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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)

OMB No 1545-0047

2011

Open to Public  
Inspection

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

<b>A</b> For the 2011 calendar year, or tax year beginning , 2011, and ending , 20	
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>YOUNG WOMEN'S CHRISTIAN ASSOCIATION</b> Doing Business As Number and street (or P O box if mail is not delivered to street address) Room/suite <b>304 NORTH 8TH STREET</b> City or town, state or country, and ZIP + 4 <b>ST JOSEPH, MO 64501</b> <b>D</b> Employer identification number <b>44-0552219</b> <b>E</b> Telephone number <b>816-232-4481</b> <b>G</b> Gross receipts \$ <b>6,134,137</b> <b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) <b>H(c)</b> Group exemption number ▶
<b>F</b> Name and address of principal officer <b>JEAN BROWN</b> <b>SAME AS C ABOVE</b>	
<b>I</b> 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	
<b>J</b> Website: ▶ <b>YWCASJ.ORG</b>	
<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	<b>L</b> Year of formation <b>1885</b> <b>M</b> State of legal domicile <b>MO</b>

## Part I Summary

Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities <b>THE ASSOCIATION DRAWS TOGETHER MEMBERS WHO STRIVE TO CREATE OPPORTUNITIES FOR WOMEN'S GROWTH, LEADERSHIP AND POWER IN ORDER TO ATTAIN A COMMON VISION: PEACE, JUSTICE, FREEDOM AND DIGNITY FOR ALL PEOPLE.</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>18</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>18</b>
	<b>5</b> Total number of individuals employed in calendar year 2011 (Part V, line 2a)	<b>5</b>	<b>92</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>120</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0</b>	
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	1,770,768	5,340,339
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	376,084	378,406
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	13,425	54,032
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	88,077	100,663
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,248,354	5,873,440
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,326,430	1,338,880
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶	0	0
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,054,745	1,121,080
	<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	2,381,175	2,459,960
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	(132,821)	3,413,480	
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	4,596,956	7,998,696
	<b>22</b> Net assets or fund balances Subtract line 21 from line 20	127,143	190,352
		4,469,813	7,808,344

## 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.

<b>Sign Here</b>	<b>Signature of officer</b> <i>Jean G. Brown</i>	<b>Date</b> 3-14-12			
	<b>Type or print name and title</b> Jean G. Brown, YWCA Executive Director				
<b>Paid Preparer Use Only</b>	<b>Print/Type preparer's name</b> AMY HANWAY	<b>Preparer's signature</b> <i>Amy Hanway</i>	<b>Date</b> 3/12/12	<b>Check <input type="checkbox"/> if self-employed</b>	<b>PTIN</b> P00223836
	<b>Firm's name</b> ▶ MARTIN & HANWAY CPA'S, P.C.		<b>Firm's EIN</b> ▶ 20-4030026		
	<b>Firm's address</b> ▶ 3725 GENE FIELD ROAD, STE B ST JOSEPH, MO 64506		<b>Phone no</b> 816-232-0450		
	<b>May the IRS discuss this return with the preparer shown above? (see instructions)</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2011)

SCANNED APR 03 2012

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**Part III** Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III ☒

- 1** Briefly describe the organization's mission:  
 THE ASSOCIATION DRAWS TOGETHER MEMBERS WHO STRIVE TO CREATE OPPORTUNITIES FOR WOMEN'S GROWTH, LEADERSHIP, AND POWER IN ORDER TO ATTAIN A COMMON VISION: PEACE, JUSTICE, FREEDOM AND DIGNITY FOR ALL PEOPLE.
- 2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☒ Yes ☐ No  
 If "Yes," describe these new services on Schedule O.
- 3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No  
 If "Yes," describe these changes on Schedule O.
- 4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ 632,958 including grants of \$ 0 ) (Revenue \$ 124 )  
 SHELTER FOR ABUSED & HOMELESS WOMEN AND CHILDREN  
 THE YWCA SHELTER SERVES WOMEN AND CHILDREN WHO ARE VICTIMS OF DOMESTIC VIOLENCE AS WELL AS THOSE WHO ARE HOMELESS FOR OTHER REASONS. 491 WOMEN AND CHILDREN WERE PROVIDED PROTECTIVE SHELTER IN 2011 FOR A TOTAL OF 17,556 NIGHTS OF SHELTER. CASE MANAGEMENT, ADVOCACY, COURT ADVOCACY, SPECIALIZED CHILDREN'S PROGRAMS, SUPPORT GROUPS, LIFE-SKILL GROUPS, REFERRALS TO OTHER SERVICES AND INDIVIDUAL THERAPY ARE PROVIDED TO RESIDENTS AND NON-RESIDENTS IN ADDITION TO 24-HOUR CRISIS INTERVENTION SERVICES. AS A RESULT OF CONTACT WITH THE YWCA SHELTER, DOMESTIC VIOLENCE SURVIVORS HAVE IMPROVED STRATEGIES FOR ENHANCING THEIR SAFETY, GAIN KNOWLEDGE OF COMMUNITY RESOURCES AND FEEL MORE HOPEFUL ABOUT THEIR FUTURE.

