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Part IIIStatement of Program Service Accomplishments

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

1

Briefly describe the organization’s mission

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

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

If “Yes,” describe these new services on Schedule O

Yes

No

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

If “Yes,” describe these changes on Schedule O

Yes

No

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 \$ 10,703,510 including grants of \$ 376,733) (Revenue \$ 4,571,790)

HOUSING 3,151 PERSONS, INCLUDING 1,464 CHILDREN, RECEIVED HOUSING THROUGH YWCA OWNED OR OPERATED HOUSING FACILITIES IN 2011 SERVICES INCLUDE PERMANENT AND TIME-LIMITED HOUSING FOR LOW AND VERY LOW INCOME CLIENTS, 24-HOUR DESK AND SECURITY SERVICE, COUNSELING, AND INFORMATION/REFERRAL SERVICES YWCA OWNS 885 APARTMENT UNITS AND OPERATES OR PROVIDES SERVICES AT AN ADDITIONAL 236 UNITS

4b

(Code) (Expenses \$ 9,765,705 including grants of \$ 4,550,490) (Revenue \$ 174,380)

HOUSING - RELATED SERVICES 20,574 PERSONS WERE SERVED IN 2011 AND 10,670 RECEIVED ONGOING SERVICES, INCLUDING 2,774 CHILDREN SERVICES INCLUDE TWO DAY CENTERS FOR HOMELESS WOMEN, CASE MANAGEMENT, EVICTION PREVENTION, COUNSELING, AND INFORMATION/REFERRAL SERVICES ASSESSMENT, EDUCATION, AND ADVOCACY FOR CLIENTS NEEDING ACCESS TO HEALTH CARE WAS ALSO PROVIDED AN ADDITIONAL 3,205 PERSONS WERE SERVED THROUGH FISCAL AGENT SERVICES

4c

(Code) (Expenses \$ 4,901,363 including grants of \$ 576,224) (Revenue \$ 36,878)

ECONOMIC EMPOWERMENT 29,653 PERSONS WERE SERVED AND 9,473 RECEIVED ONGOING SERVICES IN 2011 SERVICES INCLUDED INDIVIDUAL AND GROUP JOB SEARCH COUNSELING, PLACEMENT ASSISTANCE, FOLLOW-UP SUPPORT, CASE MANAGEMENT, TUITION ASSISTANCE, AND ASSISTANCE WITH FOOD, CLOTHING, HOUSING AND ACCESS TO HEALTH CARE SERVES BOTH ADULTS AND YOUTH

(Code) (Expenses \$ 4,836,368 including grants of \$ 1,159,685) (Revenue \$ 259,064)

CHILDREN AND YOUTH 1,247 WERE SERVED DIRECTLY IN 2011 SERVICES INCLUDE DEVELOPMENTAL CHILD CARE FOR TODDLERS THROUGH SCHOOL AGE CHILDREN, MANY OF WHOM ARE BELOW MEDIAN INCOME AND RECEIVE SUBSIDIZED CHILD CARE, AFTER-SCHOOL AND SUMMER PROGRAMS AIMED AT SKILL-BUILDING AND MENTORING FOR AT RISK GIRLS IN MIDDLE AND HIGH SCHOOL, AND SPECIALIZED, AGE-APPROPRIATE COUNSELING FOR CHILDREN TO HELP THEM OVERCOME THE EFFECTS OF DOMESTIC VIOLENCE ANOTHER 6,399 PROVIDERS OF OUT-OF-SCHOOL CARE FOR CHILDREN AND YOUTH THROUGHOUT WASHINGTON STATE WERE GIVEN ON-SITE TRAINING AND TECHNICAL ASSISTANCE IN 2011, WHICH WILL INDIRECTLY BENEFIT MANY MORE CHILDREN AND YOUTH

(Code) (Expenses \$ 835,209 including grants of \$ 31,589) (Revenue \$ 609,876)

COMMUNITY SERVICES VOLUNTEER SERVICES, INCLUDING ADOPT-A-FAMILY AND SCHOOL DAYS PROGRAMS, AND SOCIAL JUSTICE WORK BOTH INTERNAL AND EXTERNAL TO THE AGENCY 7,647 LOW-INCOME CHILDREN AND ADULTS RECEIVED BACK TO SCHOOL SUPPLIES AND/OR HOLIDAY GIFTS IN 2011 2,484 VOLUNTEERS CONTRIBUTED THEIR TIME TO THE YWCA AND ITS PROGRAMS

(Code) (Expenses \$ 565,160 including grants of \$ 131,555) (Revenue \$ 1,757)

DOMESTIC VIOLENCE 2,002 WOMEN AND CHILDREN RECEIVED ON-GOING SERVICES IN 2011 SERVICES INCLUDE COUNSELING FOR ADULTS RECOVERING FROM DOMESTIC VIOLENCE AND EDUCATIONAL OUTREACH IN THE COMMUNITY REGARDING DOMESTIC VIOLENCE

4d

Other program services (Describe in Schedule O)

(Expenses \$ 6,236,737 including grants of \$ 1,322,829) (Revenue \$ 870,697)

4e



















Total program service expenses

\$ 31,607,315

Form 990 (2011)

Part IV

Checklist of Required Schedules

		Yes	No	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i> 	1	Yes	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? 	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i> 	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i> 	4	Yes	
5	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? <i>If "Yes," complete Schedule C, Part III.</i> 	5		No
6	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? <i>If "Yes," complete Schedule D, Part I.</i> 	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II.</i> 	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> 	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i> 	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> 	10	Yes	
11	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			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> 	11a	Yes	
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? <i>If "Yes," complete Schedule D, Part VII.</i> 	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i> 	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i> 	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> 	11e	Yes	
f	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)? <i>If "Yes," complete Schedule D, Part X.</i> 	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> 	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i> 	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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? <i>If "Yes," complete Schedule F, Part I.</i>	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? <i>If "Yes," complete Schedule F, Part II and IV.</i>	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? <i>If "Yes," complete Schedule F, Part III and IV.</i>	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i>	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>	19		No
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Part IV

Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance			Yes	No
Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/>				
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. .	1a933		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return. .	2a961		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)?	4a		No
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b		
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders.	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state.	13a		
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b		
c	Enter the aggregate amount of reserves on hand.	13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		

Part VI

Governance, Management, and Disclosure

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	Yes	
6	Did the organization have members or stockholders?	Yes	
7a	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?		No
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

