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Department of the Treasury

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Open to Public Inspection

▶ The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service calendar year, or tax year beginning 07-01-2009 A For the 2009 and ending 06-30-2010 D Employer identification number C Name of organization B Check if applicable Please Young Women's Christian Association of use IRS label or Address change Greater Toledo 34-4428265 Doing Business As E Telephone number print or type. See Name change (419) 241-3235 pecific Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite 1018 JEFFERSON AVENUE Instruc-**G** Gross receipts \$ 4,666,645 Terminated tions. City or town, state or country, and ZIP + 4 TOLEDO, OH 43604 Amended return Application pending F Name and address of principal officer **H(a)** Is this a group return for lisa mcduffie affiliates? 1018 JEFFERSON AVENUE TOLEDO, OH 43604 H(b) Are all affiliates included? If "No," attach a list (see instructions) Tax-exempt status Group exemption number 🕨 **Website: ►** www ywcatoledo org K Form of organization
✓ Corporation
✓ Trust
✓ Association
✓ Other ► L Year of formation 1891 M State of legal domicile OH Part I Summary Briefly describe the organization's mission or most significant activities See below The YWCA of Greater Toledo strives to be a powerful proactive force for the support and advancement of women and girls in our community that will continue to work for peace, justice, equality, and dignity for all people Activities & Governance Check this box 🔭 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . 18 Number of independent voting members of the governing body (Part VI, line 1b) . . . 18 106 Total number of employees (Part V, line 2a) . . 132 Total number of volunteers (estimate if necessary) . 0 7a Total gross unrelated business revenue from Part VIII, column (C), line 12. Net unrelated business taxable income from Form 990-T, line 34 **7**b 0 **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) . 3,121,282 3,216,400 Program service revenue (Part VIII, line 2g) . 962,146 345,154 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 103,381 160,241 10 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 196,504 160,175 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 3,766,321 4,498,962 209,984 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . 112,497 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 2,439,170 2.070.001 Professional fundraising fees (Part IX, column (A), line 11e) . . 16a 0 Total fundraising expenses (Part IX, column (D), line 25) \blacktriangleright 77,945ь 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) . 1,393,773 1,308,639 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 3,945,440 3,588,624 Revenue less expenses Subtract line 18 from line 12 . -179,119 910,338 19 Net Assets or Fund Balances **Beginning of Current End of Year** Year 6,827,316 20 Total assets (Part X, line 16) . 4,462,270 21 Total liabilities (Part X, line 26) . 755,259 2,158,181 Net assets or fund balances Subtract line 21 from line 20 3,707,011 4,669,135 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 ***** 2011-05-16 Here Signature of officer lisa mcduffie Executive Director Type or print name and title Date Check if Preparer's identifying number Preparer's 2011-05-16 HEIDI FERGUSON (see instructions) Paid empolyed 🕨 🦵 Preparer's Firm's name (or yours GILMORE JASION & MAHLER LTD EIN ▶ if self-employed), **Use Only** address, and ZIP + 4 1715 INDIAN WOOD CIRCLE STE 100 Phone no (419) 794-2000 MAUMEE, OH 43537

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

Cat No 11282Y

Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

The YWCA of Greater Toledo strives to be a powerful proactive force for the support and advancement of women and girls in our community that will continue to work for peace, justice, equality, and dignity for all people

2	Did the organization the prior Form 990		ant program services du	iring the year which w	ere not listed on	┌ Yes ┌ No
	If "Yes," describe tl	hese new services on S	chedule O			
3	_	n cease conducting, or i	make sıgnıfıcant change	s in how it conducts, a	any program	┌ Yes ┌ No
	If "Yes," describe tl	hese changes on Sched	ule O			
4	Section 501(c)(3)	and 501(c)(4) organizat	s for each of the organiz nons and section 4947(nd revenue, if any, for e	a)(1) trusts are requir	red to report the amo	•
4a	(Code) (Expenses \$	1,534,098 including	grants of \$	102,865) (Revenue \$	454,607)
	Childcare resource & r	eferral - match child care pro	viders with families needing t	he service and provide tra	ınıng to child care provide	rs
4b	(Code) (Expenses \$	951,269 including	grants of \$	62,058) (Revenue \$	275,069)
			vention program providing skil hools Youth Development air			sonal goals and develop skills ir youth
4c	(Code) (Expenses \$	525,385 including	grants of \$	37,085) (Revenue \$	151,019)
	Battered Women's She term alternative housi		using for victims of domestic v	olence and their children	Counseling support group	os and assistance obtaining long
4d	Other program se	rvices (Describe in Sch	edule O) See also Addi	ional Data for Descri	ption	
	(Expenses \$	318,931 inc	luding grants of \$	7,976) (R	evenue \$	92,251)
4e	Total program ser	vice expenses ► \$	3,329,683			

Dart TV	Chackli	ct of Do	auirad	Schedules
2 II T V A	CHECKII	SL UI KE	:uuneu	ociieuuie:

			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		Νο
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Νo
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 $170(b)(1)(A)(II)^7$ If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
	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? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Νο
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		Νο
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No

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		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	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		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
		28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes,"</i> 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? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	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		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	Yes	

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Part V	Statements Regarding Other IRS Filings and Tax Compliance

			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			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	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			
ь	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	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		No
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		Νo
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		Νo
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
b	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	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νo
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
Ī	benefit contract?	7e		Νo
f	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?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
3	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
)	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			
b	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 12b			

1018 jefferson avenue toledo, OH 43604 (419) 241-3235

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
				<u></u>
4_	Fortandle number of union manufacture of the annument hadro	,		
1a b	Enter the number of voting members of the governing body	-		
р 2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any	<u>'</u>		
2	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		Νο
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		Νο
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		Νο
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νο
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	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	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		No
Ь	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		Νο
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		Νο
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		Νο
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	_
b	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)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
h	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its	100		110
	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	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶OH			
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 of which website. Another's website.			
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 t	he orga	nızatıor	ı -
	Tarvn Pavne finance director			

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	r, dırector, trustee	or key employee							
(A) Name and Title	(B) Average hours	(C) Position (check all that apply)				I		(D) Reportable compensation	(E) Reportable compensation	(F) 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										

Forr	1 990 (2009)			Page 8		
1b	Total	0		21,850		
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶0					
			Yes	No		
3	Did the organization list any former 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	4		No		
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 I for such person					
S	ection B. Independent Contractors					
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization					
	(A) Name and business address (B) Description of services		(C Comper			
2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization •0					
		F	Form 99 0) (2009		

zart v	<u> </u>	Statement of Kevenue				
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
2 2	1a	Federated campaigns 1a 239,84	7			
E E	ь	Membership dues 1b	2			
ಕ್⊱	c	Fundraising events 1c 14,83	_			
ઈ.સ			_			
<u>≅,</u> ਰ	d	Related organizations 1d	_			
<u>∌</u> [≣	e	Government grants (contributions) 1e 2,768,37	1			
፬ "_	f	All other contributions, gifts, grants, and 1f 192,85	3	ĺ		
5 B	g	similar amounts not included above Noncash contributions included in				
= 0	9	lines 1a-1f \$				
Contributions, gifts, grants and other similar amounts	h	Total. Add lines 1a-1f	3,216,400			
<u> </u>		Business Code				
a E						
je k	2a	Developer Fees 624,2	<u> </u>			
22	Ь	Program Service Fees 624,2	00 82,146	82,146		
<u> </u>	C					
<u>5</u>	d					
S =	e					
Program Service Revenue	f	All other program service revenue				
နို န						
<u></u>	g	Total. Add lines 2a-2f	962,146			
	3	Investment income (including dividends, interest	151.001			151.001
		and other similar amounts)	164,881			164,881
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
	_	(I) Real (II) Personal				
	6a	Gross Rents 10,800				
	Ь	Less rental expenses				
	c	Rental income 10,800 or (loss)				
	d	Net rental income or (loss)	10,800	10,800		
		(i) Securities (ii) O ther				
	7a	Gross amount 89,956				
		from sales of assets other				
		than inventory				
	Ь	Less cost or 94,596 other basis and				
		sales expenses Gain or (loss) -4,640				
	С	, ,	-4,640			-4,640
	d	1	-4,640			-4,640
Other Revenue	8a	Gross income from fundraising events (not including \$\frac{14,837}{2}\$				
Š		of contributions reported on line 1c) See Part IV, line 18				
Ċ.		a 165,28	35			
<u>=</u>	ь	Less direct expenses b 73,08				
ŏ	c	Net income or (loss) from fundraising events	92,198			92,198
	9a	Gross income from gaming activities				
		See Part IV, line 19				
	Ь	Less direct expenses b	4			
	C	Net income or (loss) from gaming activities				
	10a	Gross sales of inventory, less returns and allowances .				
	ь	Less cost of goods sold b	7			
	c	Net income or (loss) from sales of inventory	7			
		Miscellaneous Revenue Business Code				
	11a	Other Revenue 900,0	99 57,177			57,177
	ь					
	c					
	d	All other revenue				
	e	Total. Add lines 11a-11d				
		▶	57,177			
	12	Total revenue. See Instructions	4,498,962	972,946	0	309,616