**4b** (Code: ) (Expenses \$ 518,418 including grants of \$ 0 ) (Revenue \$ 5,398 )  
 CHILD CARE RESOURCES  
 TRAINING, ACCREDITATION AND FOOD SPONSOR SERVICES ARE PROVIDED TO CHILDCARE PROVIDERS. WE SERVE AS THE SPONSOR FOR 53 CHILDCARE HOMES IN THE CHILD AND ADULT CARE FOOD PROGRAM (CACFP). OUR ACCREDITATION SPECIALIST WORKS WITH CENTERS AND HOMES TO INCREASE THE QUALITY OF CARE AND ULTIMATELY HELP THEM BECOME ACCREDITED THROUGH A NATIONAL OR STATE ACCREDITING BODY. TWO FACILITIES ACHIEVED ACCREDITATION IN 2011.

**4c** (Code: ) (Expenses \$ 313,432 including grants of \$ 0 ) (Revenue \$ 186,479 )  
 CHILD CARE  
 YWCA DISCOVERY CHILDCARE IS A STATE LICENSED CENTER THAT PROVIDES QUALITY, PROFESSIONAL CARE IN ORDER TO ENHANCE THE CHILD'S EMOTIONAL, SOCIAL, PHYSICAL AND COGNITIVE GROWTH. WE SERVE CHILDREN FROM SIX WEEKS TO SIX YEARS OF AGE FROM 6:30AM TO 5:30PM MONDAY THROUGH FRIDAY. A TOTAL OF 58,281 HOURS OF CARE WAS PROVIDED TO 82 CHILDREN IN 2011. WE ARE A PARTNER WITH EARLY HEAD START AND ACCEPT STATE SUBSIDY PAYMENTS.

**4d** Other program services (Describe in Schedule O.)  
 (Expenses \$ 838,636 including grants of \$ 0 ) (Revenue \$ 191,338)

**4e** Total program service expenses ▶ 2,303,444

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	<b>1</b> X	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	<b>2</b> X	
<b>3</b> 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	<b>3</b>	X
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	<b>4</b> X	
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	<b>5</b>	X
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	<b>6</b>	X
<b>7</b> 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	<b>7</b>	X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	<b>8</b>	X
<b>9</b> 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	<b>9</b>	X
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	<b>10</b> X	
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	<b>11a</b> X	
<b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	<b>11b</b>	X
<b>c</b> 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	<b>11c</b>	X
<b>d</b> 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	<b>11d</b>	X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	<b>11e</b>	X
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	<b>11f</b> X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	<b>12a</b> X	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	<b>12b</b>	X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<b>13</b>	X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b>	X
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	<b>14b</b>	X
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	<b>15</b>	X
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	<b>16</b>	X
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	<b>17</b>	X
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	<b>18</b> X	
<b>19</b> 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	<b>19</b>	X
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	<b>20a</b>	X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20b</b>	

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	<b>21</b>	X
<b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	<b>22</b>	X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	<b>23</b>	X
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>	<b>24a</b>	X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	<b>24b</b>	
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	<b>24c</b>	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	<b>24d</b>	
<b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	<b>25a</b>	X
<b>b</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? <i>If "Yes," complete Schedule L, Part I</i>	<b>25b</b>	X
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	<b>26</b>	X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	<b>27</b>	X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	<b>28a</b>	X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	<b>28b</b>	X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	<b>28c</b>	X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	<b>29</b>	X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	<b>30</b>	X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	<b>31</b>	X
<b>32</b> 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>	<b>32</b>	X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	<b>33</b>	X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	<b>34</b>	X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<b>35a</b>	X
<b>b</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	<b>35b</b>	X
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	<b>36</b>	X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	<b>37</b>	X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	<b>38</b>	X

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response to any question in this Part V ☐

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	61	
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
<b>2a</b>	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	92	
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>b</b>	If "Yes," enter the name of the foreign country <b>▶</b> See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<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?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966?		
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter		
<b>a</b>	Gross income from members or shareholders		
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O		
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
<b>c</b>	Enter the amount of reserves on hand		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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

**Section A. Governing Body and Management**

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1a	18
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent.	1b	18
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3	X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
<b>6</b> Did the organization have members or stockholders?	6	X
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body?	8a	X
<b>b</b> Each committee with authority to act on behalf of the governing body?	8b	X
<b>9</b> 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	X

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

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?	10a	X
<b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13.	12a	X
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	12c	X
<b>13</b> Did the organization have a written whistleblower policy?	13	X
<b>14</b> Did the organization have a written document retention and destruction policy?	14	X
<b>15</b> 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?		
<b>a</b> The organization's CEO, Executive Director, or top management official	15a	X
<b>b</b> Other officers or key employees of the organization	15b	X
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
<b>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed ►

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

**19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

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

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response to any question in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

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

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

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

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) AMY DROST DIRECTOR	0.8	X						0	0	0
(2) DIANE HOOK DIRECTOR	0.8	X						0	0	0
(3) MISSY LACKEY DIRECTOR	0.8	X						0	0	0
(4) KENDRA LAU DIRECTOR	0.8	X						0	0	0
(5) LEEANN LEONARD DIRECTOR	0.8	X						0	0	0
(6) JUDY LUCAS DIRECTOR	0.8	X						0	0	0
(7) KATHLEEN O'CONNOR DIRECTOR	0.8	X						0	0	0
(8) NANCY POTTER DIRECTOR	0.8	X						0	0	0
(9) KATY RICHMOND DIRECTOR	0.8	X						0	0	0
(10) SHIRLEY TWOMBLY DIRECTOR	0.8	X						0	0	0
(11) BARB VOIGT DIRECTOR	0.8	X						0	0	0
(12) DONNA WILSON DIRECTOR	0.8	X						0	0	0
(13) ABRA WOOLARD DIRECTOR	0.8	X						0	0	0
(14) DENISE YOUNG DIRECTOR	0.8	X						0	0	0