Section B. Policies

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		No
10b	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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
11b	Describe in Schedule O the process, if any, used by the organization to review the Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
12b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	Yes	
15b	Other officers or key employees of the organization	Yes	
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	Yes	
16b	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?	Yes	

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	WA
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> 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. See Additional Data Table.	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	KRIS LAMBRIGHT 1118 FIFTH AVENUE SEATTLE, WA 98101 (206) 490-4380

Check if Schedule O contains a response to any question in this Part VII ☒

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

Form **990** (2011)

Part VII

1b	Sub-Total			
c	Total from continuation sheets to Part VII, Section A			
d	Total (add lines 1b and 1c)	312,373	0	43,399

2 Total number of individuals (including but not limited to those listed in Item 1) who received more than \$100,000 of reportable compensation from the organization. ▶2

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

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
WALSH CONSTRUCTION CO 2905 SW FIRST AVE PORTLAND, OR 97201	CONSTRUCTION SERVICES	16,617,289
SYNERGY CONSTRUCTION CO 14040 NE 181ST ST WOODINVILLE, WA 98072	CONSTRUCTION SERVICES	5,650,962
STICKNEY MURPHY ROMINE 911 WESTERN AVE 900 SEATTLE, WA 98104	ARCHITECTS	562,078
PHINNEY BISCHOFF DESIGN HOUSE INC 614 BOYLSTON AVE E SEATTLE, WA 98102	WEBSITE DESIGN	125,042
AAA ALL CITY CONTRACTING LLC PO BOX 7791 BONNEY LAKE, WA 98391	CONSTRUCTION SERVICES	118,356

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 ▶5

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a	1,571,950			
	b	Membership dues	1b				
	c	Fundraising events	1c	1,709,943			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	23,105,196			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	6,576,181			
	g	Noncash contributions included in lines 1a-1f \$ 727,728					
	h	Total. Add lines 1a-1f					
Program Service Revenue			Business Code				
	2a	HOUSING	531110	3,321,790	3,321,790		
	b	COMMUNITY SERVICES	900099	609,876	609,876		
	c	CHILDREN AND YOUTH	624100	259,064	259,064		
	d	HOUSING-RELATED SVCS	624200	174,380	174,380		
	e	OTHER PROGRAMS	900099	38,635	38,635		
	f	All other program service revenue					
	g	Total. Add lines 2a-2f			4,403,745		
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		924,609			924,609
	4	Income from investment of tax-exempt bond proceeds . . .					
	5	Royalties					
	6a	(i) Real					
		206,605					
		(ii) Personal					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)		180,057			180,057
	7a	(i) Securities					
		11,442,674					
		(ii) Other					
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)		763,421			763,421
	8a	Gross income from fundraising events (not including \$ 1,709,943 of contributions reported on line 1c) See Part IV, line 18					
		a	154,366				
		b	395,065				
	c	Net income or (loss) from fundraising events . . .		-240,699			-240,699
	9a	Gross income from gaming activities See Part IV, line 19					
a		575					
b		315					
c	Net income or (loss) from gaming activities . . .		260			260	
10a	Gross sales of inventory, less returns and allowances						
	a						
	b						
b	Less cost of goods sold						
c	Net income or (loss) from sales of inventory . . .						
Miscellaneous Revenue		Business Code					
11a	DEVELOPER FEES	531110	1,250,000	1,250,000			
b	INSURANCE PROCEEDS	900099	330,251			330,251	
c							
d	All other revenue						
e	Total. Add lines 11a-11d			1,580,251			
12	Total revenue. See Instructions			40,574,914	5,653,745	0	1,957,899

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
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	1,945,306	1,945,306		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	4,880,970	4,880,970		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	236,257		236,257	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	13,466,769	11,787,188	936,302	743,279
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	812,551	699,126	74,768	38,657
9	Other employee benefits	1,329,508	1,193,637	66,514	69,357
10	Payroll taxes	1,314,377	1,145,091	87,003	82,283
11	Fees for services (non-employees)				
a	Management				
b	Legal	79,693	62,009	17,234	450
c	Accounting	95,858		95,858	
d	Lobbying	4,000	4,000		
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	816,378	773,378	7,836	35,164
12	Advertising and promotion	197,610	128,239	66,199	3,172
13	Office expenses	1,649,250	1,421,105	126,101	102,044
14	Information technology				
15	Royalties				
16	Occupancy	3,003,231	2,956,729	27,575	18,927
17	Travel	337,965	296,797	32,315	8,853
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	120,042	100,299	14,030	5,713
20	Interest	1,712,713	1,712,713		
21	Payments to affiliates	20,000		20,000	
22	Depreciation, depletion, and amortization	1,859,355	1,772,576	61,413	25,366
23	Insurance	339,652	272,442	54,595	12,615
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	MISCELLANEOUS	216,312	196,352	7,500	12,460
b	LICENSES PERMITS & FEES	206,033	146,124	28,963	30,946
c	EQUIP & SOFTWARE	105,551	85,150	20,401	
d	DUES	60,066	28,084	31,303	679
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	34,809,447	31,607,315	2,012,167	1,189,965
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			4,075,112	1	3,441,782
	2	Savings and temporary cash investments			7,907,786	2	5,121,260
	3	Pledges and grants receivable, net			6,056,297	3	5,977,444
	4	Accounts receivable, net			4,627,190	4	3,974,169
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net			9,304,829	7	13,147,308
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			640,777	9	758,857
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	106,093,431			
	b	Less accumulated depreciation	10b	13,415,226	77,914,480	10c	92,678,205
	11	Investments—publicly traded securities			23,923,098	11	22,769,907
	12	Investments—other securities See Part IV, line 11				12	
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets			613,109	14	1,271,425
	15	Other assets See Part IV, line 11			790,622	15	650,813
	16	Total assets. Add lines 1 through 15 (must equal line 34)			135,853,300	16	149,791,170
Liabilities	17	Accounts payable and accrued expenses			6,772,899	17	3,954,274
	18	Grants payable				18	
	19	Deferred revenue			31,104	19	44,423
	20	Tax-exempt bond liabilities			37,073,808	20	37,534,463
	21	Escrow or custodial account liability Complete Part IV of Schedule D				21	321,456
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties			24,857,313	23	33,979,053
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	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			228,571	25	214,285
	26	Total liabilities. Add lines 17 through 25			68,963,695	26	76,047,954
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			32,572,895	27	41,965,289
	28	Temporarily restricted net assets			27,878,121	28	25,061,478
	29	Permanently restricted net assets			6,438,589	29	6,716,449
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			66,889,605	33	73,743,216
	34	Total liabilities and net assets/fund balances			135,853,300	34	149,791,170

