior year grants		c		
<b>d</b> Other (Describe in Part XIV)	2	<b>d</b> 1,376,177		
e Add lines <b>2a</b> through <b>2d</b>			2e	4,560,067
3 Subtract line <b>2e</b> from line <b>1</b>			3	37,714,892
4 A mounts included on Form 990, Part VIII, line	2, but not on line <b>1</b>			
a Investment expenses not included on Form 990	· —	a		
<b>b</b> Other (Describe in Part XIV)	4	<b>b</b> -100,616		
c Add lines 4a and 4b			4c	-100,616
5 Total Revenue Add lines 3 and 4c. (This should			5	37,614,276
Part XIII Reconciliation of Expenses per A  1 Total expenses and losses per audited financial	idited Financiai State	ments with Expenses	per	35,606,858
statements			1	35,606,838
2 Amounts included on line 1 but not on Form 990	Part IX, line 25			
a Donated services and use of facilities		<b>2a</b> 347,490		
<b>b</b> Prior year adjustments	[	2b		
c Otherlosses		2c		
<b>d</b> Other (Describe in Part XIV)		<b>2d</b> 2,051,728		
e Add lines 2a through 2d			2e	2,399,218
3 Subtract line 2e from line 1			3	33,207,640
4 A mounts included on Form 990, Part IX, line 25	but not on line 1:			
a Investment expenses not included on Form 990	Part VIII, line 7b	4a		
<b>b</b> Other (Describe in Part XIV)		4b		
c Add lines 4a and 4b			4c	0
Total expenses Add lines 3 and 4c. (This should	equal Form 990, Part I, line	18)	5	33,207,640

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

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

Ident if ier	Return Reference	Explanation
Part V, Line 4	Description of Intended Use of Endowment Funds	YWCA ENDOWMENT FUNDS EXIST TO PROVIDE RELIABLE ONGOING SUPPORT FOR THE WORK OF THE YWCA TO THIS END, THE YWCA INVESTS IN HIGH QUALITY MUTUAL AND EXCHANGE-TRADED FUNDS THE YWCA HAS ADOPTED AN INVESTMENT POLICY THAT IS INTENDED TO PROVIDE THE YWCA'S INVESTMENT COMMITTEE WITH OBJECTIVES AND GUIDELINES FOR THE MANAGEMENT OF PRINCIPAL AND ACCUMULATED EARNINGS IN ALL YWCA ENDOWMENT FUNDS THE INVESTMENT OBJECTIVES ARE TO GENERATE A RELIABLE PAYOUT TO SUPPORT PROGRAMS, GROW PRINCIPAL TO HELP OFFSET INFLATION, AND TAKE THE MINIMUM AMOUNT OF RISK TO PRINCIPAL NECESSARY TO MEET THE STATED PERFORMANCE OBJECTIVE THE INVESTMENT COMMITTEE MEETS QUARTERLY TO MONITOR COMPLIANCE WITH THE INVESTMENT POLICY AND TO REVIEW PERFORMANCE PERFORMANCE OBJECTIVE OVER A MARKET CYCLE, IN ORDER TO ENSURE THE CONTINUED PURCHASING POWER OF THE FUND, THE FUND WILL BE EXPECTED TO RETURN AT LEAST THE NOMINAL PAYOUT PERCENTAGE (DEFINED AS THE ACTUAL PAYOUT AMOUNT AS A PERCENTAGE OF THE CURRENT MARKET VALUE OF THE FUND) ON THE CURRENT MARKET VALUE OF THE FUND) ON THE CURRENT MARKET VALUE PLUS THE RATE OF INFLATION PER ANNUM
Part XI, Line 8 - Other Adjustments		IN-KIND REVENUE ADJUSTMENT -152540 BOOK/TAX DIFFERENCE IN NON-CASH ITEMS 38578
Part XII, Line 2d - Other Adjustments		REVENUE FROM AFFLIATES O INCLUDED ON THE CONSOLIDATED O FINANCIAL STATEMENTS 1376177
Part XII, Line 4b - Other Adjustments		SPECIAL EVENTS EXPENSE -63528 RENTAL EXPENSE -22950 BOOK/TAX NON-CASH ADJUSTMENT -14138
Part XIII, Line 2d - Other Adjustments		EXPENSES FROM AFFLIATES 0 INCLUDED ON THE CONSOLIDATED 0 FINANCIAL STATEMENTS 1989661 SPECIAL EVENTS EXPENSE 39089 RENTAL EXPENSE 22950 ROUNDING 28

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DLN: 93493314013390

OMB No. 1545-0047

Department of the Treasury

(Form 990 or 990-EZ)

**SCHEDULE G** 

## **Supplemental Information Regarding Fundraising or Gaming Activities**

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

Internal Revenue Service Name of the organization

**Employer identification number** 

	EATTLE-KING COUNTY-S		NTY				91-0482890	)
Pai	<b>rt I Fundraising Ac</b> Form 990-EZ filer	•		_			to Form 990, Part I\	/, line 17.
b c d	Phone solicitations	olicitations s a written or oral agr i Form 990, Part VI st paid individuals o	reement wit I) or entity or entities (	e f g th any ind in conne fundraise	T dividu ection	Solicitation of noi Solicitation of gov Special fundraising ual (including office on with professional pursuant to agreem	n-government grants vernment grants ng events rs, directors, trustees fundraising activities? ents under which the fu	
	(i) Name of Individual or entity (fundraiser)	(ii) Activity	(iii) fundrais custo contr contribu Yes	erhave dy or ol of	(iv	r) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization

Total	 	<u>,</u>		

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

Pa	rt II	Fundraising Events. Commore than \$15,000 on Form					report	:ed
			(a) Event #1  CHEF'S FEST  (event type)	(b) Event #2  GUILD WINE EVENT (event type)	(c) O ther Events (total number)	(d) Tot (Add col		
£.	1	Gross receipts	88,034	52,415			14	0,449
Revenue	2	Less Charitable	43,765	26,631			71	0,396
<u>~</u>	3	Gross income (line 1 minus line 2)	44,269	25,784			7(	0,053
	4	Cash prizes						
မှာ	5	Non-cash prizes						
Expenses	6	Rent/facility costs	5,357	1,750				7,107
	7	Food and beverages		6,063				6,063
Direct	8	Entertainment						
Δ	9	Other direct expenses .	32,254	16,721			4 8	8,975
	10	Direct expense summary Add lin	es 4 through 9 ın column	(d)			6:	2,145
	11	Net income summary Combine li	nes 3, column d, and line	10				7,908
Par	t III	Gaming. Complete if the oi \$15,000 on Form 990-EZ, lii	rganization answered ' ne 6a.	"Yes" to Form 990, Pa	rt IV, line 19, or repo	rted mor	e thar	1
Revenue			(a) Bingo	<b>(b)</b> Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Tot (Add col co		
	1	Gross revenue				-		
Ses	2	Cash prizes						
Expenses	3	Non-cash prizes						
Direct D	4	Rent/facility costs						
<u></u>	5	Other direct expenses						
	6	Volunteer labor	Г Yes	Г Yes				
	7	Direct expense summary Add line	s 2 through 5 ın column (	d)				
	8	Net gaming income summary Com	bine lines 1, column d, ar	nd line 7	<u> </u>		Yes	No
9 a b	Is t	er the state(s) in which the organiza the organization licensed to operate No," Explain				· 9a	les	
10a b		re any of the organization's gaming Yes," Explain	licenses revoked, suspen	ded or terminated during	the tax year?	10a		
11 12	Is t	es the organization operate gaming the organization a grantor, beneficia ned to administer charitable gaming	ry or trustee of a trust or	a member of a partnersh	p or other entity	12		
					Schedule G (Form 9	990 or 990-	<b>∟∠)</b> 20	<b>U9</b>

		Yes	No
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
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?	,	
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the	+	
	amount of gaming revenue retained by the third party 🟲 \$		
c	If "Yes," enter name and address		
	Name 🟲		
	Address •		
16			
16	Gaming manager information		
	Name 🟲		
	Name F		
	Gaming manager compensation 🕨 \$		
	Description of services provided -		
	Director/officer Employee Independent contractor		
	I Director/officer I Employee I Independent contractor		
<b>.7</b>	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	<u> </u>	
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 ▶ \$	1	

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Schedule I

(Form 990)

Department of the Treasury

DLN: 93493314013390

OMB No 1545-0047

## **Grants and Other Assistance to Organizations, Governments and Individuals in the United States**

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. ► Attach to Form 990

nternal Revenue Service Inspe							
Name of the organization						Employer identificati	on number
YOUNG WOMENS CHRISTIAN ASS OF SEATTLE-KING COUNTY-SNO						91-0482890	
Part I General Information	on on Grants and	Assistance					
<ul> <li>Does the organization maintain the selection criteria used to a</li> <li>Describe in Part IV the organization</li> </ul>	ward the grants or ass	ıstance?			-	•	▽Yes ┌N
Part II Grants and Other A Form 990, Part IV, III Part IV and Schedule	ne 21 for any recipi	ent that received n	nore than \$5,000. Ch	eck this box if no one	recipient receive	d more than \$5,000	. Use
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gran or assistance
See Additional Data Table							
	•	•	•			•	

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	( <b>b)</b> Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
See Additional Data Table					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Ident if ier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 EACH PROGRAM THAT ISSUES GRANTS FUNDS HAS A SYSTEM IN PLACE TO MONITOR THEM THE PROCEDURES DIFFER DEPENDING ON THE TYPE OF GRANT AND ITS FUNDING SOURCE COMMON ELEMENTS INCLUDE REQUIRING AN INVOICE AND/OR OTHER BACK-UP FOR EACH GRANT DISTRIBUTION, PLUS THE SUBMISSION OF REQUIRED REPORTS
	<u> </u>	

Software ID:

**Software Version:** 

**EIN:** 91-0482890

Name: YOUNG WOMENS CHRISTIAN ASSOCIATION

OF SEATTLE-KING COUNTY-SNOHOMISH COUNTY

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

Form 990,3chedule 1, Pal	t 11, Grants an	u Other Assistance	to doverninents	and Organization	s iii tile Olliteu Sta	ites	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AUBURN YOUTH RESOURCES816 F ST SE AUBURN,WA 98002	91-0903084	501(C)(3)	8,929				EMERGENCY SHELTER AND HOMELESSNESS PREVENTION
BOYS & GIRLS CLUBS OF BENTON & FRANKLIN COUNTIES801 N 18TH AVE PASCO,WA 99301	91-1673327	501(C)(3)	5,770				QUALITY ENHANCEMENT GRANT, TRAVEL STIPEND
CATHOLIC COMMUNITY SERVICES100 23RD AVE S SEATTLE, WA 98144	91-1585652	501(C)(3)	51,376				EMERGENCY SHELTER AND HOMELESSNESS PREVENTION
CHILDREN'S ALLIANCE718 6TH AVE SOUTH SEATTLE, WA 98104	91-0982879	501(C)(3)	11,678				WASHINGTON AFTERSCHOOL NETWORK
COMMUNITY SCHOOLS COLLABORATION16256 MILITARY ROAD SOUTH STE 102 SEATAC, WA 98188	20-0139255	SCHOOL DISTRICT	5,438				REFUGEE SCHOOL IMPACT GRANT, SOAR LATINO HEALTHY FAMILY PROJECT, TRAVEL STIPENDS
DOMESTIC ABUSE WOMENS NETWORKPO BOX 88007 TUKWILA,WA 98138	91-1176122	501(C)(3)	70,278				EMERGENCY SHELTER AND HOMELESSNESS PREVENTION
EL CENTRO DE LA RAZA- COUNTY2524 16TH AVE S SEATTLE, WA 98144	91-0899927	501(C)(3)	28,357				EMERGENCY SHELTER AND HOMELESSNESS PREVENTION
EVERETT PUBLIC SCHOOLSPO BOX 2098 EVERETT,WA 98213	91-6001542	SCHOOL DISTRICT	13,500				REFUGEE SCHOOL IMPACT GRANT
FEDERAL WAY SCHOOL DISTRICT1714 334TH LANE S D102 FEDERAL WAY,WA 98003	91-6001624	SCHOOL DISTRICT	41,500				REFUGEE SCHOOL IMPACT GRANT
HIGHLINE PUBLIC SCHOOLS15675 AMBAUM BLVD SW BURIEN,WA 98166	91-6001631	SCHOOL DISTRICT	70,875				REFUGEE SCHOOL IMPACT GRANT

Form 990,Schedule I, Part	t II, Grants an	d Other Assistance	to Governments	and Organization	s in the United Sta	ites	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOOD CANAL SCHOOL DISTRICT111 N STATE ROUTE 106 SHELTON,WA 98584	91-0998717	SCHOOL DISTRICT	6,250				FEED YOUR BRAIN
HOPELINKPO BOX 3577 REDMOND,WA 98052	91-0982116	501(C)(3)	104,171				COMMUNITY JOBS
HOSPITALITY HOUSE 15003 14TH AVE SW BURIEN, WA 98166	91-2006859	501(C)(3)	8,796				EMERGENCY SHELTER AND HOMELESSNESS PREVENTION, EMERGENCY FOOD AND SHELTER PROGRAM
JEWISH FAMILY SERVICES 1601 16TH AVE SEATTLE, WA 98122	91-0565537	501(C)(3)	8,705				EMERGENCY SHELTER AND HOMELESSNESS PREVENTION
KENT SCHOOL DISTRICT 12033 SE 256 STREET KENT, WA 98030	91-6001646	SCHOOL DISTRICT	77,600				REFUGEE SCHOOL IMPACT GRANT
MAPLE VALLEY FOOD BANK PO BOX 332 MAPLE VALLEY, WA 98038	91-6057006	501(C)(3)	18,857				EMERGENCY SHELTER AND HOMELESSNESS PREVENTION
MERIT RESEARCH CORPORATIONPMB 8002 NE HWY 99 637 VANCOUVER, WA 98665	91-2075924		7,050				REFUGEE SCHOOL IMPACT GRANT
MULTI SERVICE CENTER 1200 S 336TH STREET FEDERAL WAY, WA 98093	23-7120815	GOVERNMENT A GENCY	90,215				3-AGENCY GRANT, EMERGENCY SHELTER AND HOMELESSNESS PREVENTION
NONPROFIT ASSISTANCE CENTER1618 S LANE STREET SUITE 201 SEATTLE, WA 98144	93-1282686	501(C)(3)	25,000				REFUGEE SCHOOL IMPACT GRANT
NORTHSHORE SCHOOL DISTRICT3330 MONTE VILLA PARKWAY BOTHELL,WA 98021	91-6001566	SCHOOL DISTRICT	7,500				REFUGEE SCHOOL IMPACT GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States								
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
OPERATION NIGHTWATCH PO BOX 21181 SEATTLE, WA 98111	91-0964027	501(C)(3)	38,401				EMERGENCY SHELTER AND HOMELESSNESS PREVENTION, EMERGENCY FOOD AND SHELTER PROGRAM	
PUGET SOUND EDUCATIONAL SERVICE DISTRICT400 SW 152ND ST BURIEN,WA 98166	91-0851413	GOVERNMENT A GENCY	63,762				COMMUNITY JOBS	
REFUGEE WOMEN'S ALLIANCE4008 MARTIN LUTHER KING JR WAY S SEATTLE, WA 98108	91-1296964	501(C)(3)	7,994				STOP GRANT, QUALITY ENHANCEMENT GRANT	
RENTON SCHOOL DISTRICT300 SW 7TH STREET RENTON, WA 98057	91-6001635	SCHOOL DISTRICT	11,500				REFUGEE SCHOOL IMPACT GRANT	
ROCHESTER ORGANIZATION OF FAMILIES10140 HWY 12 SW ROCHESTER, WA 98579	77-0620956	501(C)(3)	5,517				FEED YOUR BRAIN	
SEATTLE PUBLIC SCHOOLS PO BOX 34165 SEATTLE,WA 98124	91-6001541	SCHOOL DISTRICT	139,803				REFUGEE SCHOOL IMPACT GRANT	
SHALOM ZONE1415 NE 43RD ST SEATTLE, WA 98105	91-2110379	501(C)(3)	15,145				EMERGENCY SHELTER AND HOMELESSNESS PREVENTION, EMERGENCY FOOD AND SHELTER PROGRAM	
SEATTLE HOUSING AND RESOURCE EFFORTPO BOX 2548 SEATTLE, WA 98111	91-1577965	501(C)(3)	32,820				EMERGENCY FOOD AND SHELTER PROGRAM	
SHORELINE SCHOOL DISTRICT18560 1ST AVE NE SHORELINE, WA 98155	91-6001644	SCHOOL DISTRICT	15,625				REFUGEE SCHOOL IMPACT GRANT	
SOCIETY OF ST VINCENT DE PAUL5950 4TH AVE S SEATTLE, WA 98108	91-0583891	501(C)(3)	11,565				EMERGENCY SHELTER AND HOMELESSNESS PREVENTION	