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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) LISA NORTON TREASURER/DIRECTOR	0.8	X		X				0	0	0
(16) STACEY PARK SECRETARY/DIRECTOR	0.8	X		X				0	0	0
(17) RACHEL KRETZER VICE PRESIDENT/DIRECTOR	0.8	X		X				0	0	0
(18) NATALIE LEONARD-REDMOND PRESIDENT/DIRECTOR	0.8	X		X				0	0	0
(19) JEAN BROWN EXECUTIVE DIRECTOR	40			X				64,878	0	4,866
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
<b>1b Sub-total</b>								64,878	0	4,866
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>								64,878	0	4,866

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

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual **3** X
- 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** X
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person **5** X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation

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

**Part VIII Statement of Revenue**

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns	<b>1a</b>	265,000			
	<b>b</b>	Membership dues	<b>1b</b>	0			
	<b>c</b>	Fundraising events	<b>1c</b>	0			
	<b>d</b>	Related organizations	<b>1d</b>	0			
	<b>e</b>	Government grants (contributions)	<b>1e</b>	1,704,924			
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	3,370,415			
	<b>g</b>	Noncash contributions included in lines 1a-1f \$		3,025,000			
	<b>h</b>	<b>Total.</b> Add lines 1a-1f		5,340,339			
<b>Program Service Revenue</b>			<b>Business Code</b>				
	<b>2a</b>	CHILD CARE	624410	186,433	186,433	0	0
	<b>b</b>	AQUATIC CENTER	900099	99,971	99,971	0	0
	<b>c</b>	RAPE CRISIS	900099	38,776	38,776	0	0
	<b>d</b>	HEALTH & LEISURE	713940	23,047	23,047	0	0
	<b>e</b>	CAREFIND	900099	5,398	5,398	0	0
	<b>f</b>	All other program service revenue	900099	24,781	24,781	0	0
	<b>g</b>	<b>Total.</b> Add lines 2a-2f		378,406			
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts)		17,755	0	0	17,755
	<b>4</b>	Income from investment of tax-exempt bond proceeds		0	0	0	0
	<b>5</b>	Royalties		10,094	0	0	10,094
			(i) Real	(ii) Personal			
	<b>6a</b>	Gross rents	0	0			
	<b>b</b>	Less rental expenses	0	0			
	<b>c</b>	Rental income or (loss)	0	0			
	<b>d</b>	Net rental income or (loss)		0	0	0	0
	<b>7a</b>	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
			262,395	0			
	<b>b</b>	Less cost or other basis and sales expenses	226,118	0			
	<b>c</b>	Gain or (loss)	36,277	0			
	<b>d</b>	Net gain or (loss)		36,277	0	0	36,277
	<b>8a</b>	Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c) See Part IV, line 18	<b>a</b>	94,037			
	<b>b</b>	Less direct expenses	<b>b</b>	31,972			
	<b>c</b>	Net income or (loss) from fundraising events		62,065		0	62,065
	<b>9a</b>	Gross income from gaming activities See Part IV, line 19	<b>a</b>	0			
	<b>b</b>	Less direct expenses	<b>b</b>	0			
	<b>c</b>	Net income or (loss) from gaming activities		0	0	0	0
	<b>10a</b>	Gross sales of inventory, less returns and allowances	<b>a</b>	3,670			
<b>b</b>	Less cost of goods sold	<b>b</b>	2,607				
<b>c</b>	Net income or (loss) from sales of inventory		1,063	1,063	0	0	
	Miscellaneous Revenue	<b>Business Code</b>					
<b>11a</b>	SCHOLARSHIPS IN-KIND	900099	3,870	3,870	0	0	
<b>b</b>	MISCELLANEOUS	900099	23,571	0	0	23,571	
<b>c</b>							
<b>d</b>	All other revenue						
<b>e</b>	<b>Total.</b> Add lines 11a-11d		27,441				
<b>12</b>	<b>Total revenue.</b> See instructions		5,873,440	383,339	0	149,762	