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	40,574,914
2	Total expenses (must equal Part IX, column (A), line 25)	2	34,809,447
3	Revenue less expenses Subtract line 2 from line 1	3	5,765,467
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	66,889,605
5	Other changes in net assets or fund balances (explain in Schedule O)	5	1,088,144
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	73,743,216

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

SCHEDULE A
(Form 990 or 990EZ)

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 WOMENS CHRISTIAN ASSOCIATION OF SEATTLE-KING COUNTY-SNOHOMISH COUNTY	Employer identification number 91-0482890
---	--

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 **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 Se**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 the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)
- | | Yes | No |
|----------|-----|----|
| 11g(i) | | |
| 11g(ii) | | |
| 11g(iii) | | |
- | (i)
Name of supported organization | (ii)
EIN | (iii)
Type of organization (described on lines 1- 9 above or IRC section (see instructions)) | (iv)
Is the organization in col (i) listed in your governing document? | | (v)
Did you notify the organization in col (i) of your support? | | (vi)
Is the organization in col (i) organized in the U S ? | | (vii)
Amount of support? |
|---------------------------------------|-------------|---|---|----|--|----|---|----|-----------------------------|
| | | | Yes | No | Yes | No | Yes | No | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Total | | | | | | | | | |
- For Paperwork Reduction Act Notice, see the Instructions for Form 990

Cat No 11285F

Schedule A (Form 990 or 990-EZ) 2011

Part II

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I 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
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	26,641,453	23,847,029	32,992,147	33,920,278	32,963,270	150,364,177
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	26,641,453	23,847,029	32,992,147	33,920,278	32,963,270	150,364,177
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						1,467,632
6 Public Support. Subtract line 5 from line 4						148,896,545

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	26,641,453	23,847,029	32,992,147	33,920,278	32,963,270	150,364,177
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,394,225	1,261,710	866,718	1,026,915	1,131,214	5,680,782
9 Net income from unrelated business activities, whether or not the business is regularly carried on		13,556	10,200			23,756
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets					330,251	330,251
11 Total support (Add lines 7 through 10)						156,398,966
12 Gross receipts from related activities, etc (See instructions)					12	21,350,847

13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here

☐

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14	95 200 %
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15	94 530 %

- 16a 33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
- ☒
- b 33 1/3% support test—2010. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
- ☒
- 17a 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization
- ☒
- b 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization
- ☒
- 18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions
- ☒

Part IIIPart III

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

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

Section C. Computation of Public Support Percentage		
15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	
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.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation
SCHEDULE A, PART IV, SUPPLEMENTAL INFORMATION SCHEDULE A, PART II, LINE 10 INSURANCE PROCEEDS OF \$330,251

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ Complete if the organization is described below.

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

OMB No 1545-0047

2011

Open to Public Inspection

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, line 35c (Proxy Tax), then

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

Name of the organization YOUNG WOMENS CHRISTIAN ASSOCIATION OF SEATTLE-KING COUNTY-SNOHOMISH COUNTY	Employer identification number 91-0482890
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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 on behalf of or in opposition to candidates for public office 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> 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 funtion 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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-

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												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><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></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														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f 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)).

		(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?	Yes		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		115,720
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities? If "Yes," describe in Part IV		No	
j	Total lines 1c through 1i			115,720
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
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 carryover 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) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
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, and Part II-B, line 1.
Also, complete this part for any additional information.

Identifier	Return Reference	Explanation
EXPLANATION OF LOBBYING ACTIVITIES	PART II-B, LINE 1	SENIOR PROGRAM STAFF COMMUNICATE WITH GOVERNMENT FUNDERS ON AN ONGOING BASIS TO EDUCATE THEM ON THE NEED FOR FUNDING YWCA PROGRAMS AND OTHER SERVICES AND POLICIES THAT BENEFIT YWCA CLIENTS. THIS INCLUDES TESTIFYING AT COUNCIL MEETINGS AND ATTENDING MEETINGS WITH LEGISLATORS AND THEIR STAFF. A VERY SMALL AMOUNT IS ALSO PAID TO A LOBBYIST (\$4,000 PER YEAR).

SCHEDULE D
(Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 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

Department of the Treasury
Internal Revenue Service

Name of the organization YOUNG WOMENS CHRISTIAN ASSOCIATION OF SEATTLE-KING COUNTY-SNOHOMISH COUNTY	Employer identification number 91-0482890
--	---

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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

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

1

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

☐ Preservation of land for public use (e g , recreation or pleasure)

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

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

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

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

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

1a

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

b

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

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

► \$ _____

(ii) Assets included in Form 990, Part X

► \$ _____

2

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

a

Revenues included in Form 990, Part VIII, line 1

► \$ _____

b

Assets included in Form 990, Part X

► \$ _____

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

Cat No 52283D

Schedule D (Form 990) 2011

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

- 3

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

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other
- 4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV
- 5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

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

- 1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☒ No
- b

If "Yes," explain the arrangement in Part XIV and complete the following table
- | | |
|----|--------|
| | Amount |
| 1c | |
| 1d | |
| 1e | |
| 1f | |
- 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
1a Beginning of year balance	18,000,115	15,515,275	17,257,480	22,619,785	
b Contributions	277,860	1,108,089	127,417	96,149	
c Investment earnings or losses	314,369	2,047,751	3,416,307	-4,791,454	
d Grants or scholarships					
e Other expenditures for facilities and programs	731,000	671,000	5,285,929	667,000	
f Administrative expenses					
g End of year balance	17,861,344	18,000,115	15,515,275	17,257,480	

- 2

Provide the estimated percentage of the year end balance held as
- a

Board designated or quasi-endowment ▶ 0 %
- b

Permanent endowment ▶ 37 600 %
- c

Term endowment ▶ 62 400 %
- 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
- b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?
- | | | |
|--------|-----|----|
| | Yes | No |
| 3a(i) | | No |
| 3a(ii) | | No |
| 3b | | |

- 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
1a Land		16,066,367		16,066,367
b Buildings		85,403,506	10,308,126	75,095,380
c Leasehold improvements				
d Equipment		4,623,558	3,107,100	1,516,458
e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				92,678,205

Part XIReconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	140,574,914
2	Total expenses (Form 990, Part IX, column (A), line 25)	34,809,447
3	Excess or (deficit) for the year Subtract line 2 from line 1	5,765,467
4	Net unrealized gains (losses) on investments	-1,108,938
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV)	-788,887
9	Total adjustments (net) Add lines 4 - 8	-1,897,825
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	3,867,642