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States **(b)** EIN (a) Name and address of (c) IRC Code section (d) A mount of cash (e) A mount of non-(f) Method of (q) Description of (h) Purpose of grant valuation organization ıf applıcable cash non-cash assistance orassistance grant (book, FMV, appraisal, or government assistance other) SPOKANE PUBLIC 91-6001582 SCHOOL DISTRICT REFUGEE SCHOOL SCHOOLS200 N BERNARD IMPACT GRANT. 159,463 SPOKANE, WA 99201 QUALITY ENHANCEMENT, TRAVEL STIPENDS, WASHINGTON REGIONAL AFTERSCHOOL **PROJECT** TACOMA SCHOOL 91-6001553 SCHOOL DISTRICT REFUGEE SCHOOL DISTRICTPO BOX 1357 IMPACT GRANT 78,500 TACOMA, WA 98401 TRAC ASSOCIATES 1001 91-1247183 COMMUNITY JOBS **BROADWAY SUITE 217** 205,024 SEATTLE, WA 98122 91-6001638 SCHOOL DISTRICT TUKWILA SCHOOL REFUGEE SCHOOL DISTRICT4640 S 144TH ST IMPACT GRANT 107,000 TUKWILA, WA 98168 UNITED INDIANS OF ALL 91-0889016 501(C)(3) STOP GRANT, TRIBEPO BOX 99100 **EMERGENCY FOOD** 6,720 SEATTLE, WA 98199 AND SHELTER PROGRAM VANCOUVER SCHOOL 91-6001540 SCHOOL DISTRICT REFUGEE SCHOOL DISTRICTPO BOX 8937 **IMPACT GRANT** 79,500 VANCOUVER, WA 98668 501(C)(3) **VOLUNTEERS OF AMERICA** 91-0577129 WASHINGTON PO BOX 839 REGIONAL 66,188 EVERETT, WA 98206 AFTERSCHOOL **PROJECT** WORLD LANGUAGE 91-2154975 STOP GRANT SERVICESPO BOX 1716 23,125 MILTON, WA 98354 91-6001108 WASHINGTON STATE UNIVERSITY WASHINGTON UNIVERSITYPO BOX REGIONAL 205,264 641025 AFTERSCHOOL PULLMAN, WA 99164 PROJECT, FEED YOUR BRAIN 501(C)(3) YAKAMA CHRISTIAN 91-2112215 FEED YOUR BRAIN MISSIONPO BOX 547 5,367 WHITE SWAN, WA 98952

Form 990,Schedule 1, Pa	rt II, Grants an	<u>a Otner Assistance</u>	<u>e to Governments</u>	and Organization	<u>s in the United Sta</u>	tes	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YOUTH AND FAMILY LINK CO TOUTLE RIVER RANCH INCPO BOX 2052 LONGVIEW, WA 98632	91-0726260	501(C)(3)	5,079				FEED YOUR BRAIN
YOUTHCARE2500 NE 54TH ST STE 100 SEATTLE, WA 98105	91-0917079	501(C)(3)	59,061				EMERGENCY FOOD AND SHELTER PROGRAM, WORKING ZONE

Form 990, Schedule I, Part III, Grants and Other Assistance to Individuals in the United States

(a)Type of grant or assistance	( <b>b</b> )Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
UTILITY ASSISTANCE	1091		136,239	FMV	UTILITY BILLS
SHELTER/RENT ASSISTANCE	4441		2,894,932	FMV	HOUSING
TRANSPORTATION ASSISTANCE	1143		162,914	FMV	BUS PASSES, TICKETS, ETC
CHILDCARE ASSISTANCE	22		10,473	FMV	CHILDCARE
FOOD ASSISTANCE	110		16,736	FMV	GRO CERIES, ETC
CASH ASSISTANCE (INCENTIVES, AWARDS, CREDIT REPAIR)	81	12,817		_	
TRAINING - TUITION ASSISTANCE	217		61,636	FMV	TRAINING, EDUCATION, ETC
CLOTHING ASSISTANCE	538		23,367	FMV	CLOTHING
MEDICAL ASSISTANCE	55		10,260	FMV	MEDICAL BILLS, ETC
LICENSE & PERMIT ASSISTANCE	105		4,007	FMV	LICENSE RENEWALS, ETC
SUPPLIES ASSISTANCE (HOUSEHOLD, JOB, SCHOOL)	3758		69,896	FMV	SUPPLIES
FURNITURE ASSISTANCE	10		1,025	FMV	FURNITURE
HAIR-GROOMING (INTERVIEW ASSISTANCE)	9		360	FMV	HAIRCUTS, ETC
LEGAL ASSISTANCE	7		2,986	FMV	LEGAL BILLS, ETC

DLN: 93493314013390

OMB No 1545-0047

Schedule K (Form 990)

Department of the Treasury

**Supplemental Information on Tax Exempt Bonds** 

► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990). ► Attach to Form 990. ► See separate instructions.