**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).

Check if Schedule O contains a response to any question in this Part IX ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b>	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	0	0		
<b>2</b>	Grants and other assistance to individuals in the United States. See Part IV, line 22	0	0		
<b>3</b>	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	0	0		
<b>4</b>	Benefits paid to or for members	0	0		
<b>5</b>	Compensation of current officers, directors, trustees, and key employees	69,744	38,359	31,385	0
<b>6</b>	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
<b>7</b>	Other salaries and wages	1,048,828	977,752	71,076	0
<b>8</b>	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	61,007	55,330	5,677	0
<b>9</b>	Other employee benefits	69,382	69,140	242	0
<b>10</b>	Payroll taxes	89,919	92,462	(2,543)	0
<b>11</b>	Fees for services (non-employees):				
<b>a</b>	Management	0	0	0	0
<b>b</b>	Legal	0	0	0	0
<b>c</b>	Accounting	6,169	5,305	864	0
<b>d</b>	Lobbying	0	0	0	0
<b>e</b>	Professional fundraising services. See Part IV, line 17	0			0
<b>f</b>	Investment management fees	0	0	0	0
<b>g</b>	Other	37,208	37,208	0	0
<b>12</b>	Advertising and promotion	2,581	2,400	181	0
<b>13</b>	Office expenses	150,424	137,582	12,842	0
<b>14</b>	Information technology	0	0	0	0
<b>15</b>	Royalties	0	0	0	0
<b>16</b>	Occupancy	227,739	207,127	20,612	0
<b>17</b>	Travel	18,265	17,306	959	0
<b>18</b>	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
<b>19</b>	Conferences, conventions, and meetings	3,972	3,972	0	0
<b>20</b>	Interest	0	0	0	0
<b>21</b>	Payments to affiliates	10,902	10,683	219	0
<b>22</b>	Depreciation, depletion, and amortization	187,079	184,447	2,632	0
<b>23</b>	Insurance	2,410	444	1,966	0
<b>24</b>	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b>	ASSISTANCE TO INDIVIDUALS	434,120	434,120	0	0
<b>b</b>	ORGANIZATIONAL DUES	3,662	2,112	1,550	0
<b>c</b>	TAXES-SPRATT WELLS	893	0	893	0
<b>d</b>	SCHOLARSHIPS	3,870	2,250	1,620	0
<b>e</b>	All other expenses MISCELLANEOUS	31,786	25,445	6,341	0
<b>25</b>	<b>Total functional expenses.</b> Add lines 1 through 24e	2,459,960	2,303,444	156,516	0
<b>26</b>	<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing	53,218	<b>1</b>	120,406
	<b>2</b> Savings and temporary cash investments	0	<b>2</b>	0
	<b>3</b> Pledges and grants receivable, net	337,495	<b>3</b>	346,033
	<b>4</b> Accounts receivable, net	9,666	<b>4</b>	5,672
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	<b>5</b>	0
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)	0	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net	0	<b>7</b>	0
	<b>8</b> Inventories for sale or use	0	<b>8</b>	0
	<b>9</b> Prepaid expenses and deferred charges	47,004	<b>9</b>	32,185
	<b>10a</b> Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 8,278,035		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 1,885,283		
	<b>11</b> Investments—publicly traded securities	2,947,009	<b>10c</b>	6,392,752
	<b>12</b> Investments—other securities. See Part IV, line 11	1,202,564	<b>11</b>	1,101,648
	<b>13</b> Investments—program-related. See Part IV, line 11	0	<b>12</b>	0
	<b>14</b> Intangible assets	0	<b>13</b>	0
	<b>15</b> Other assets. See Part IV, line 11	0	<b>14</b>	0
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	0	<b>15</b>	0	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	4,596,956	<b>16</b>	7,998,696
	<b>18</b> Grants payable	85,918	<b>17</b>	54,549
	<b>19</b> Deferred revenue	0	<b>18</b>	0
	<b>20</b> Tax-exempt bond liabilities	41,225	<b>19</b>	135,803
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D	0	<b>20</b>	0
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	<b>21</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties	0	<b>22</b>	0
	<b>24</b> Unsecured notes and loans payable to unrelated third parties	0	<b>23</b>	0
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0	<b>24</b>	0
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25	0	<b>25</b>	0
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	127,143	<b>26</b>	190,352
	<b>28</b> Temporarily restricted net assets	3,128,743	<b>27</b>	6,576,273
	<b>29</b> Permanently restricted net assets	1,292,725	<b>28</b>	1,183,726
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds	48,345	<b>29</b>	48,345
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund		<b>30</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>31</b>	
	<b>33</b> Total net assets or fund balances		<b>32</b>	
	<b>34</b> Total liabilities and net assets/fund balances	4,469,813	<b>33</b>	7,808,344
	4,596,956	<b>34</b>	7,998,696	

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response to any question in this Part XI ☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	5,873,440
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	2,459,960
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	3,413,480
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	4,469,813
<b>5</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>5</b>	(74,949)
<b>6</b>	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	<b>6</b>	7,808,344

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response to any question in this Part XII ☐

- 1** Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
- b** Were the organization's financial statements audited by an independent accountant?
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- d** If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both  
☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>	X	
<b>3b</b>	X	

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

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

OMB No 1545-0047

**2011**

**Open to Public  
Inspection**

Name of the organization

YOUNG WOMEN'S CHRISTIAN ASSOCIATION

Employer identification number

44-0552219

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

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

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

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the supported organization(s)

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2011

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") . . . .	1,751,527	1,777,506	1,781,707	1,770,768	5,340,339	12,421,847
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . .	0	0	0	0	0	0
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . .	0	0	0	0	0	0
<b>4 Total.</b> Add lines 1 through 3 . . . .	1,751,527	1,777,506	1,781,707	1,770,768	5,340,339	12,421,847
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . .						0
<b>6 Public support.</b> Subtract line 5 from line 4. . . .						12,421,847

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>7</b> Amounts from line 4 . . . .	1,751,527	1,777,506	1,781,707	1,770,768	5,340,339	12,421,847
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . .	67,962	50,639	(2,552)	23,133	64,126	203,308
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . .	0	0	0	0	0	0
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) . . . .	146,447	137,182	89,197	75,864	85,636	534,326
<b>11 Total support.</b> Add lines 7 through 10 . . . .						13,159,481
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . .					12	1,884,289
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) . . . .	<b>14</b>	94.39 %
<b>15</b> Public support percentage from 2010 Schedule A, Part II, line 14 . . . .	<b>15</b>	91.91 %
<b>16a 33<sup>1</sup>/<sub>3</sub>% support test—2011.</b> If the organization did not check the box on line 13, and line 14 is 33 <sup>1</sup> / <sub>3</sub> % or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . <input checked="" type="checkbox"/>		
<b>b 33<sup>1</sup>/<sub>3</sub>% support test—2010.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 <sup>1</sup> / <sub>3</sub> % or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test—2011.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here</b> . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test—2010.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here</b> . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . <input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II  
If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ► <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2010 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2010 Schedule A, Part III, line 17	<b>18</b>	%

- 19a 33 1/3% support tests—2011.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐
- b 33 1/3% support tests—2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐



**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

PART II, LINE 5- UNUSUAL GRANTS WERE \$1,025,000 FOR DONATED LAND AND \$2,000,000 FOR DONATED BUILDING.