Part XIIReconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements	142,264,110
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a	Net unrealized gains on investments2a-1,108,938	
b	Donated services and use of facilities2b237,832	
c	Recoveries of prior year grants2c	
d	Other (Describe in Part XIV)2d2,161,908	
e	Add lines 2a through 2d	2e1,290,802
3	Subtract line 2e from line 1	340,973,308
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	
a	Investment expenses not included on Form 990, Part VIII, line 7b4a	
b	Other (Describe in Part XIV)4b-398,394	
c	Add lines 4a and 4b	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	540,574,914

Part XIIIReconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements	138,396,468
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
a	Donated services and use of facilities2a413,867	
b	Prior year adjustments2b	
c	Other losses2c	
d	Other (Describe in Part XIV)2d3,173,154	
e	Add lines 2a through 2d	2e3,587,021
3	Subtract line 2e from line 1	334,809,447
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b4a	
b	Other (Describe in Part XIV)4b	
c	Add lines 4a and 4b	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	534,809,447

Part XIVSupplemental 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, 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.

Identifier	Return Reference	Explanation
	PART IV, LINE 2B	THE ORGANIZATION HAS BEEN CONTRACTED TO ACT AS THE FISCAL AGENT FOR THE NORTHWEST REGIONAL COUNCIL OF THE YWCA. AS FISCAL AGENT, THE ORGANIZATION COLLECTS DUES FROM THE REGION'S ASSOCIATIONS AND ALSO PAYS THE REGION'S EXPENSES. AS OF DECEMBER 31, 2011, THERE WAS \$18,754 AND \$302,702 HELD IN RESTRICTED CASH AND INVESTMENTS, RESPECTIVELY, FOR A TOTAL OF \$321,456 HELD ON BEHALF OF THE REGION.
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	YWCA ENDOWMENT FUNDS EXIST TO PROVIDE RELIABLE ONGOING SUPPORT FOR THE WORK OF THE YWCA. TO THIS END, THE YWCA INVESTS IN HIGH QUALITY MUTUAL AND EXCHANGE-TRADED FUNDS. THE YWCA HAS ADOPTED AN INVESTMENT POLICY THAT IS INTENDED TO PROVIDE THE YWCA'S INVESTMENT COMMITTEE WITH OBJECTIVES AND GUIDELINES FOR THE MANAGEMENT OF PRINCIPAL AND ACCUMULATED EARNINGS IN ALL YWCA ENDOWMENT FUNDS. THE INVESTMENT OBJECTIVES ARE TO GENERATE A RELIABLE PAYOUT TO SUPPORT PROGRAMS, GROW PRINCIPAL TO HELP OFFSET INFLATION, AND TAKE THE MINIMUM AMOUNT OF RISK TO PRINCIPAL NECESSARY TO MEET THE STATED PERFORMANCE OBJECTIVE. THE INVESTMENT COMMITTEE MEETS QUARTERLY TO MONITOR COMPLIANCE WITH THE INVESTMENT POLICY AND TO REVIEW PERFORMANCE. PERFORMANCE OBJECTIVE: OVER A MARKET CYCLE, IN ORDER TO ENSURE THE CONTINUED PURCHASING POWER OF THE FUND, THE FUND WILL BE EXPECTED TO RETURN AT LEAST THE NOMINAL PAYOUT PERCENTAGE (DEFINED AS THE ACTUAL PAYOUT AMOUNT AS A PERCENTAGE OF THE CURRENT MARKET VALUE OF THE FUND) ON THE CURRENT MARKET VALUE PLUS THE RATE OF INFLATION PER ANNUM.
PART XI, LINE 8 - OTHER ADJUSTMENTS		CHANGE IN NET ASSETS FROM RELATED ENTITIES - 310,033. IN-KIND REVENUE ADJUSTMENT FROM YWCA - 176,035. NONCONTROLLING INTEREST IN LOSSES OF SUBSIDIARIES -302,819. TOTAL TO SCHEDULE D, PART XI, LINE 8 -788,887.
PART XII, LINE 2D - OTHER ADJUSTMENTS		REVENUE FROM AFFILIATES INCLUDED ON THE CONSOLIDATED FINANCIAL STATEMENTS 1,477,662. NONCONTROLLING INTEREST IN NET LOSSES OF SUBSIDIARIES 684,246.
PART XII, LINE 4B - OTHER ADJUSTMENTS		SPECIAL EVENTS EXPENSE -371,846. RENTAL EXPENSE - 26,548.
PART XIII, LINE 2D - OTHER ADJUSTMENTS		EXPENSES FROM AFFILIATES INCLUDED ON THE CONSOLIDATED FINANCIAL STATEMENTS 2,774,760. SPECIAL EVENTS EXPENSE 371,846. RENTAL EXPENSE 26,548.

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2011

Open to Public Inspection

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.

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

Employer identification number

91-0482890

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** ☐ Mail solicitations
- b** ☐ Internet and e-mail solicitations
- c** ☐ Phone solicitations
- d** ☐ In-person solicitations
- e** ☐ Solicitation of non-government grants
- f** ☐ Solicitation of government grants
- g** ☐ Special fundraising events

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. Form 990-EZ filers are not required to complete this table.

(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			
Total ➡						

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

Part II Fundraising Events.

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

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events	
		<u>SEATTLE LUNCHEON</u> (event type)	<u>EASTSIDE LUNCHEON</u> (event type)	<u>3</u> (total number)	(Add col (a) through col (c))	
Revenue	1	Gross receipts	1,055,785	603,959	204,565	1,864,309
	2	Less Charitable contributions	972,156	570,315	167,472	1,709,943
	3	Gross income (line 1 minus line 2)	83,629	33,644	37,093	154,366
Direct Expenses	4	Cash prizes				
	5	Non-cash prizes				
	6	Rent/facility costs	14,017	6,575	3,585	24,177
	7	Food and beverages	84,379	34,119	18,824	137,322
	8	Entertainment	41,922	36,550	12,884	91,356
	9	Other direct expenses	51,625	38,093	52,492	142,210
	10	Direct expense summary Add lines 4 through 9 in column (d). ▶				(395,065)
	11	Net income summary Combine lines 3 and 10 in column (d). ▶				-240,699

Part III Gaming.

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(Add col (a) through col (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Non-cash 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 lines 1 and 7 in column (d) ▶			

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?