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.									
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D). Do not include amounts reported on lines 6b. (A) (B) (C) (D)									
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses				
1	Grants and other assistance to governments and organizations in the U S $$ See Part IV , line 21 $$								
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	209,984	209,984						
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16								
4	Benefits paid to or for members								
5	Compensation of current officers, directors, trustees, and key employees	258,563	241,837	16,307	419				
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	1,558,413	1,460,642	95,016	2,755				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	29,419	26,894	2,525					
9	Other employee benefits	51,556	47,132	4,424					
10	Payroll taxes	172,050	161,923	9,806	321				
11	Fees for services (non-employees)								
а	Management								
ь	Legal	1,311		1,311					
С	Accounting	20,250		20,250					
d	Lobbying								
e	Professional fundraising See Part IV, line 17								
f	Investment management fees	2,609		2,609					
g	Other	129,856	127,408	166	2,282				
12	Advertising and promotion	185,491	185,044	83	364				
13	Office expenses	259,745	229,480	1,420	28,845				
14	Information technology	4,077	4,050	25	2				
15	Royalties								
16	Occupancy	233,281	225,134	4,689	3,458				
17	Travel	53,190	52,754	362	74				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials								
19	Conferences, conventions, and meetings	29,091	27,471	50	1,570				
20	Interest	12,166		12,166					
21	Payments to affiliates	21,060	20,063	997					
22	Depreciation, depletion, and amortization	110,155	101,682	7,688	785				
23	Insurance								
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	Educational Materials	158,980	134,028	722	24,230				
b	Fingerprinting	62,636	52,805	285	9,546				
С	Bad Debt Expense	12,518	10,901	23	1,594				
d	Dues & Licenses	11,720	10,013	71	1,636				
е	Miscellaneous	503	438	1	64				
f	All other expenses								
25	Total functional expenses. Add lines 1 through 24f	3,588,624	3,329,683	180,996	77,945				
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			-	· ·				

Pa	rt X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	1,599	1	1,045
	2	Savings and temporary cash investments	164,072	2	112,778
	3	Pledges and grants receivable, net	997,391	3	1,070,400
	4	Accounts receivable, net	220,000	4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of	d		
		Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section $4958(f)(1)$) are persons described in section $4958(c)(3)(B)$ Complete Part II of	nd		
Assets		Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	4,260	9	25,769
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 4,404,	,335		
	ь	Less accumulated depreciation 10b 3,622,	,387 874,186	10c	781,948
	11	Investments—publicly traded securities	2,199,762	11	2,282,110
	12	Investments—other securities See Part IV, line 11		12	
	13	Investments—program-related See Part IV, line 11		13	2,552,000
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	1,000	15	1,266
	16	Total assets. Add lines 1 through 15 (must equal line 34)	4,462,270	16	6,827,316
	17	Accounts payable and accrued expenses .	525,382	17	670,568
	18	Grants payable		18	
	19	Deferred revenue	42,185	19	51,830
	20	Tax-exempt bond liabilities		20	
<u>ē</u>	21	Escrow or custodial account liability $\it Complete Part IV of Schedule D$		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
ĮŢ		persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	87,694	23	40,785
	24	Unsecured notes and loans payable to unrelated third parties	99,998	24	99,998
	25	Other liabilities Complete Part X of Schedule D	0	25	1,295,000
	26	Total liabilities. Add lines 17 through 25	755,259	26	2,158,181
~		Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27			
Fund Balance		through 29, and lines 33 and 34.			
<u>a</u>	27	Unrestricted net assets	1,200,019		1,889,953
8	28	Temporarily restricted net assets	433,800	28	658,843
핕	29	Permanently restricted net assets	2,073,192	29	2,120,339
Fu		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete			
0ľ		lines 30 through 34.			
ets	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 funds	2 707 044	32	4 660 425
Net	33	Total labelities and not recent (find belonce	3,707,011	33	4,669,135
	34	Total liabilities and net assets/fund balances	4,462,270	34	6,827,316

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?					
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)

734931300114/1

OMB No 1545-0047

2000

Open to Public

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

Young Women's Christian Association of

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.

Inspection

Employer identification number

eate	er Loled	10							34-44282	65		
	rt I			olic Charity Stat						structions		
he d	organız	zation is r	not a private	e foundation because	ıtıs (Forlı	nes 1 throu	ıgh 11, check	only one bo	x)			
1	Γ	A church	n, conventio	on of churches, or as	sociation of	churches :	section 170(b)(1)(A)(i).				
2	Γ	A schoo	l described	ın section 170(b)(1)	(A)(ii). (Att	ach Sched	ule E)					
3	Γ	A hospit	al or a coop	perative hospital serv	vice organiza	atıon descr	ıbed ın sectio	n 170(b)(1)	(A)(iii).			
4	Γ			organization operate y, and state	ed in conjund	ction with a	hospital desc	cribed in sec	tion 170(b)(1	L)(A)(iii). E	nter the	
5	Γ	_	· ·	rated for the benefit (Complete Pa	_	or universi	ty owned or o	perated by a	governmenta	al unit desc	rıbed ın	
6	\vdash			local government or	•	al unit desc	ribed in secti	on 170(b)(1)(A)(v).			
7	, -		•	-	_					om the gene	eral publi	c
-	,	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II)										
8	Г			described in section		(Cor	nplete Part II	:)				
9	Ė		-	t normally receives			•	· ·	nutions mem	hershin fees	and are	155
	,			ties related to its ex								,,,,
		•		ss investment incom	-	_		•	· ·			
				anization after June 3						ax, nom ba	311103303	
LO	\vdash	•		anized and operated	•			•	•			
LO L1	<u>'</u>	_	_	anized and operated	•					carry out t	ha nurna	sas of
	_	one or m the box t	ore publicly that describ Type I	y supported organizations the type of supported by Type II	tions descri orting organi c	bed in sect zation and Type III	ion 509(a)(1) complete line [- Functional	or section ! s 11e throug ly integrated	509(a)(2) Se gh 11h d d	e section 5	09(a)(3) e III - Ot	.Check her
e f g	,	other the section If the ord check the Since Au	an foundatio 509(a)(2) ganization r iis box	on managers and oth received a written de 006, has the organiz	er than one o	or more put	olicly supporto	ed organızat Type I, Type	ions describe	d in section	n 509(a)((1) or
		_	•	ectly or indirectly co	ntrols, eithe	ralone ort	ogether with i	persons des	cribed in (ii)		Yes	No
				overning body of the	•		-		,	11g		+
				r of a person describ		=				11g(
		• •	•	ed entity of a person			shove?			11g(
h				g information about t						119(/	
(i) Name suppor organiz		e of (ii) (described on col (i) listed in your governing ation or IRC section document?		Did you no organiza col (i) c suppo	otify the ition in of your	n organizatio		Am	(vii) nount of pport?			
				(see instructions))	Yes	No	Yes	No	Yes	No		
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								
·ot o												