Open to Public

	rnal Revenue Service									- I - I		Inspe		
	ne of the organization UNG WOMENS CHRISTIAN ASSOC	IATION								Emplo	yer identifi	cation nu	mber	
<u>0 F</u>	SEATTLE-KING COUNTY-SNOHOM									91-0	482890			
P	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	<b>(d)</b> Da	(d) Date Issued	( <b>e)</b> Iss	ue Price	<b>(f)</b> De	escription of P	urpose	<b>(g)</b> De	feased	(h) Beha Issi	ılf of
											Yes	No	Yes	No
A	HOUSING AUTHORITY OF THE COUNTY OF KING	91-6000978	494760JP3	09-0	1-2005	3	3,655,000	SUMMERF PROJECT	TIELD APART	MENTS		X		X
В	EVERETT HOUSING AUTHORITY- SERIES 2007 91-6000965 30002EAM6			06-2	7-2007	13	3,760,000	AFFORDA PROJECT	BLE HOUSIN	IG-APT		х		X
С	HOUSING AUTHORITY OF THE COUNTY OF KING- 2007A 91-6000978 494759MY6		06-2	7-2007	15	5,040,000	AFFORDA PROJECT	BLE HOUSIN	IG-APT		x		X	
D	HOUSING AUTHORITY OF THE COUNTY OF KING 91-6000978 494759NP4		12-2	3-2009	7	7,300,000	ISSAQUA PROJECT	H FAMILY VI -PHASE II	LLAGE		x	x		
E	HOUSING AUTHORITY OF THE COUNTY OF KING 91-6000978 NONEAVAIL		12-2	8-2009	1,450,000 ISSAQUAH FAMILY VILL PROJECT-PHASE II		ILLA GE		X		X			
Pā	art II Proceeds													
				F		E	3	1	С	I	)		E	
1	Total proceeds of issue			3,655,000 13,760,00		3,760,000	, ,			7,300,000	)	1,45	50,000	
2	Gross proceeds in reserve funds				474,253		474,253		503,815					
3	Proceeds in refunding or defeasan	nce escrows												
4	Other unspent proceeds													
5	Issuance costs from proceeds				257,147		257,147		318,853	318,853 74,915				
6	Working capital expenditures from	n proceeds												
7	Capital expenditures from proceed	ds			3,655,000	1	2,997,340	1	.4,217,332		1,097,679	)	5	50,000
8	Year of substantial completion			20	05	20	07	20	07	20	11		2011	
				Yes	No	Yes	No	Yes	No	Yes	No	Yes		No
9	Were the bonds issued as part of	a current refunding is	ssue <sup>?</sup>		X		X		Χ		Х			X
10	Were the bonds issued as part of	an advance refunding	j issue?		Χ		X		Χ		X			X
11	Has the final allocation of proceeds been made?					X		X			X			X
Does the organization maintain adequate books and records to support the final allocation of proceeds?				x x x			X		Х					
Pa	rt IIII Private Business Use										<u> </u>			
				Yes	A No	Yes	B No	Yes	C No	Yes	D <b>No</b>	Yes	E	No
	1 Was the organization a partner in a partnership, or a member of an LLC,			X		X		X		X		X		

Are there any lease arrangements with respect to the financed property

which owned property financed by tax-exempt bonds?

which may result in private business use?

Χ

Χ

Χ

Е

Schedule K (Form 990) 2009

Part III Private Business Use (Continued)

			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to financed property which may result in private business use?			х		Х		Х		X		X
3b	Are there any research agreements with respect to the finance which may result in private business use?	d property		Х		Χ		Х		X		X
3с	Does the organization routinely engage bond counsel or other counsel to review any management or service contracts or resagreements relating to the financed property?		X		×		X		X		X	
4	Enter the percentage of financed property used in a private bus by entities other than a section $501(c)(3)$ organization or a stagovernment			0 %		0 %		0 %		0 %		0 %
5 6	Enter the percentage of financed property used in a private bus as a result of unrelated trade or business activity carried on by organization, another section 501(c)(3) organization, or a state government  Total of lines 4 and 5	your		0 %		0 %		0 %		0 %		0 %
	Has the organization adopted management practices and proce	durac ta		0 70		0 70		0 70		0 70		0 70
7 Pari	ensure the post-issuance compliance of its tax-exempt bond line in the compliance of its tax-exempt because of its tax-exempt beca		X		X		X		X		X	
I GI	Albinage		Α		В		С		D		E	
		Yes	No	Yes	No	Yes	No	Yes	N	lo	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		V		V		V		,	,		V
			Χ		Х		Х		,	Κ		X
2	Is the bond issue a variable rate issue?	Χ			Х		Х		>	<		Χ
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		x		Х		X		>	<		x
b	Name of provider	NA		NA		na				NA		
С	Term of hedge											
4a	Were gross proceeds invested in a GIC?		X		X		X		>	Κ		X
ь	Name of provider	NA		NA		NA		NA		NA		
С	Term of GIC											
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?											
5	Were any gross proceeds invested beyond an available temporary period?		X		Х		x		>	<		X
6	Did the bond issue qualify for an exception to rebate?		X		x		х		>	<		X
1									So	chedule K (	(Form 990) 2	009

В

С

D

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - |
Schedule K

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

(Form 990)

Department of the Treasury

**Supplemental Information on Tax Exempt Bonds** 

► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).
► Attach to Form 990. ► See separate instructions.