PART II, LINE 10- OTHER REVENUE IS MADE UP OF SPECIAL EVENTS NET EXPENSES OF \$62,065. THE YWCA PERFORMS A VARIETY OF SPECIAL EVENTS EACH YEAR THAT RAISE REVENUE TO HELP SUPPORT THE YWCA. THE YWCA GETS SOME MISCELLANEOUS INCOME THROUGHOUT THE YEAR THAT DOES NOT FIT INTO OTHER CATEGORIES (FISCAL AGENT FEES, ONE TIME GRANTS, ETC), THIS AMOUNT WAS \$23,571. THE AMOUNTS ARE DIFFERENT FOR EACH YEAR, HOWEVER, THE DESCRIPTIONS PUT IN MISCELLANEOUS INCOME IS THE SAME.

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

**Political Campaign and Lobbying Activities**

OMB No 1545-0047

**2011**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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.**

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

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of organization

Employer identification number

YOUNG WOMEN'S CHRISTIAN ASSOCIATION

44-0552219

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2 Political expenditures ▶ \$
- 3 Volunteer hours

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
- 4a Was a correction made? ☐ Yes ☐ No
- b If "Yes," describe in Part IV

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$
- 4 Did the filing organization file Form 1120-POL for this year? ☐ Yes ☐ No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2011

**Part II-A** Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B** Check ☐ if the filing organization checked box A and "limited control" provisions apply

**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred.)

	(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying)														
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)														
<b>c</b> Total lobbying expenditures (add lines 1a and 1b)														
<b>d</b> Other exempt purpose expenditures														
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)														
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000													
Over \$17,000,000	\$1,000,000.													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)														
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0-														
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0-														
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?														

☐ Yes ☐ No**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

**Part II-B** Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
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			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?	X		173
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		318
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total. Add lines 1c through 1i.			491
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
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?			

**Part III-A** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

**Part III-B** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a 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 political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

**Part IV** Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A, and Part II-B, line 1. Also, complete this part for any additional information.

PART II-B, LINE 1D- SENT EMAILS REGARDING FEDERAL (VAWA, CDBG, &amp; CCBG) AND STATE (TAX CREDIT

OPPORTUNITIES &amp; STATE SOCIAL SERVICE FUNDING) LEGISLATION.

PART II-B, LINE 1G- YWCA USA CAPITOL HILL DAY AND BOARD PRESIDENT AND EXECUTIVE DIRECTOR MET WITH CONGRESSMEN.

**Part IV** **Supplemental Information** *(continued)*

Lined area for supplemental information.

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

**2011**

**Open to Public  
Inspection**

Name of the organization

YOUNG WOMEN'S CHRISTIAN ASSOCIATION

Employer identification number

44-0552219

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area

☐ Protection of natural habitat ☐ Preservation of a certified historic structure

☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►

4 Number of states where property subject to conservation easement is located ►

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ►

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

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

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

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

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

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

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

**3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

**a** ☐ Public exhibition

**d** ☐ Loan or exchange programs

**b** ☐ Scholarly research

**e** ☐ Other \_\_\_\_\_

**c** ☐ Preservation for future generations

**4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

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

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

**1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

**b** If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

**c** Beginning balance

**d** Additions during the year

**e** Distributions during the year

**f** Ending balance

**2a** Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

**b** If "Yes," explain the arrangement in Part XIV

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance	1,074,810	991,716	846,246	1,220,189	
<b>b</b> Contributions	5,119	0	11,842	12,888	
<b>c</b> Net investment earnings, gains, and losses	(16,081)	135,295	194,949	(314,693)	
<b>d</b> Grants or scholarships	0	0	0	0	
<b>e</b> Other expenditures for facilities and programs	(87,206)	(43,349)	(53,204)	(62,319)	
<b>f</b> Administrative expenses	9,571	8,852	8,117	9,819	
<b>g</b> End of year balance	967,071	1,074,810	991,716	846,246	

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

**a** Board designated or quasi-endowment ▶ 0 %

**b** Permanent endowment ▶ 5.0 %

**c** Temporarily restricted endowment ▶ 95.0 %

The percentages in lines 2a, 2b, and 2c should equal 100%

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

(i) unrelated organizations

(ii) related organizations

	Yes	No
<b>3a(i)</b>		X
<b>3a(ii)</b>		X
<b>3b</b>		

**b** If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

**4** Describe in Part XIV the intended uses of the organization's endowment funds

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land		1,090,241		1,090,241
<b>b</b> Buildings		6,741,497	1,554,333	5,187,164
<b>c</b> Leasehold improvements		0	0	0
<b>d</b> Equipment		446,297	330,950	115,347
<b>e</b> Other		0	0	0
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				6,392,752

**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
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ►		

**Part VIII Investments—Program Related.** See Form 990, Part X, line 13

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) ►		

**Part IX Other Assets.** See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ►	

**Part X Other Liabilities.** See Form 990, Part X, line 25

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	

2. **FIN 48 (ASC 740) Footnote.** In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)