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.)

	(Complete only if yo	ou checked the	box on line 5, 7	, or 8 of Part I	.)									
S	ection A. Public Support	_												
Cal	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 20	9 09	(f) Total						
1	in) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	2,488,426	5 2,280,837	2,795,266	3,121,282	3,	,216,400	13,902,211						
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							_						
3	The value of services or facilities furnished by a governmental unit to the organization without charge													
4 5	Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column	2,488,426	2,280,837	2,795,266	3,121,282	3,	,216,400	13,902,211						
6	(f) Public Support. Subtract line 5 from line 4							13,902,211						
S	ection B. Total Support													
Cal	endar year (or fiscal year	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 20	09	(f) Total						
7	beginning in) A mounts from line 4	2,488,426	179,348	2,795,266	3,121,282	3,216,400		3.216.400		3,216,400		3,216,400		13,902,211
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	167,349	179,348	217,716	196,760	175,681		936,854						
9	Net income from unrelated business activities, whether or not the business is regularly carried on													
10	Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	227,192	13,647	3,274	104,859		57,177	406,149						
11	Total support (Add lines 7 through 10)					1 1		15,245,214						
12	Gross receipts from related activiti		•			12		2,182,779						
13	First Five Years If the Form 990 is check this box and stop here			third, fourth, or fi	ifth tax year as a !	501(c)(3) organız	ation,						
<u> </u>	ection C. Computation of Pub Public Support Percentage for 2009			11 column (f))		14		91 190 %						
15	Public Support Percentage for 2008	•				15		91 080 %						
	33 1/3% support test—2009. If the and stop here. The organization qua	organization did	not check the box	•	ine 14 is 33 1/3%		, check th							
	33 1/3% support test—2008. If the box and stop here. The organization 10%-facts-and-circumstances test is 10% or more, and if the organization Part IV how the organization meaorganization	organization did n qualifies as a pu — 2009. If the org tion meets the "f	not check the box ublicly supported o anization did not c acts and circumst	on line 13 or 16 organization heck a box on lin ances" test, chec	e 13, 16a, or 16b ck this box and st o	and line	14 Explain	check this						
b 18	10%-facts-and-circumstances test 15 is 10% or more, and if the organ Explain in Part IV how the organiza supported organization Private Foundation If the organizat instructions	nization meets the tion meets the "f	e "facts and cırcur acts and cırcumst	nstances" test, c ances" test The	heck this box and organization qual	d stop he Ifies as a	r e. publicly	▶ ┌						

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) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
_	include any "unusual grants ")						
2	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt						
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) 2006	(c) 2007	(d) 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 stop here	or the organizat		., 4,	men tax your as t	(c)(c) c.gu.	▶ ┌
	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	009 (line 10c c	olumn (f) dıvıded	by line 13 columi	n (f))	17	
18	Investment income percentage from	2008 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 stop here. 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: 34-4428265

Name: Young Women's Christian Association of

Greater Toledo

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

4d. Other program services

(Code) (Expenses \$ 318,931 including grants of \$ 7,976) (Revenue \$ 92,251)

Additional services include Health & Fitness, Low Cost of Living accomodation, Hope Center, and Racial Justice Health & Fitness - Heartplus available for all ages from infants to seniors Encore Plus Programs Breast health and care program, promotes mammograms for underserved and uninsured women Low cost of living accomodation - housing available to women with a maximum of one year's stay Community & social services assistance provided to meet individuals needs Hope Center - a 24-hour, seven-days-a-week crisis intervention for survivors of sexual assault and their families, which includes information referral, legal and hospital accompaniment and support groups. It also provides education and training to the community Racial Justice - Bringing racial justice and equality to people of color, reduce hate crimes and increase education on racism and its elimination.