☐ Yes ☐ 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?

☐ Yes ☐ No

13

Indicate the percentage of gaming activity operated in

a	The organization's facility	13a
b	An outside facility	13b

14

Provide 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

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 distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$

Part IV

Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
------------	-----------------	-------------

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2011

Open to Public
Inspection

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

Employer identification number
91-0482890

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶

36

3

Enter total number of other organizations listed in the line 1 table ▶

2

Part III

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

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

Part IV

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

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 EACH PROGRAM THAT ISSUES GRANTS FUNDS HAS A SYSTEM IN PLACE TO MONITOR THEM THE PROCEDURES DIFFER DEPENDING ON THE TYPE OF GRANT AND ITS FUNDING SOURCE COMMON ELEMENTS INCLUDE REQUIRING AN INVOICE AND/OR OTHER BACK-UP FOR EACH GRANT DISTRIBUTION, PLUS THE SUBMISSION OF REQUIRED REPORTS

Software ID:
Software Version:
EIN: 91-0482890
Name: YOUNG WOMENS CHRISTIAN ASSOCIATION
OF SEATTLE-KING COUNTY-SNOHOMISH COUNTY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ABUSED DEATH WOMEN'S ADVOCACY SERVICES8623 ROOSEVELT WAY NE SEATTLE, WA 98115	91-1339173	501(C)(3)	13,685				STOP GRANT
ASIAN & PACIFIC ISLANDER WOMEN & FAMILY SAFETY CENTERPO BOX 14047 SEATTLE, WA 98114	91-1674016	501(C)(3)	11,294				STOP GRANT

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

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AUBURN YOUTH RESOURCES816 F ST SE AUBURN, WA 98002	91-0903084	501(C)(3)	15,959				EMERGENCY SHELTER AND HOMELESSNESS PREVENTION
CATHOLIC COMMUNITY SERVICES100 23RD AVE S SEATTLE, WA 98144	91-1585652	501(C)(3)	89,264				EMERGENCY SHELTER AND HOMELESSNESS PREVENTION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN'S ALLIANCE718 6TH AVE SOUTH SEATTLE, WA 98104	91-0982879	501(C)(3)	8,759				WASHINGTON AFTERSCHOOL NETWORK
CHILDREN'S HOME SOCIETY OF WASHINGTON3300 NE 65TH STREET SEATTLE, WA 98115	91-0575955	501(C)(3)	5,184				RURAL CAPACITY BUILDING GRANT, TRAVEL

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DOMESTIC ABUSE WOMENS NETWORKPO BOX 88007 TUKWILA, WA 98138	91-1176122	501(C)(3)	80,761				EMERGENCY SHELTER AND HOMELESSNESS PREVENTION
DRESS FOR SUCCESS SEATTLE1118 FIFTH AVENUE SEATTLE, WA 98101	91-1925352	501(C)(3)	5,503				EMPLOYMENT SERVICES PROGRAM

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EL CENTRO DE LA RAZA- COUNTY2524 16TH AVE S SEATTLE, WA 98144	91-0899927	501(C)(3)	38,990				EMERGENCY SHELTER AND HOMELESSNESS PREVENTION, QUALITY ENHANCEMENT GRANT
FEDERAL WAY SCHOOL DISTRICT1714 334TH LANE S D102 FEDERAL WAY, WA 98003	91-6001624	SCHOOL DISTRICT	25,000				REFUGEE SCHOOL IMPACT GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HIGHLINE PUBLIC SCHOOLS15675 AMBAUM BLVD SW BURIEN, WA 98166	91-6001631	SCHOOL DISTRICT	35,000				REFUGEE SCHOOL IMPACT GRANT
HOPELINKPO BOX 3577 REDMOND, WA 98052	91-0982116	501(C)(3)	50,965				COMMUNITY JOBS GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOSPITALITY HOUSE15003 14TH AVE SW BURIEN,WA 98166	91-2006859	501(C)(3)	21,157				EMERGENCY SHELTER AND HOMELESSNESS PREVENTION, EMERGENCY FOOD AND SHELTER PROGRAM
JEWISH FAMILY SERVICES1601 16TH AVE SEATTLE,WA 98122	91-0565537	501(C)(3)	11,530				EMERGENCY SHELTER AND HOMELESSNESS PREVENTION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KENT SCHOOL DISTRICT12033 SE 256 STREET KENT, WA 98030	91-6001646	SCHOOL DISTRICT	117,500				REFUGEE SCHOOL IMPACT GRANT
MACDONALD BOYD AND ASSOCIATES6424 EAST GREENLAKE WAY N SEATTLE, WA 98103	91-1320205		5,250				EXECUTIVE YOUTH DEVELOPMENT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAPLE VALLEY FOOD BANKPO BOX 332 MAPLE VALLEY, WA 98038	91-6057006	501(C)(3)	25,639				EMERGENCY SHELTER AND HOMELESSNESS PREVENTION
MULTI SERVICE CENTER1200 S 336TH STREET FEDERAL WAY, WA 98093	23-7120815	GOVERNMENT AGENCY	114,536				AGENCY GRANT TO THREE AGENCIES, EMERGENCY SHELTER AND HOMELESSNESS PREVENTION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OHIO CHILD CARE RESOURCE AND REFERRAL ASSOCIATION6660 DOUBLETREE AVENUE SUITE 11 COLUMBUS, OH 43229	31-1339322	501(C)(3)	5,800				HEALTHY YOUTH, HEALTHY FUTURES
OPERATION NIGHTWATCHPO BOX 21181 SEATTLE, WA 98111	91-0964027	501(C)(3)	10,880				EMERGENCY FOOD AND SHELTER PROGRAM

