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

OMB No 1545-0047

2010

Open to Public
Inspection

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

A For the 2010 calendar year, or tax year beginning **JUL 1, 2010** and ending **JUN 30, 2011**

| | | |
|--|---|--|
| B Check if applicable: <input type="checkbox"/> Address change <input checked="" type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization YWCA NORTH CENTRAL INDIANA, INC Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1102 S. FELLOWS ST City or town, state or country, and ZIP + 4 SOUTH BEND, IN 46601 F Name and address of principal officer. | D Employer identification number 35-0868226 E Telephone number (574) 233-9491 G Gross receipts \$ 2,255,272. H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶ |
| I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | |
| J Website: ▶ N/A | | |
| K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ | | |
| L Year of formation: 1853 M State of legal domicile: IN | | |

Part I Summary

| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities TO SERVE WOMEN AND CHILDREN WHO ARE VICTIMS OF DOMESTIC VIOLENCE AND SUBSTANCE ABUSERS IN NEED OF 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) 3 23 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 23 5 Total number of individuals employed in calendar year 2010 (Part V, line 2a) 5 62 6 Total number of volunteers (estimate if necessary) 6 205 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. b Net unrelated business taxable income from Form 990-T, line 34 7b 0. | | | | | | | | | | | | | | | |
|------------------------------------|---|---|---------------------------|--------------|------------|------------|------------|------------|------------|------------|----------|----------|------------|------------|---------|------------|
| Revenue | 8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">Prior Year</th> <th style="text-align: center;">Current Year</th> </tr> </thead> <tbody> <tr> <td style="text-align: right;">2,118,101.</td> <td style="text-align: right;">2,035,469.</td> </tr> <tr> <td style="text-align: right;">109.</td> <td style="text-align: right;">298.</td> </tr> <tr> <td style="text-align: right;">31,420.</td> <td style="text-align: right;">95,923.</td> </tr> <tr> <td style="text-align: right;">81,967.</td> <td style="text-align: right;">91,085.</td> </tr> <tr> <td style="text-align: right;">2,231,597.</td> <td style="text-align: right;">2,222,775.</td> </tr> </tbody> </table> | Prior Year | Current Year | 2,118,101. | 2,035,469. | 109. | 298. | 31,420. | 95,923. | 81,967. | 91,085. | 2,231,597. | 2,222,775. | | |
| Prior Year | Current Year | | | | | | | | | | | | | | | |
| 2,118,101. | 2,035,469. | | | | | | | | | | | | | | | |
| 109. | 298. | | | | | | | | | | | | | | | |
| 31,420. | 95,923. | | | | | | | | | | | | | | | |
| 81,967. | 91,085. | | | | | | | | | | | | | | | |
| 2,231,597. | 2,222,775. | | | | | | | | | | | | | | | |
| Expenses | 13 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) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶ 124,102. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 | <table border="1" style="width:100%; border-collapse: collapse;"> <tbody> <tr> <td style="text-align: right;">0.</td> <td style="text-align: right;">0.</td> </tr> <tr> <td style="text-align: right;">0.</td> <td style="text-align: right;">0.</td> </tr> <tr> <td style="text-align: right;">1,295,566.</td> <td style="text-align: right;">1,394,806.</td> </tr> <tr> <td style="text-align: right;">0.</td> <td style="text-align: right;">0.</td> </tr> <tr> <td style="text-align: right;">890,378.</td> <td style="text-align: right;">983,592.</td> </tr> <tr> <td style="text-align: right;">2,185,944.</td> <td style="text-align: right;">2,378,398.</td> </tr> <tr> <td style="text-align: right;">45,653.</td> <td style="text-align: right;"><155,623.></td> </tr> </tbody> </table> | 0. | 0. | 0. | 0. | 1,295,566. | 1,394,806. | 0. | 0. | 890,378. | 983,592. | 2,185,944. | 2,378,398. | 45,653. | <155,623.> |
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| 0. | 0. | | | | | | | | | | | | | | | |
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| 45,653. | <155,623.> | | | | | | | | | | | | | | | |
| Net Assets or Fund Balances | 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20 | <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">Beginning of Current Year</th> <th style="text-align: center;">End of Year</th> </tr> </thead> <tbody> <tr> <td style="text-align: right;">5,541,063.</td> <td style="text-align: right;">6,618,025.</td> </tr> <tr> <td style="text-align: right;">136,355.</td> <td style="text-align: right;">141,448.</td> </tr> <tr> <td style="text-align: right;">5,404,708.</td> <td style="text-align: right;">6,476,577.</td> </tr> </tbody> </table> | Beginning of Current Year | End of Year | 5,541,063. | 6,618,025. | 136,355. | 141,448. | 5,404,708. | 6,476,577. | | | | | | |
| Beginning of Current Year | End of Year | | | | | | | | | | | | | | | |
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| 5,404,708. | 6,476,577. | | | | | | | | | | | | | | | |

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

| | | |
|-------------------------------|--|--|
| Sign Here | Signature of officer _____ Date _____ Type or print name and title _____ | |
| Paid Preparer Use Only | Print/Type preparer's name JOHN A. FREDLAKE, C.P.A. Preparer's signature _____ Date _____ Firm's name ▶ JURGONSKI & FREDLAKE CPAS Firm's EIN ▶ _____ Firm's address ▶ 418 W JEFFERSON BLVD SOUTH BEND, IN 46601 Phone no. (574) 251-1414 | Check <input type="checkbox"/> if self-employed PTIN _____ |

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

92

SCANNED JAN 13 2012