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) A verage hours	A verage Position (check all hours that apply)		(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other					
	Highest compensated employee Key employee Officer Institutional Trustee or director		Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	compensation from the organization and related organizations					
SALLY DEPERRO CHAIR	3 00	Х		x				0	0	0	
AMIRA GOHARA VICE CHAIR	1 50	×		x				0	0	0	
BARBARA KOPP MILLER VICE CHAIR	1 50	Х		х				0	0	0	
Terrı S Lee treasurer	2 50	х		х				0	0	0	
EVA ALGARIN secretary	1 50	х		х				0	0	0	
wanda brown dırector	1 50	х						0	0	0	
Cheryl Sılverman dırector	1 70	Х						0	0	0	
Lisa A Wilson director	1 00	Х						0	0	0	
Sherry Barnes director	1 00	х						0	0	0	
Gına Thompson dırector	1 00	х						0	0	0	
Jennifer Atkins director	1 00	Х						0	0	0	
KATRINA BARRY DIRECTOR	1 00	Х						0	0	0	
ISABEL C ESCOBAR PH D DIRECTOR	1 00	х						0	0	0	
JOHANNA HULL DIRECTOR	1 00	х						0	0	0	
KRISTINE KEGERREIS DIRECTor	1 00	х						0	0	0	
LINDA MANSOUR DIRECtor	1 00	х						0	0	0	
THEO SIMMONS-HAMPTON DIREctor	1 00	х						0	0	0	
BARBARA VAUGHN DIRECtor	1 00	х						0	0	0	
lisa mcduffie executive director	40 00			х				82,146	0	7,048	
shelly ulrich assistant executive direct	40 00			х				58,300	0	6,047	
tonalee rouser former finance director	40 00			х				34,917	0	3,632	
robert moore operations director	40 00			х				49,350	0	5,123	
TARYN S PAYNE finance director	24 00			х				12,000	0	0	

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Educational Materials	158,980	134,028	722	24,230
Fingerprinting	62,636	52,805	285	9,546
Bad Debt Expense	12,518	10,901	23	1,594
Dues & Licenses	11,720	10,013	71	1,636
Miscellaneous	503	438	1	64

efile GRAPHIC print - DO NOT PROCESS As Filed Data -

DLN: 93493136011471

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

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

Supplemental Financial Statements

Young	of the organization Women's Christian Association of	·	Employer identification number
	r Toledo		34-4428265
Part	Organizations Maintaining Donor Action organization answered "Yes" to Form 99		inds or Accounts. Complete if the
	organization answered Tes to Form 99	(a) Donor advised funds	(b) Funds and other accounts
. т	otal number at end of year	(2) 2 5.131 22.1332 12.133	(2), and and cone, account
	ggregate contributions to (during year)		
	ggregate grants from (during year)		
. A	ggregate value at end of year		
	ıd the organızatıon ınform all donors and donor advı ınds are the organızatıon's property, subject to the	-	or advised Yes No
u	ld the organization inform all grantees, donors, and sed only for charitable purposes and not for the ben onferring impermissible private benefit		·
Part	Conservation Easements. Complete	ıf the organization answered "Yes" to	Form 990, Part IV, line 7.
Г Г ! С	urpose(s) of conservation easements held by the or Preservation of land for public use (e g , recreating Protection of natural habitat Preservation of open space omplete lines 2a-2d if the organization held a qualication of the last day of the tax year	on or pleasure) Preservation of an Preservation of a c	historically importantly land area ertified historic structure of a conservation
	, ,	Г	Held at the End of the Year
a T	otal number of conservation easements		2a
ь Т	otal acreage restricted by conservation easements		2b
c N	umber of conservation easements on a certified his	storic structure included in (a)	2c
d N	umber of conservation easements included in (c) a	cquired after 8/17/06	2d
	umber of conservation easements modified, transfene taxable year 🛌	erred, released, extinguished, or terminated	d by the organization during
, N	umber of states where property subject to conserva	ation easement is located 🛌	<u>_</u>
	oes the organization have a written policy regarding inforcement of the conservation easements it holds?		ling of violations, and Yes No
S	taff and volunteer hours devoted to monitoring, insp	pecting and enforcing conservation easeme	ents during the year ►
' Δ	mount of expenses incurred in monitoring, inspecti	ng, and enforcing conservation easements	during the year 🕨 \$
	oes each conservation easement reported on line 2 $70(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$?	2(d) above satisfy the requirements of sect	Yes No
b	n Part XIV, describe how the organization reports co alance sheet, and include, if applicable, the text of t ne organization's accounting for conservation easen	the footnote to the organization's financial nents	statements that describes
art :	Organizations Maintaining Collection Complete if the organization answered '		or Other Similar Assets.
a	f the organization elected, as permitted under SFAS rt, historical treasures, or other similar assets held rovide, in Part XIV, the text of the footnote to its fin	for public exhibition, education or researc	h ın furtherance of public service,
_ h	f the organization elected, as permitted under SFAS istorical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research in	· · · · · · · · · · · · · · · · · · ·
(i) Revenues included in Form 990, Part VIII, line 1		▶ \$
(ii) Assets included in Form 990, Part X		► \$
	fthe organization received or held works of art, histo	orıcal treasures, or other sımılar assets foı	