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PATERSON SCHOOL DISTRICT 51409 PRIOR ROAD PATERSON,WA 99345	91-6001569	SCHOOL DISTRICT	5,175				FEED YOUR BRAIN GRANT
PUGET SOUND EDUCATIONAL SERVICE DISTRICT 400 SW 152ND ST BURIEN,WA 98166	91-0851413	GOVERNMENT AGENCY	25,602				COMMUNITY JOBS GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REFUGEE WOMEN'S ALLIANCE4008 MARTIN LUTHER KING JR WAY S SEATTLE, WA 98108	91-1296964	501(C)(3)	13,167				STOP GRANT
RENTON SCHOOL DISTRICT300 SW 7TH STREET RENTON, WA 98057	91-6001635	SCHOOL DISTRICT	30,000				REFUGEE SCHOOL IMPACT GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SEATTLE PUBLIC SCHOOLS PO BOX 34165 SEATTLE, WA 98124	91-6001541	SCHOOL DISTRICT	157,500				REFUGEE SCHOOL IMPACT GRANT
SHALOM ZONE 1415 NE 43RD ST SEATTLE, WA 98105	91-2110379	501(C)(3)	13,301				EMERGENCY SHELTER AND HOMELESSNESS PREVENTION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SEATTLE HOUSING AND RESOURCE EFFORTPO BOX 2548 SEATTLE, WA 98111	91-1577965	501(C)(3)	44,000				EMERGENCY FOOD AND SHELTER PROGRAM
SOCIETY OF ST VINCENT DE PAUL5950 4TH AVE S SEATTLE, WA 98108	91-0583891	501(C)(3)	16,473				EMERGENCY SHELTER AND HOMELESSNESS PREVENTION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPOKANE PUBLIC SCHOOLS200 N BERNARD SPOKANE, WA 99201	91-6001582	SCHOOL DISTRICT	136,831				REFUGEE SCHOOL IMPACT GRANT, QUALITY ENHANCEMENT GRANT, WASHINGTON REGIONAL AFTERSCHOOL PROJECT, RURAL CAPACITY BUILDING GRANT
TACOMA SCHOOL DISTRICTPO BOX 1357 TACOMA, WA 98401	91-6001553	SCHOOL DISTRICT	32,500				REFUGEE SCHOOL IMPACT GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRAC ASSOCIATES1001 BROADWAY SUITE 217 SEATTLE, WA 98122	91-1247183		189,185				COMMUNITY JOBS GRANT
TUKWILA SCHOOL DISTRICT4640 S 144TH ST TUKWILA, WA 98168	91-6001638	SCHOOL DISTRICT	112,500				REFUGEE SCHOOL IMPACT GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED INDIANS OF ALL TRIBESPO BOX 99100 SEATTLE, WA 98199	91-0889016	501(C)(3)	8,198				STOP GRANT
VANCOUVER SCHOOL DISTRICTPO BOX 8937 VANCOUVER, WA 98668	91-6001540	SCHOOL DISTRICT	7,500				REFUGEE SCHOOL IMPACT GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VOLUNTEERS OF AMERICAPO BOX 839 EVERETT, WA 98206	91-0577129	501(C)(3)	66,138				WASHINGTON REGIONAL AFTERSCHOOL PROJECT, RURAL CAPACITY BUILDING GRANT
WASHINGTON STATE UNIVERSITYPO BOX 641025 PULLMAN, WA 99164	91-6001108	UNIVERSITY	208,975				WASHINGTON REGIONAL AFTERSCHOOL PROJECT, QUALITY ENHANCEMENT GRANT, FEED YOUR BRAIN GRANT, TRAINING APPRENTICE PROJECT, RURAL CAPACITY BUILDING GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YAKIMA CHRISTIAN MISSIONPO BOX 547 WHITE SWAN, WA 98952	91-2112215	501(C)(3)	5,440				FEED YOUR BRAIN GRANT, RURAL CAPACITY BUILDING GRANT
YOUTH AND FAMILY LINK CO TOUTLE RIVER RANCH INCPO BOX 2052 LONGVIEW, WA 98632	91-0726260	501(C)(3)	5,072				RURAL CAPACITY BUILDING GRANT, TRAVEL STIPEND

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
UTILITY ASSISTANCE	1247		172,727	FMV	UTILITY BILLS
SHELTER/RENT ASSISTANCE	6733		4,296,561	FMV	HOUSING
TRANSPORTATION ASSISTANCE	3515		191,697	FMV	BUS PASSES, TICKETS, ETC
CHILDCARE ASSISTANCE	8		8,590	FMV	CHILDCARE
FOOD ASSISTANCE	114		22,403	FMV	GROCERIES, ETC
CASH ASSISTANCE (INCENTIVES, AWARDS, CREDIT REPAIR)	59	6,694			
TRAINING - TUITION ASSISTANCE	260		61,667	FMV	TRAINING, EDUCATION, ETC
CLOTHING ASSISTANCE	212		25,623	FMV	CLOTHING
MEDICAL ASSISTANCE	45		18,806	FMV	MEDICAL BILLS, ETC
LEGAL ASSITANCE	4		5,256	FMV	LEGAL BILLS, ETC
LICENSE & PERMIT ASSISTANCE	69		8,073	FMV	LICENSE RENEWALS, ETC
SUPPLIES ASSISTANCE (HOUSEHOLD, JOB, SCHOOL)	7837		51,679	FMV	SUPPLIES
FURNITURE ASSISTANCE	23		11,194	FMV	FURNITURE

Schedule K (Form 990)	Supplemental Information on Tax Exempt Bonds ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990). ▶ Attach to Form 990. ▶ See separate instructions.										OMB No 1545-0047	
											2011	
	Department of the Treasury Internal Revenue Service											Open to Public Inspection
Name of the organization YOUNG WOMENS CHRISTIAN ASSOCIATION OF SEATTLE-KING COUNTY-SNOHOMISH COUNTY										Employer identification number 91-0482890		

Part I

Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	HOUSING AUTHORITY OF THE COUNTY OF KING	91-6000978	494760JP3	09-01-2005	3,655,000	SUMMERFIELD APARTMENTS PROJECT		X		X		X
B	EVERETT HOUSING AUTHORITY- SERIES 2007	91-6000965	30002EAM6	06-27-2007	13,760,000	AFFORDABLE HOUSING-APT PROJECT		X		X		X
C	HOUSING AUTHORITY OF THE COUNTY OF KING- 2007A	91-6000978	494759MY6	06-27-2007	15,040,000	AFFORDABLE HOUSING-APT PROJECT		X		X		X
D	HOUSING AUTHORITY OF THE COUNTY OF KING	91-6000978	494759NK5	12-23-2009	5,700,000	ISSAQUAH FAMILY VILLAGE PROJECT-PHASE I		X		X		X

Part II

Proceeds

		A		B		C		D	
1	Amount of bonds retired	495,000		840,000					
2	Amount of bonds defeased								
3	Total proceeds of issue	3,655,000		13,760,000		15,040,000		5,700,000	
4	Gross proceeds in reserve funds			1,169,149		11,731			
5	Capitalized interest from proceeds							8,928	
6	Proceeds in refunding escrow								
7	Issuance costs from proceeds			257,147		318,853		24,250	
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	3,655,000		12,991,340		14,217,332		5,624,675	
11	Other spent proceeds								
12	Other unspent proceeds								
13	Year of substantial completion	2005		2007		2007		2011	
14	Were the bonds issued as part of a current refunding issue?	Yes	No	Yes	No	Yes	No	Yes	No
			X		X		X		X
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III