**DLN: 93493314013390**OMB No 1545-0047

2009

Open to Public Inspection

Schedule K (Form 990) 2009

Internal Revenue Service Name of the organization Employer identification number YOUNG WOMENS CHRISTIAN ASSOCIATION 91-0482890 OF SEATTLE-KING COUNTY-SNOHOMISH COUNTY **Bond Issues** (h) O n (g) Defeased Behalf of (a) Issuer Name (b) Issuer EIN (c) CUSIP # (d) Date Issued (e) Issue Price (f) Description of Purpose Issuer Yes No Yes HOUSING AUTHORITY OF THE ISSAQUAH FAMILY VILLAGE Х COUNTY OF KING 91-6000978 494759NK5 12-23-2009 5.700.000 Х PROJECT-PHASE I **Proceeds** Α В C D Ε Total proceeds of issue 5,700,000 Gross proceeds in reserve funds 2 Proceeds in refunding or defeasance escrows 3 Other unspent proceeds Issuance costs from proceeds 158,783 Working capital expenditures from proceeds Capital expenditures from proceeds 1,137,948 Year of substantial completion 2011 Yes No Yes Yes Yes No Yes No Were the bonds issued as part of a current refunding issue? Х 9 Were the bonds issued as part of an advance refunding issue? Х 10 Has the final allocation of proceeds been made? Х 11 Does the organization maintain adequate books and records to support 12 Χ the final allocation of proceeds? Part III **Private Business Use** В С Ε Α D Yes No Yes No No Yes No Yes Yes No Was the organization a partner in a partnership, or a member of an LLC, 1 Х which owned property financed by tax-exempt bonds? Are there any lease arrangements with respect to the financed property Х which may result in private business use?

Cat No 50193E

Schedule K	(Form 990) 2009		
Part III	Private Business U	se (	(Continued)

				A	В		C	3	D		E	
			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to financed property which may result in private business use?			×								
3b	Are there any research agreements with respect to the finance which may result in private business use?	d property		X								
3с	Does the organization routinely engage bond counsel or other counsel to review any management or service contracts or resagreements relating to the financed property?		Х									
4	Enter the percentage of financed property used in a private bus by entities other than a section $501(c)(3)$ organization or a stagovernment			0 %								
5	Enter the percentage of financed property used in a private bus as a result of unrelated trade or business activity carried on by organization, another section 501(c)(3) organization, or a state government	your /		0 %								
6	Total of lines 4 and 5			0 %								
7	Has the organization adopted management practices and proceensure the post-issuance compliance of its tax-exempt bond li		Х									
Part	IV Arbitrage											
			Α		В		С		D		E	
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?	Yes	No X	Yes	No	Yes	N	o	Yes	No	Yes	No
2	Is the bond issue a variable rate issue?		X									
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and											
	records?		Χ									
ь	Name of provider	NA										
c	Term of hedge											
4a	Were gross proceeds invested in a GIC?		×									
ь	Name of provider	NA	,									
С	Term of GIC											
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?											
5	Were any gross proceeds invested beyond an available temporary period?		х									
6	Did the bond issue qualify for an exception to rebate?		X									
										Schodulo	K (Form 990) 2	000

# OMB No 1545-0047

Inspection

### **SCHEDULE M** (Form 990)

Department of the Treasury Internal Revenue Service

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

**NonCash Contributions** 

Name of the organization YOUNG WOMENS CHRISTIAN ASSOCIATION OF SEATTLE-KING COUNTY-SNOHOMISH COUNTY **Employer identification number** 

91-0482890

Pa	rt I Types of Property							
		(a) Check ıf applıcable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	<b>(d</b> Method of d reven	etermı	nıng	
1	Art—Works of art	аррисавіс		-9				
	Art—Historical treasures .							
3	Art—Fractional Interests							
4	Books and publications							
_	Clothing and household							
3	goods	X		1,000	FAIR MARKET VAL	UE		
6	Cars and other vehicles	Х	1		FAIR MARKET VAL			
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .	Х	10	47,975	FAIR MARKET VAL	UE		
	Securities—Closely held stock .			,				
	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Q ualified conservation							
	contribution—Other							
15	Real estate—Residential .	X	2	5,300,000	APPRAISAL			
16								
17	Real estate—Other							
	Collectibles							
19	Food inventory							
20	Drugs and medical supplies .							
	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
	EVENT		_					
25	Other►( <u>ITEMS</u> )	X	6	30,137	COST			
26	AUCTION Other ► (ITEMS)	×	6	36.080	AUCTION BOOK			
	Other ► (SOFTWARE)	X	1		FAIR MARKET VAL	IIE		
27 28	Other ► ()			253,017	TAIR MARKET VAL	<u> </u>		
29	Number of Forms 8283 received	bu the era	L	r for contributions				
29	for which the organization compl				29			0
			,,		•		Yes	No
30a	During the year, did the organiza	tion receiv	e by contribution any prope	erty reported in Part I, lines	1-28 that it			
	must hold for at least three year							
	for exempt purposes for the entil					30a		No
h	If "Yes," describe the arrangeme			· · · · ·		Jua		
31	Does the organization have a gif			review of any non-standard	contributions?	31	Yes	
372	Does the organization hire or us	third nart	ies or related organizations	to solicit process or sell i	non-cash			_
J24	contributions?							
						32a	Yes	
	If "Yes," describe in Part II			and a second	V I I I			
33	If the organization did not report describe in Part II	revenues i	n column (c) for a type of p	roperty for which column (a	) is checked,			

#### Part II

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Ident if ier	Return Reference	Explanation
Method for Determining Number of Contributors	, , , ,	YWCA REPORTED INFORMATION BASED ON THE NUMBER OF CONTRIBUTIONS RECEIVED IN COLUMN (B) ABOVE
Third Party Use	1 '	THE ORGANIZATION USES A THIRD PARTY TO SELL DONATIONS OF STOCK AND VEHICLES

Schedule M (Form 990) 2009

OMB No 1545-0047

### **SCHEDULE 0**

(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.