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

following amounts required to be reported under SFAS 116 relating to these items

ar	Til Organizations Maintaining Co	llections of Art	, His	torica	<u>al Tre</u>	<u>easu</u>	res, or (<u> </u>	<u>r Similai</u>	r Asse	ets (co	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	y of th	e follo	wing th	nat are	a signific	ant u	se of its co	ollection	n	
а	Public exhibition		d	Г	Loan o	rexch	ange prog	rams				
b	Scholarly research		e	Γ	Other							
c	Preservation for future generations											
	Provide a description of the organization's co	ollections and expla	ın how	they	further	the o	rganızatıo	n's ex	cempt purp	ose in		
;	During the year, did the organization solicit of assets to be sold to raise funds rather than t			,					nılar	Г	Yes	┌ No
aı	t IV Escrow and Custodial Arrang						answere	ed "Y	es" to For	rm 990),	
	Part IV, line 9, or reported an an		-									
3	Is the organization an agent, trustee, custod included on Form 990, Part X?					ions o	r other as	sets	not	Γ	Yes	Г No
b	If "Yes," explain the arrangement in Part XI\	/ and complete the	followi	ıng tab	le							
										A mou	ınt	
с	Beginning balance							1c				
d	Additions during the year							1d				
e -	Distributions during the year							1e				
f	Ending balance							1f				
3	Did the organization include an amount on Fo	· · ·	e 21?								Yes	No
	If "Yes," explain the arrangement in Part XIV				1 1137		- 000			10		
a	rt V Endowment Funds. Complete	f the organization (a)Current Year		Wered Prior Ye			orm 990 o Years Bac		T IV, line Three Years		NEour Ve	ears Back
1	Beginning of year balance	327,469	(6)		06,761	(0)111	o rears bac	\ (u)	Tillee Tears	back (C	.ji our re	dis back
,	Contributions	44,947			6,586							
=	Investment earnings or losses	42,721		-	69,825							
t	Grants or scholarships											
е	Other expenditures for facilities	90,033			13,171							
f	and programs	2,609			2,882							
' g	End of year balance	322,495		3	27,469							
	Provide the estimated percentage of the yea	, l										
_		23.480 %	15									
a	Board designated or quasi-endowment F	251100 //										
b	remanent endownent F											
C a	Term endowment F Are there endowment funds not in the posses	scion of the organiz	ation t	hat ar	o hold	and a	dministore	d for	tho			
	organization by	ssion of the organiza	ation t	.mat ar	e neiu	and a	ummstere	:u 101	tile		Yes	No
	(i) unrelated organizations									3a(i)	Yes	
	(ii) related organizations									3a(ii)	<u> </u>	No
	If "Yes" to 3a(II), are the related organizatio	•						•		3b		
	Describe in Part XIV the intended uses of th					VO	1.37 1	10				
aı	t VI Investments—Land, Buildings	s, and Equipme	nt. Se								<u> </u>	
	Description of investment				Cost or o		(b) Cost or basis (ot		(c) Accum depreca		(d) Bo	ok value
а	Land											
b	Buildings		•				3,7	81,996	3,	144,413		637,583
c	Leasehold improvements											
	Equipment							59,937	+	33,141		26,796
e	Other			1			50	62,402	<u>:</u>	444,833		117,569

781,948

Part VII Investments—Other Securities. See	Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b)Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		,
Closely-held equity interests		
Other		
	+	
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	+	
Part VIII Investments—Program Related. Se		. (c) Method of valuation
(a) Description of investment type	(b) Book value	Cost or end-of-year market value
Related Party Receivable	1,252,000	С
Investment in Related Party	1,300,000	С
Total. (Column (b) should equal Form 990. Part X. col (B) line 13)	2.552.000	
((-) (-) (-) (-) (-) (-) (-) (-) (-) (-) (-) (-) (-) (-) (-)	_//	
	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, I	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, I	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, I	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, I	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, I	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, I	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, I	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, I	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, I	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, I	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, I	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, I	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, I	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, I	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, I	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, II (a) Descri	ne 15. ption	
Part IX Other Assets. See Form 990, Part X, II (a) Description Total. (Column (b) should equal Form 990, Part X, col.(B) line	ne 15. ption	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part	15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	ne 15. ption	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability Federal Income Taxes	15.) X, line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability Federal Income Taxes	15.) X, line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability Federal Income Taxes	15.) X, line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability Federal Income Taxes	15.) X, line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability Federal Income Taxes	15.) X, line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability Federal Income Taxes	15.) X, line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability Federal Income Taxes	15.) X, line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability Federal Income Taxes	15.) X, line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability Federal Income Taxes	15.) X, line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability Federal Income Taxes	15.) X, line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability Federal Income Taxes	15.) X, line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability Federal Income Taxes	15.) X, line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability Federal Income Taxes	15.) X, line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability Federal Income Taxes	15.) X, line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability Federal Income Taxes	15.) X, line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability Federal Income Taxes	15.) X, line 25. (b) A mount 1,295,000	