Private Business Use

				A		B		C		D	
				Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?			X		X		X		X	
2	Are there any lease arrangements that may result in private business use of bond-financed property?				X		X		X		X

Part III

Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?		X		X		X		X
b	If 'Yes' to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d	If 'Yes' to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government <div></div>	0 %		0 %		0 %		0 %	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government <div></div>								
6	Total of lines 4 and 5	0 %		0 %		0 %		0 %	
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X		X		X	

Part IV

Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X		X		X
2	Is the bond issue a variable rate issue?	X			X		X		X
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		X		X		X		X
b	Name of provider	NA		NA		NA			
c	Term of hedge								
d	Was the hedge superintegrated?		X		X		X		X
e	Was a hedge terminated?		X		X		X		X
4a	Were gross proceeds invested in a GIC?		X		X		X		X
b	Name of provider	NA		NA		NA		NA	
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?		X		X		X		X
5	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
6	Did the bond issue qualify for an exception to rebate?		X		X		X		X

Part V

Procedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations ☒ Yes ☐ No

Part VI

Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

Identifier	Return Reference	Explanation
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SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

►Complete if the organization 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 WOMENS CHRISTIAN ASSOCIATION
OF SEATTLE-KING COUNTY-SNOHOMISH COUNTY

Employer identification number
91-0482890

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining 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	X	1	96,551	FAIR MARKET VALUE
9 Securities—Publicly traded	X	23	592,643	FAIR MARKET VALUE
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				
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 ► (EVENT ITEMS)	X	2	37,534	COST
26 Other ► (AUCTION ITEMS)	X	1	1,000	FAIR MARKET VALUE
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?

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

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

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

Yes

No

Yes

No

No

Part III

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

Identifier	Return Reference	Explanation
METHOD FOR DETERMINING NUMBER OF CONTRIBUTORS	PART I, COLUMN (B)	YWCA REPORTED INFORMATION BASED ON THE NUMBER OF CONTRIBUTIONS RECEIVED IN COLUMN (B) ABOVE

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 to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization YOUNG WOMENS CHRISTIAN ASSOCIATION OF SEATTLE-KING COUNTY-SNOHOMISH COUNTY	Employer identification number 91-0482890
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Identifier	Return Reference	Explanation
	FORM 990, PART I, LINE 6	2,484 VOLUNTEERS ASSIST IN HELPING BOTH PROGRAM STAFF AND ADMINISTRATION OF THESE, 49 VOLUNTEERS REPRESENT THE BOARD MEMBERS OF THE ORGANIZATION VOLUNTEER INFORMATION IS ENTERED INTO A DATABASE BY THE VOLUNTEERS THEMSELVES WHEN VOLUNTEERS SIGN UP FOR A VOLUNTEER OPPORTUNITY, BE IT A ONE-TIME OR LONG-TERM, THEY REGISTER ONLINE, COMPLETE A PROFILE, AND ARE AUTOMATICALLY ENTERED INTO YWCA'S DATABASE THEN, VOLUNTEER SERVICES STAFF MONITOR THE DATABASE AND MARK VOLUNTEERS AS ACTIVE OR INACTIVE, DEPENDING ON THEIR STATUS OVER TIME

Identifier	Return Reference	Explanation
	FORM 990, PART V, LINE 2A	THE YWCA FILED 961 W-2S FOR 2011. A LARGE NUMBER OF THESE WERE FOR INTERNS THAT ARE PAID THROUGH THE YWCA PAYROLL SYSTEM BUT ARE PART OF A STATE EMPLOYMENT CONTRACT. THE INTERNS WORK MAINLY AT NON-YWCA LOCATIONS. THE TOTAL BUDGETED YWCA STAFF FOR 2011 WAS APPROXIMATELY 320 FULL TIME EMPLOYEES.

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 5	IN JANUARY 2011, IT WAS DISCOVERED THAT \$335,251 OF TENANT RENT PAYMENTS APPARENTLY HAD BEEN FRAUDULENTLY TAKEN OVER A NUMBER OF YEARS BY ONE OF THE ORGANIZATION'S EMPLOYEES AS SOON AS THE ALLEGED THEFT WAS DISCOVERED, THE ORGANIZATION TERMINATED THE EMPLOYEE, NOTIFIED AND COOPERATED WITH LOCAL AUTHORITIES, AND REPORTED THE INCIDENT TO BOTH ITS EXECUTIVE COMMITTEE AND ITS AUDITORS THE ORGANIZATION ALSO FILED A CLAIM WITH ITS INSURANCE COMPANY FOR REIMBURSEMENT OF THE MISSING RENT PAYMENTS THAT CLAIM, LESS A \$5,000 DEDUCTIBLE, WAS PAID IN EARLY 2012

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 6	ALL INDIVIDUALS WHO ARE DONORS TO THE ASSOCIATION, REGARDLESS OF THE SIZE OF THEIR GIFTS, ARE CONSIDERED TO BE MEMBERS OF THE ASSOCIATION FOR THE 12-MONTH PERIOD FOLLOWING THE DATE OF THEIR GIFT. INDIVIDUALS BECOME MEMBERS IN ORDER TO FURTHER YWCA'S MISSION, SUPPORT YWCA PROGRAMS AND FOSTER LEADERSHIP.

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 7B	MEMBERS HAVE THE RIGHT TO VOTE ON ITEMS THE BOARD DEEMS NECESSARY

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	THE AUDIT COMMITTEE OF THE BOARD REVIEWS AND APPROVES THE FORM 990 EACH YEAR BEFORE IT IS FILED A COPY OF THE FORM 990 IS ALSO PROVIDED TO EACH BOARD MEMBER PRIOR TO FILING

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	BOARD MEMBERS COMPLETE AND SIGN A CONFLICT OF INTEREST POLICY ANNUALLY THE POLICY REQUIRES THEM TO ABIDE BY THE POLICY AND TO NOTIFY THE YWCA CHIEF EXECUTIVE OFFICER PROMPTLY IF THEY DISCOVER A REAL OR POTENTIAL CONFLICT IF A CONFLICT DOES ARISE, THE POLICY SPECIFIES THAT THE BOARD MEMBER WILL RECUSE THEMSELVES FROM THE DISCUSSION AND VOTE