Open to Public Inspection

Name of the organization YOUNG WOMENS CHRISTIAN ASSOCIATION OF SEATTLE-KING COUNTY-SNOHOMISH COUNTY **Employer identification number** 

91-0482890

	Г	
ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 4		BY LAWS WERE REVISED ON DECEMBER 8, 2009 CHANGES TO THE BY-LAWS INCLUDED -ADDED LANGUAGE IN ARTICLE 2 REGARDING LEAVES OF ABSENCE - CHANGES IN ARTICLE 3 ON THE MAKE-UP AND ROLE OF THE BOARD NOMINATING COMMITTEE - ADDED LANGUAGE IN ARTICLE 5 ON THE AFFILIATION WITH YWCA USA - CHANGES TO ARTICLE 6, EMPLOYED STAFF, INCLUDING ADDED LANGUAGE ON THE BOARD'S RESPONSIBILITY FOR HIRING, SUPERVISING AND SETTING COMPENSATION FOR THE CEO
Form 990, Part VI, Section B, Iine 11		THE AUDIT COMMITTEE OF THE BOARD REVIEWS AND APPROVES THE FORM 990 EACH YEAR BEFORE IT IS FILED A COPY OF THE FORM 990 IS ALSO PROVIDED TO EACH BOARD MEMBER PRIOR TO FILING
Form 990, Part VI, Section B, Inne 12c		BOARD MEMBERS COMPLETE AND SIGN A CONFLICT OF INTEREST POLICY ANNUALLY THE POLICY REQUIRES THEM TO ABIDE BY THE POLICY AND TO NOTIFY THE YWCA CHIEF EXECUTIVE OFFICER PROMPTLY IF THEY DISCOVER A REAL OR POTENTIAL CONFLICT IF A CONFLICT DOES ARISE, THE POLICY SPECIFIES THAT THE BOARD MEMBER WILL RECUSE THEMSELVES FROM THE DISCUSSION AND VOTE
Form 990, Part VI, Section B, line 15		THERE IS A FORMAL ANNUAL REVIEW PROCESS FOR THE AGENCY'S CHIEF EXECUTIVE OFFICER A SUBCOMMITTEE OF THE BOARD PERFORMS THE REVIEW THIS PROCESS WAS LAST COMPLETED IN DECEMBER 2009 THE COMMITTEE RECOMMENDS THE COMPENSATION OF THE CEO TO THE BOARD COMPENSATION IS COMPARED TO THE AGENCY COMPENSATION PLAN THE PAY RANGES IN THE COMPENSATION PLAN ARE BASED ON A REVIEW OF SEVERAL COMPENSATION STUDIES THE SALARY COMPARISONS ARE MADE TO SIMILAR-SIZED (BUDGET, NUMBER OF STAFF) ORGANIZATIONS IN THE NON-PROFIT HUMAN SERVICES FIELD IN THE STATE OF WASHINGTON THERE IS ALSO A FORMAL ANNUAL REVIEW DONE BY THE CEO ON ALL OTHER OFFICERS AND KEY EMPLOYEES THIS PROCESS WAS LAST PERFORMED IN SUMMER 2009 COMPENSATION IS COMPARED TO THE AGENCY COMPENSATION PLAN THE PAY RANGES IN THE COMPENSATION PLAN ARE BASED ON A REVIEW OF SEVERAL COMPENSATION STUDIES THE SALARY COMPARISONS ARE MADE TO SIMILAR-SIZED (BUDGET, NUMBER OF STAFF) ORGANIZATIONS IN THE NON-PROFIT HUMAN SERVICES FIELD IN THE STATE OF WASHINGTON
Form 990, Part VI, Section C, Inne 19		GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST
FORM 990, PART I, LINE 6		380 VOLUNTEERS ASSIST IN HELPING BOTH PROGRAM STAFF AND ADMINISTRATION 45 VOLUNTEERS REPRESENT THE BOARD MEMBERS OF THE ORGANIZATION
FORM 990, PART V, LINE 2A		THE YWCA FILES 993 W-2S FOR 2009 A LARGE NUMBER OF THESE WERE FOR INTERNS THAT ARE PAID THROUGH THE YWCA PAYROLL SYSTEM BUT ARE PART OF A STATE EMPLOYMENT CONTRACT THE INTERNS WORK MAINLY AT NON-YWCA LOCATIONS THE TOTAL BUDGETED YWCA STAFF FOR 2009 WAS APPROXIMATELY 296 FULL TIME EMPLOYEES
FORM 990, PART IX, LINE 11F		YWCA DOES NOT INCUR ANY FEES FOR INVESTMENT MANAGEMENT AS THEY HOLD AND MANAGE THEIR OWN ENDOWMENT FUNDS IN INVESTMENT ACCOUNTS
For Paperwork Red	luction Act Notice	see the Instructions for Form 990 Cat No 51056K Schedule O (Form 990) 2009

DLN: 93493314013390

SCHEDULE R (Form 990)

### **Related Organizations and Unrelated Partnerships**

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

► Attach to Form 990. ► See separate instructions.

2009

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization YOUNG WOMENS CHRISTIAN ASSOCIATION OF SEATTLE-KING COUNTY-SNOHOMISH COUNTY Employer identification number

91-0482890

**Identification of Disregarded Entities** (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a)
Name, address, and EIN of disregarded entity

Primary activity

(c)
Legal domicile (state or foreign country)

(d) Total income

End-of-year assets

(f) Direct controlling entity

See Additional Data Table

91-1925352

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	<b>(f)</b> Direct controlling entity
YOUNG WOMEN'S SERVICE ASSOCIATION OF SEATTLE-KING COUNTY					
1118 FIFTH AVENUE	TO HOLD AFFORDABLE HOUSING	WA	501(C)(3)	7 - 509(A)(1) N/A	A
SEATTLE, WA 98101 91-1344937 DRESS FOR SUCCESS SEATTLE					
1118 FIFTH AVENUE SEATTLE, WA 98101	SOCIAL SERVICE/EMPLOYMENT SERVICES	WA	501(C)(3)	9 - 509(A)(2) N/A	4