Schedule D (Form 990) 2009

Total expenses (Form 990, Part IX, column (A), line 25) Excess or (deficit) for the year Subtract line 2 from line 1 Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments 2 3 4 5 6 7	
4 Net unrealized gains (losses) on investments 4 5 Donated services and use of facilities 5 Investment expenses 6	
5 Donated services and use of facilities 6 Investment expenses 6	
6 Investment expenses 6	
7 Prior period adjustments	
8 Other (Describe in Part XIV)	
9 Total adjustments (net) Add lines 4 - 8	
10 Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	
Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return	
1 Total revenue, gains, and other support per audited financial statements	
2 A mounts included on line 1 but not on Form 990, Part VIII, line 12	
a Net unrealized gains on investments	
b Donated services and use of facilities	
c Recoveries of prior year grants	
d Other (Describe in Part XIV)	
e Add lines 2a through 2d	
3 Subtract line 2e from line 1	
4 A mounts included on Form 990, Part VIII, line 12, but not on line 1	
a Investment expenses not included on Form 990, Part VIII, line 7b . 4a	
b Other (Describe in Part XIV)	
c Add lines 4a and 4b	
5 Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) 5	
Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return	
1 Total expenses and losses per audited financial statements	
2 A mounts included on line 1 but not on Form 990, Part IX, line 25	
a Donated services and use of facilities	
b Prior year adjustments	
c Other losses	
d Other (Describe in Part XIV) 2d	
e Add lines 2a through 2d	
3 Subtract line 2e from line 1	
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 Other (Describe in Part XIV) 4b	
c Add lines 4a and 4b	
5 Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	
Part XIV Supplemental Information	

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

additional information

Ident if ier	Return Reference	Explanation				
Part V, Line 4	Description of Intended Use of Endowment Funds	The Young Women's Christian Association of Greater Toledo endowment funds have been restricted for capital improvements				
Part X	Description of Uncertain Tax Positions Under FIN 48	The FASB issued new guidance on accounting for uncertainty in income taxes. The Association adopted this new guidance effective July 1, 2009. Management of the Association is required to determine whether a tax position of the Association is more likely than not to be sustained upon examination by the applicable taxing authority, including resolution of any related appeals or litigation processes, based on the technical merits of the position. Management of the Association is not aware of any tax positions for which it is reasonably possible that the total amounts of unrecognized tax benefits will significantly change in the next twelve months. However, management's conclusions may be subject to review and adjustment at a later date based on factors including, but not limited to, new tax laws, regulations, and administrative interpretations (including relevant court decisions). The Association's federal tax returns for the prior three fiscal years remain subject to examination by the Internal Revenue Service.				

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DLN: 93493136011471

OMB No. 1545-0047

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

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.

nternal l	Revenue Service	Attach	to Form 990) or Form 99	0-EZ. 🏲 See separate instruct	ions.		Inspection		
	of the organization Women's Christian	Association of					Employer iden	ntification number		
_	er Toledo						34-4428265			
Par		g Activities. Complet Z filers are not required				to Form	990, Part IV	, line 17.		
a b c d 2a	Indicate whether the Mail solicitations Internet and e-m Phone solicitatio In-person solicit Did the organization or key employees lis	ment grants t grants tors, trustees ng activities? er which the fun								
((i) Name of individual or entity (fundraiser)			Did er have dy or rol of utions?	(iv) Gross receipts from activity	(v) An (or re	nount paid to etained by) liser listed in col (i)	(vi) A mount paid to (or retained by) organization		
			<u> </u>							
			+							
Total				.						

Pai	t II	Fundraising Events. Com more than \$15,000 on Form					report	:ed			
			(a) Event #1 milestones dinner (event type)	(b) Event #2 Polly Ball (event type)	(c) O ther Events 4 (total number)	(d) Tot (Add col					
Me	1	Gross receipts	54,144	72,701	51,936		17	8,781			
Revenue	2	Less Charitable contributions			14,837		1.	4,837			
	3	Gross income (line 1 minus line 2)	54,144	72,701	37,099		16	3,944			
	4	Cash prizes									
ရွ	5	Non-cash prizes									
Expenses	6	Rent/facility costs	2,938	355				3,293			
	7	Food and beverages									
Direct	8	Entertainment									
莅	9	Other direct expenses .	26,779	31,053	11,935		6	9,767			
	10	Direct expense summary Add lin	es 4 through 9 ın column	(d)	•		7	3,060			
	11 Net income summary Combine lines 3, column d, and line 10										
Par	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, lire		"Yes" to Form 990, Pa	rt IV, line 19, or repo	rted more	e thar	1			
Revenue	(a) Bingo (b) Pull tabs/Instant (c) Other gaming							(d) Total gaming (Add col (a) through col (c))			
	1	Gross revenue									
ses Ses	2	Cash prizes									
Expenses	3	Non-cash prizes									
	4	Rent/facility costs									
Direct	5	Other direct expenses									
	6	Volunteer labor	Г Yes	Г Yes	│ Yes						
		Direct expense summary Add lines Net gaming income summary Com									
_							Yes	No			
9 a	Ist	er the state(s) in which the organization licensed to operate			 .	. 9a					
b		No," Explain				_					
10a b		re any of the organization's gaming Yes," Explain	licenses revoked, suspen	ded or terminated during	the tax year?	10a					
11 12		es the organization operate gaming a				11		<u> </u> 			
		ned to administer charitable gaming				12 90 or 990-	EZ) 20	09			