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

<b>1</b>	Total revenue (Form 990, Part VIII, column (A), line 12)	<b>1</b>	5,873,440
<b>2</b>	Total expenses (Form 990, Part IX, column (A), line 25)	<b>2</b>	2,459,960
<b>3</b>	Excess or (deficit) for the year Subtract line 2 from line 1	<b>3</b>	3,413,480
<b>4</b>	Net unrealized gains (losses) on investments	<b>4</b>	(74,949)
<b>5</b>	Donated services and use of facilities	<b>5</b>	0
<b>6</b>	Investment expenses	<b>6</b>	0
<b>7</b>	Prior period adjustments	<b>7</b>	0
<b>8</b>	Other (Describe in Part XIV)	<b>8</b>	0
<b>9</b>	Total adjustments (net) Add lines 4 through 8	<b>9</b>	(74,949)
<b>10</b>	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	<b>10</b>	3,338,531

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	5,798,491
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
<b>a</b>	Net unrealized gains on investments	<b>2a</b>	(74,949)
<b>b</b>	Donated services and use of facilities	<b>2b</b>	0
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	0
<b>d</b>	Other (Describe in Part XIV)	<b>2d</b>	0
<b>e</b>	Add lines 2a through 2d	<b>2e</b>	(74,949)
<b>3</b>	Subtract line 2e from line 1	<b>3</b>	5,873,440
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	0
<b>b</b>	Other (Describe in Part XIV)	<b>4b</b>	0
<b>c</b>	Add lines 4a and 4b	<b>4c</b>	0
<b>5</b>	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	<b>5</b>	5,873,440

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

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	3,338,531
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	0
<b>b</b>	Prior year adjustments	<b>2b</b>	0
<b>c</b>	Other losses	<b>2c</b>	0
<b>d</b>	Other (Describe in Part XIV)	<b>2d</b>	0
<b>e</b>	Add lines 2a through 2d	<b>2e</b>	0
<b>3</b>	Subtract line 2e from line 1	<b>3</b>	3,338,531
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	0
<b>b</b>	Other (Describe in Part XIV)	<b>4b</b>	0
<b>c</b>	Add lines 4a and 4b	<b>4c</b>	0
<b>5</b>	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	<b>5</b>	3,338,531

**Part XIV Supplemental Information**

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

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

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

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

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

INCOME IS EXPENDABLE TO SUPPORT GENERAL PROGRAM SERVICES

PART X, LINE 2- THE ORGANIZATION STARTED FOLLOWING THE PROVISIONS OF FASB ASC 740-10-25 (FIN 48) ON

**Part XIV** Supplemental Information *(continued)*

JANUARY 1, 2009. UNDER FIN 48, AN ORGANIZATION MUST RECOGNIZE THE TAX BENEFIT ASSOCIATED WITH TAX TAKEN FOR TAX RETURN PURPOSES WHEN IT IS MORE LIKELY THAN NOT THE POSITION WILL BE SUSTAINED. THE IMPLEMENTATION OF FIN 48 HAD NO IMPACT ON THE ORGANIZATION'S FINANCIAL STATEMENTS. THE ORGANIZATION DOES NOT BELIEVE THERE ARE ANY MATERIAL UNCERTAIN TAX POSITIONS AND, ACCORDINGLY, IT WILL NOT RECOGNIZE ANY LIABILITY FOR UNRECOGNIZED TAX BENEFITS. NO INTEREST OR PENALTIES WERE ACCRUED AS OF JANUARY 1, 2009, AS A RESULT OF THE ADOPTION OF FIN 48. FOR THE YEARS ENDED DECEMBER 31, 2011 AND 2010, THERE WERE NO INTEREST OR PENALTIES RECORDED OR INCLUDED IN THE ORGANIZATION'S FINANCIAL STATEMENTS.

Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-0047

2011

**Open to Public Inspection**

Name of the organization

## YOUNG WOMEN'S CHRISTIAN ASSOCIATION

Employer identification number

44-0552219

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

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- |  |   |
|--|---|
| <b>a</b> <input type="checkbox"/> Mail solicitations               | <b>e</b> <input type="checkbox"/> Solicitation of non-government grants |
| <b>b</b> <input type="checkbox"/> Internet and email solicitations | <b>f</b> <input type="checkbox"/> Solicitation of government grants     |
| <b>c</b> <input type="checkbox"/> Phone solicitations              | <b>g</b> <input type="checkbox"/> Special fundraising events            |
| <b>d</b> <input type="checkbox"/> In-person solicitations          |   |
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b>						

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

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1 <u>WOMEN OF EXCELLENCE</u> (event type)	(b) Event #2 <u>GARDEN FESTIVAL</u> (event type)	(c) Other events <u>1</u> (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	67,687	11,971	9,509	89,167
	2 Less Charitable contributions	0	0	0	0
	3 Gross income (line 1 minus line 2)	67,687	11,971	9,509	89,167
Direct Expenses	4 Cash prizes	0	0	0	0
	5 Noncash prizes	0	0	0	0
	6 Rent/facility costs	2,000	0	0	2,000
	7 Food and beverages	0	0	0	0
	8 Entertainment	0	0	0	0
	9 Other direct expenses	24,151	5,821	0	29,972
	10 Direct expense summary. Add lines 4 through 9 in column (d).				( 31,972 )
	11 Net income summary. Combine line 3, column (d), and line 10.				57,195

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
	2 Cash prizes				
Direct Expenses	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d).				( )
	8 Net gaming income summary. Combine line 1, column d, and line 7.				