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

			3	•	, ,					
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(h) Disproprtional allocations?	te Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	<b>(j</b> Gener mana partr	ral or aging
FAMILY VILLAGE LIMITED							Yes No		Yes	No
PARTNERSHIP  1118 FIFTH AVENUE SEATTLE, WA98101 91-1579120 ANGELINE'S LLC	AFFORDABLE HOUSING	WA I	N/A	RELATED	-76,016		Yes		Yes	
1118 FIFTH AVENUE SEATTLE, WA98101 91-2123444	AFFORDABLE HOUSING	WA I	N/A	RELATED	84,519	3,864,626	5 No		Yes	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a)
Name, address, and EIN of related organization

**(b)** Primary activity (c) Legal domicile (state or foreign country)

(d) Direct controlling entity (e)
Type of entity
(C corp, S corp,
or trust)

(f) Share of total income

(g) (h)
Share of Percentage
end-of-year ownership
assets

(3)

(4)

(5)

(6)

che	edule R (Form 990) 2009		Рa	age :
Pa	Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)			
	Note. Complete line 1 if any entity is listed in Parts II, III or IV		Yes	N
<b>1</b> D	Ouring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a	Yes	
b	Gift, grant, or capital contribution to other organization(s)	1b		N
c	Gift, grant, or capital contribution from other organization(s)	<b>1</b> c		N
d	Loans or loan guarantees to or for other organization(s)	1d	Yes	
е	Loans or loan guarantees by other organization(s)	1e	Yes	_
f	Sale of assets to other organization(s)	<b>1</b> f		N
g	Purchase of assets from other organization(s)	<b>1</b> g		N
h	Exchange of assets	1h		N
i	Lease of facilities, equipment, or other assets to other organization(s)	1i		N
j	Lease of facilities, equipment, or other assets from other organization(s)	1j	Yes	
k	Performance of services or membership or fundraising solicitations for other organization(s)	1k		N
ı	Performance of services or membership or fundraising solicitations by other organization(s)	11		N
m	n Sharing of facilities, equipment, mailing lists, or other assets	1m	Yes	
n	Sharing of paid employees	1n	Yes	_
0	Reimbursement paid to other organization for expenses	10		N
p	Reimbursement paid by other organization for expenses	<b>1</b> p		N
q	Other transfer of cash or property to other organization(s)	<b>1</b> q		N
r	O ther transfer of cash or property from other organization(s)	<b>1</b> r		N
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresh	nolds		
	(a) (b) Transaction		(c) it involv	√ed
1) 2)	type(a-r)			

#### Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a)
Name, address, and EIN of entity

(b) Primary activity (c) Legal domicile (state or foreign country) (d)
Are all
partners
section
501(c)(3)
organizations?

Yes No

(e) Share of end-of-year assets **(f)** Disproprtionate allocations?

No

Yes

(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) (h) General or managing partner?

Yes No

Software ID:

**Software Version:** 

**EIN:** 91-0482890

Name: YOUNG WOMENS CHRISTIAN ASSOCIATION

OF SEATTLE-KING COUNTY-SNOHOMISH COUNTY

#### Form 990, Schedule R, Part I - Identification of Disregarded Entities

To fin 550, Schedule K, Fart 1 - Identification of Disfeguraca Entitles					
<b>(a)</b> Name, address, and EIN of disregarded entity	<b>(b)</b> Primary Activity	(c) Legal Domicile (State or Foreign Country)	<b>(d)</b> Total income (\$)	(e) End-of-year assets (\$)	<b>(f)</b> Direct Controlling Entity
SUMMERFIELD HOUSING LLC 1118 FIFTH AVENUE SEATTLE, WA 98101 91-0482890	A FFORDABLE HOUSING	WA	499,685	5,186,505	N/A
YW HOME NOW LLC 1118 FIFTH AVENUE SEATTLE, WA 98101 91-0482890	MEMBER IN FUTURE HOUSING PROJECTS	WA	0	1,956,390	N/A
PASSAGE POINT HOUSING LIMITED PARTNERSHIP 1118 FIFTH AVENUE SEATTLE, WA 98101 20-8212694	TO OWN FUTURE SUPPORTIVE HOUSING PROGRAM	WA	0	0	N/A
YW AHF MOUNTLAKE TERRACE LLC 1118 FIFTH AVENUE SEATTLE, WA 98101 91-0482890	A FFO RDA BLE HOUSING	WA	551,231	5,884,677	N/A
YW AHF LYNNWOOD LLC 1118 FIFTH AVENUE SEATTLE, WA 98101 91-0482890	A FFO RDA BLE HOUSING	WA	753,888	10,047,956	N/A
YW AHF EVERETT LLC 1118 FIFTH AVENUE SEATTLE, WA 98101 91-0482890	A FFO RDA BLE HOUSING	WA	869,010	9,565,603	N/A
YWCA GREENBRIDGE LLC 1118 FIFTH AVENUE SEATTLE, WA 98101 91-0482890	A F F O R D A B L E H O U S I N G	WA	171,941	5,405,361	N/A
YWCA FAMILY VILLAGE AT ISSAQUAH I LLC 1118 FIFTH AVENUE SEATTLE, WA 98101 91-0482890	A FFORDABLE HOUSING	WA	0	5,934,187	N/A
YWCA FAMILY VILLAGE AT ISSAQUAH II LLC 1118 FIFTH AVENUE SEATTLE, WA 98101 91-0482890	AFFORDABLE HOUSING	WA	0	8,101,560	N/A