		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		
.7	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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DLN: 93493136011471 OMB No 1545-0047

Department of the Treasury

Schedule I

(Form 990)

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

Open to Public

Name of the organization	Employer identifica	imployer identification number									
Young Women's Christian As: Greater Toledo	·										
	rmation on Gran	nts and Assistance				1					
 Does the organization r the selection criteria us Describe in Part IV the 	ed to award the grar	nts or assistance?					✓ Yes				
Form 990, Par	t IV, line 21 for ar	to Governments and ny recipient that receive 990) if additional space	d more than \$5,000	. Check this box if n	o one recipient receiv	ed more than \$5,00	0. Use				
(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				
		l government organizations				•					
				Cat No FOOFFD		Cabas					

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

(a)Type of grant or assistance	(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
living expenses	2877		209,984	Fair Market Value	Food, transportation, scholarships, and shelter
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		Schedule I, Part I, Line 2 The Young Women's Christian Association of Greater Toledo is responsible for approving purchases using grant funds. The finance director tracks funds spent and completes forms as required by funders

Software ID:

Software Version:

EIN: 34-4428265

Name: Young Women's Christian Association of

Greater Toledo

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As Filed Data -

DLN: 93493136011471

OMB No 1545-0047

2009

Open to Public Inspection

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.

Name of the organization Young Women's Christian Association of Greater Toledo **Employer identification number**

34-4428265

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		A Draft of Form 990 was provided to the organization for review and comments before being filed

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		The compensation of the executive director and top management officials was determined by use of comparability data and contemporaneous substantiation of the deliberation and decision of the governing body

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		The organization's governing documents, conflict of interest policy, and financial statements are available to the public upon request

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DLN: 93493136011471

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.

OMB No 1545-0047

Open to Public

Department of the Treasury

Internal Revenue Se	ervice					Inspection
Name of the Young Women's Greater Toledo	organization Christian Association of	Employer identif	ication number			
Part I	Identification of Disregarded Entities (Complete	34-4428265 V, line 33.)				
	(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income E	(e) ind-of-year assets	(f) Direct controlling entity
Part II	Identification of Related Tax-Exempt Organization or more related tax-exempt organizations during the t	ions (Complete ıf t ax year.)	he organization an	swered "Yes" on	Form 990, Part I\	V, line 34 because it had one
	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3)	(f) Direct controlling entity

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.)

			_	•							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)		(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	allocat	ortionate ions?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Genera manag partn	al or ging ner?
							Yes	No		Yes	No
YWCA of greater toledo housing llc 1018 jefferson avenue toledo, OH43604 26-1347899	rental real estate	ОН	YWCA of greater toledo housing inc	related		7,297		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) Share of end-of-year assets	(h) Percentage ownership
YWCA of greater toledo housing inc 1018 jefferson avenue toledo, OH43604 26-1347718	management	ОН	N/A	С			100 000 %

(6)

Part V 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																
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in	Parts II-IV?															
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity																
b Gift, grant, or capital contribution to other organization(s) c Gift, grant, or capital contribution from other organization(s) d Loans or loan guarantees to or for other organization(s)																
								e Loans or loan guarantees by other organization(s)								
								f Sale of assets to other organization(s)		1f		No				
g Purchase of assets from other organization(s)																
h Exchange of assets																
i Lease of facilities, equipment, or other assets to other organization(s)																
j Lease of facilities, equipment, or other assets from other organization(s)																
k Performance of services or membership or fundraising solicitations for other organization(s)																
 Performance of services or membership or fundraising solicitations by other organization(s) Sharing of facilities, equipment, mailing lists, or other assets 																
							n Sharing of paid employees									
• Reimbursement paid to other organization for expenses		10		No												
p Reimbursement paid by other organization for expenses																
q O ther transfer of cash or property to other organization(s)		1q		No												
r Other transfer of cash or property from other organization(s)																
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 thre	esholds														
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 to (b) Transaction type(a-r)				(c) mount involved												
(1) YWCA of greater toledo housing Ilc	А		10,800													
(1) See Additional Data Table																
(2)																
(3)																
(4)																
(5)																
10)		1														

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)		all ners ion c)(3) rations?	(e) Share of end-of-year assets		r) ortionate tions?	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	mana part	(h) neral or anaging artner?	
			Yes	No		Yes	No		Yes	N	
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