9 Enter the state(s) in which the organization operates gaming activities \_\_\_\_\_

a Is the organization licensed to operate gaming activities in each of these states? \_\_\_\_\_

☐ Yes ☐ No

b If "No," explain \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? \_\_\_\_\_

☐ Yes ☐ No

b If "Yes," explain \_\_\_\_\_

- |    |   |                              |                             |
|----|---|------------------------------|-----------------------------|
| 11 | Does the organization operate gaming activities with nonmembers?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12 | Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 13 | Indicate the percentage of gaming activity operated in  |                              |                             |
| a  | The organization's facility   | 13a                          | %                           |
| b  | An outside facility   | 13b                          | %                           |
| 14 | Enter the name and address of the person who prepares the organization's gaming/special events books and records                                      |                              |                             |

Name ▶

Address ►

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No
- b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_
- c** If "Yes," enter name and address of the third party

Name ▶

Address ►

## 16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ►

☐ Director/officer

☐ Employee

☐ Independent contractor

## 17 Mandatory distributions

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$

**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

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

OMB No 1545-0047

**2011**

**Open To Public  
Inspection**

Name of the organization

YOUNG WOMEN'S CHRISTIAN ASSOCIATION

Employer identification number

44-0552219

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential	X	1	2,000,000	APPRAISAL
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► ( LAND )	X	1	1,025,000	APPRAISAL
26 Other ► ( )				
27 Other ► ( )				
28 Other ► ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29 0

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1–28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

	Yes	No
30a		X

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

31	X	
----	---	--

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

32a		X
-----	--	---

b If "Yes," describe in Part II

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

33		
----	--	--

**Part II** **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

## PART I, COLUMN B- NUMBER OF CONTRIBUTIONS

This image shows a full page of white paper with horizontal dashed lines, resembling notebook paper. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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YOUNG WOMEN'S CHRISTIAN ASSOCIATION

Employer identification number

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FORM 990, PART III, LINE 4D-OTHER PROGRAM SERVICES

HEALTH & LEISURE

THIS PROGRAM INCLUDES A WOMEN'S ONLY FITNESS CENTER AND A VARIETY OF HEALTH/LEISURE CLASSES INCLUDING MARTIAL ARTS, FITNESS CLASSES, BABYSITTER TRAINING, AND OTHER RECREATIONAL ACTIVITIES. OVER 3,000 PERSONS PARTICIPATED IN THESE PHYSICAL AND MENTAL WELLNESS PROGRAMS FOR ADULTS AND YOUTH IN 2011. FULL OR PARTIAL SCHOLARSHIPS ARE AVAILABLE TO THOSE WHO QUALIFY.

AQUATIC CENTER

A WIDE RANGE OF ADULT AND YOUTH PROGRAMS ARE OFFERED IN A WARM WATER POOL. SWIMMING LESSONS FROM 6-MONTHS TO ADULT, WATER EXERCISE CLASSES, AND DAILY PLUNGES ARE AVAILABLE FOR YWCA MEMBERS AND NON-MEMBERS. FULL OR PARTIAL SCHOLARSHIPS ARE AVAILABLE TO THOSE WHO QUALIFY. RED CROSS LIFEGUARDING, LIFEGUARD INSTRUCTOR, WATER SAFETY, AND WATER SAFETY INSTRUCTOR TRAININGS ARE PROVIDED, AS WELL AS, LIFEGUARD RENEWAL CHALLENGES. IN 2011 THERE WERE 13,385 OPEN SWIM VISITS, 5,202 WATER EXERCISE VISITS, AND 2,683 SWIMMING LESSONS. 66 NEW LIFEGUARDS AND/OR WATER SAFETY INSTRUCTORS WERE CERTIFIED.

WOMEN'S RESOURCES

THE WOMEN'S RESOURCES DEPARTMENT PROVIDES SERVICES FOR WOMEN IN THE AREAS OF PARENTING, BREAST CANCER AWARENESS, LIFE SKILLS, AND DIVERSITY. MOM'S TIME IS A STRESS RELIEF, EMPOWERMENT PROGRAM FOR WOMEN WITH YOUNG CHILDREN. THE PROGRAM SERVED 58 WOMEN IN 23 GROUP EDUCATION SESSIONS IN 2011. THE GOAL OF THE PROGRAM IS TO HELP MOTHERS INCREASE THEIR PARENTING KNOWLEDGE AND LIFE SKILLS AND LEARN TO REDUCE STRESS RELATED TO PARENTING. THE ENCOREPLUS PROGRAM IS A BREAST CANCER EDUCATION, REFERRAL AND RESOURCE PROGRAM. OVER 1,755 WOMEN PARTICIPATED IN EDUCATION PROGRAMS IN 2011; 391 RECEIVED MAMMOGRAMS AND 875 RECEIVED CLINICAL BREAST EXAMS AS A RESULT OF THEIR PARTICIPATION. JUMP PROVIDES EDUCATION AND SUPPORT TO TEEN PARENTS BY PROVIDING MENTORS, MONTHLY GROUP EDUCATION MEETINGS, HOME VISITS, AND SCHOOL VISITS. 65 TEENS PARTICIPATED IN THE PROGRAM IN 2011; 90% STAYED IN SCHOOL OR AN ALTERNATIVE PROGRAM.



Name of the organization

YOUNG WOMEN'S CHRISTIAN ASSOCIATION

Employer identification number

44-0552219

## RAPE CRISIS

THE RAPE CRISIS PROGRAM SERVES WOMEN AND MEN WHO HAVE BEEN VICTIMS OF SEXUAL VIOLENCE AS ADULTS OR IN CHILDHOOD. DEPENDING ON THE VICTIM'S NEEDS, THESE SERVICES MAY INCLUDE HOSPITAL ADVOCACY, CRISIS INTERVENTION/SUPPORT THROUGH THE 24-HOUR HOTLINE, CASE MANAGEMENT, COURT ADVOCACY, REFERRAL TO OTHER SERVICES, AND INDIVIDUAL/GROUP THERAPY. SERVICES ARE PROVIDED AT NO CHARGE. 177 INDIVIDUALS RECEIVED 1,259 HOURS OF INDIVIDUAL THERAPY IN 2011

## TRANSITIONAL HOUSING

TRANSITIONAL HOUSING SERVES AS A BRIDGE BETWEEN EMERGENCY SHELTER AND PERMANENT HOUSING. TRANSITIONAL HOUSING PROGRAMS PROVIDE FREE OR LOW COST SUBSIDIZED HOUSING FOR A PERIOD OF 6 MONTHS TO 2 YEARS. IN ADDITION TO HOUSING, SUPPORTIVE SERVICES ARE PROVIDED WITH THE GOAL OF ACHIEVING SELF SUFFICIENCY. PROGRAM SERVICES STARTED IN JULY 2011 AND 14 WOMEN AND 19 CHILDREN WERE SERVED.

## FORM 990, PART VI, LINE 7A

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

## FORM 990, PART VI, LINE 7B

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

## FORM 990, PART VI, LINE 11B

THE YWCA AUDIT COMMITTEE COMPRISED OF ALL VOLUNTEER MEMBERS OF THE YWCA FINANCE COMMITTEE (NO STAFF INCLUDED) WILL MEET WITH THE AUDITOR TO REVIEW THE AUDIT AND IRS 990 FORM AND TO DISCUSS/MAKE ANY RECOMMENDATIONS. A SUMMARY OF THE IRS 990 FORM AND ANY RECOMMENDATIONS WILL

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

**2011**

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Employer identification number

44-0552219

BE SHARED WITH THE BOARD OF DIRECTORS A COPY OF THE IRS 990 WILL BE SENT VIA EMAIL TO ALL BOARD  
MEMBERS PRIOR TO THE BOARD MEETING, AND A HARD COPY WILL BE MADE AVAILABLE TO ANY BOARD  
MEMBER UPON REQUEST. THE IRS 990 FORM WILL BE REVIEWED AND APPROVED AT THE BOARD MEETING  
BEFORE IT IS FILED.

FORM 990, PART XI, LINE 5

UNREALIZED LOSSES ON INVESTMENTS.

FORM 990, PART VI, LINE 6

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

FORM 990, PART VI, LINE 2

JEAN BROWN AND AMY DROST - BUSINESS RELATIONSHIP

FORM 990 PART VI, LINE 12C

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

FORM 990, PART III, LINE 2

SEE TRANSITIONAL HOUSING DESCRIPTION ON SCHEDULE O FOR PART III, LINE 4D

Name of the organization

YOUNG WOMEN'S CHRISTIAN ASSOCIATION

Employer identification number

44-0552219

## FORM 990, PART VI, LINE 15A

EXECUTIVE DIRECTOR IS JEAN BROWN AND THE LAST TIME IT WAS PERFORMED WAS 2011. COMPENSATION REVIEW- THE YWCA'S COMPENSATION REVIEWS ARE USUALLY GIVEN WITH PERFORMANCE REVIEWS/APPRAISALS ON THE ANNIVERSARY DATE OF EMPLOYMENT OR ON A PREDETERMINED DATE BASED ON PROGRAM FUNDING OR FISCAL CYCLE. THE OVERALL PERFORMANCE APPRAISAL WILL INFLUENCE ANY COMPENSATION ADJUSTMENT. ALSO, COMPARABLE DATA WILL BE PROVIDED AND WILL BE CONSIDERED IN MAKING COMPENSATION DECISIONS FOR THE EXECUTIVE DIRECTOR. COMPARABLE COMPENSATION DATA MAY BE AVAILABLE FROM THE NATIONAL ASSOCIATION OF YWCA EXECUTIVES, THE YWCA OF GREATER HEARTLAND REGION AND/OR OTHER COMPARABLE SOCIAL SERVICE/ASSOCIATION ORGANIZATIONS. THE HUMAN RESOURCE COMMITTEE CHAIR WILL INCLUDE THE COMMITTEE'S RECOMMENDATION FOR EXECUTIVE COMPENSATION IN HER REPORT TO THE BOARD. INITIAL COMPENSATION AND ANY COMPENSATION CHANGE FOR THE EXECUTIVE MUST BE APPROVED BY THE BOARD OF DIRECTORS. A COMPENSATION CHANGE MUST BE DOCUMENTED ON A PERSONNEL CHANGE FORM, INCLUDE SIGNATURES OF THE HUMAN RESOURCE COMMITTEE CHAIR AND BOARD PRESIDENT, AND THE DATE OF BOARD APPROVAL. THIS FORM WILL BE FILED IN THE EXECUTIVE'S PERMANENT PERSONNEL RECORD. BOARD MINUTES WILL FURTHER DOCUMENT THE REPORT OF THE APPRAISAL COMMITTEE, INCLUDING ANY COMPENSATION RECOMMENDATION AND ANY BOARD ACTION.

## FORM 990, PART VI, LINE 19

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