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	THERE IS A FORMAL ANNUAL REVIEW PROCESS FOR THE AGENCY'S CHIEF EXECUTIVE OFFICER. A SUBCOMMITTEE OF THE BOARD PERFORMS THE REVIEW. THIS PROCESS WAS LAST COMPLETED IN FEBRUARY 2012. THE COMMITTEE RECOMMENDS THE COMPENSATION OF THE CEO TO THE BOARD. COMPENSATION IS COMPARED TO THE AGENCY COMPENSATION PLAN. THE PAY RANGES IN THE COMPENSATION PLAN ARE BASED ON A REVIEW OF SEVERAL COMPENSATION STUDIES. THE SALARY COMPARISONS ARE MADE TO SIMILAR-SIZED (BUDGET, NUMBER OF STAFF) ORGANIZATIONS IN THE NON-PROFIT HUMAN SERVICES FIELD IN THE STATE OF WASHINGTON. THERE IS ALSO A FORMAL ANNUAL REVIEW DONE BY THE CEO ON ALL OTHER OFFICERS AND KEY EMPLOYEES. THIS PROCESS WAS LAST PERFORMED IN SUMMER 2011. COMPENSATION IS COMPARED TO THE AGENCY COMPENSATION PLAN. THE PAY RANGES IN THE COMPENSATION PLAN ARE BASED ON A REVIEW OF SEVERAL COMPENSATION STUDIES. THE SALARY COMPARISONS ARE MADE TO SIMILAR-SIZED (BUDGET, NUMBER OF STAFF) ORGANIZATIONS IN THE NON-PROFIT HUMAN SERVICES FIELD IN THE STATE OF WASHINGTON.

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY , AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST FORM 990 IS AVAILABLE ON THE WEBSITE AND FORM 1023 IS AVAILABLE UPON REQUEST

Identifier	Return Reference	Explanation
	FORM 990, PART VII, SECTION A, COLUMN (B)	<p>THE ESTIMATED AVERAGE HOURS PER WEEK DEVOTED BY THE FOLLOWING INDIVIDUALS TO RELATED ORGANIZATIONS IS AS LISTED SUE SHERBROOKE CHIEF EXECUTIVE OFFICER 2 0 HOURS KRIS LAMBRIGHT CHIEF FINANCIAL OFFICER 2 0 HOURS JEAN BARTELL BARBER BOARD MEMBER 2 0 HOURS CHARLENE BLETHEN BOARD MEMBER 2 0 HOURS MARTHA MAYES BOES BOARD MEMBER 2 0 HOURS BOBBE BRIDGE BOARD MEMBER 2 0 HOURS SONYA CAMPION BOARD MEMBER 2 0 HOURS BLAIR CARLETON BOARD MEMBER 2 0 HOURS PAUL CHILES BOARD MEMBER 2 0 HOURS CHERYL CHOW BOARD MEMBER 2 0 HOURS ROBYN CORR BOARD MEMBER 2 0 HOURS MARY ANN CRISSEY BOARD MEMBER 2 0 HOURS PAM DANIELS BOARD MEMBER 2 0 HOURS ELLEN CONEDERA DIAL BOARD MEMBER 2 0 HOURS IRME DORE BOARD MEMBER 2 0 HOURS BOB DREWEL BOARD MEMBER 2 0 HOURS JEAN ENERSEN BOARD MEMBER 2 0 HOURS MARY ANNE ENG BOARD MEMBER 2 0 HOURS BARBARA FAHEY BOARD MEMBER 2 0 HOURS MOLLY HANLON BOARD CHAIR 2 0 HOURS PAMELA HARKINS BOARD MEMBER 2 0 HOURS DEBORAH HARRIS BOARD MEMBER 2 0 HOURS KANDACE HOLLEY BOARD MEMBER 2 0 HOURS BAVAN M HOLLOWAY BOARD MEMBER 2 0 HOURS KALEN HOLMES BOARD MEMBER 2 0 HOURS KATIE HONG BOARD MEMBER 2 0 HOURS CHRISTAL JENKINS SECRETARY 2 0 HOURS LAURA JENNINGS BOARD MEMBER 2 0 HOURS JONELLE M C JOHNSON BOARD MEMBER 2 0 HOURS LESLIE D JONES BOARD CHAIR ELECT 2 0 HOURS AMY KOSTERLITZ BOARD MEMBER 2 0 HOURS KAY CEE KRYSTY BOARD MEMBER 2 0 HOURS SANDRA MADRID BOARD MEMBER 2 0 HOURS SUSAN MASK BOARD MEMBER 2 0 HOURS ELIZABETH N MCCA W BOARD MEMBER 2 0 HOURS BARBARA S MORGAN BOARD MEMBER 2 0 HOURS BETSY MOSELEY BOARD MEMBER 2 0 HOURS JEANNIE NORDSTROM BOARD MEMBER 2 0 HOURS NINA ODELL BOARD MEMBER 2 0 HOURS TIM OTANI BOARD MEMBER 2 0 HOURS ANN RICKETT BOARD MEMBER 2 0 HOURS SHARON ROWLEY BOARD MEMBER 2 0 HOURS JILL RUCKLESHAUS BOARD MEMBER 2 0 HOURS DARA SCHMIDT BOARD MEMBER 2 0 HOURS MARY E SNAPP TREASURER 2 0 HOURS PHYLLIS STARK BOARD MEMBER 2 0 HOURS DENISE STIFFARM BOARD MEMBER 2 0 HOURS KATHY SURACE-SMITH BOARD MEMBER 2 0 HOURS WHITNEY TYNER BOARD MEMBER 2 0 HOURS WENDE WAHL BOARD MEMBER 2 0 HOURS KORY NNE WRIGHT BOARD MEMBER 2 0 HOURS</p>

Identifier	Return Reference	Explanation
	FORM 990, PART IX, LINE 11F	YWCA DOES NOT INCUR ANY FEES FOR INVESTMENT MANAGEMENT AS THEY HOLD AND MANAGE THEIR OWN ENDOWMENT FUNDS IN INVESTMENT ACCOUNTS

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -1,108,938 IN-KIND REVENUE ADJUSTMENT FROM YWCA -176,035 LAND VALUE TRANSFERRED TO FVI II LLC -1,700,000 LOAN VALUE TRANSFERRED FROM YWCA TO YWSA 4,073,117 TOTAL TO FORM 990, PART XI, LINE 5 1,088,144

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

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

Employer identification number

91-0482890

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
See Additional Data Table					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) YOUNG WOMEN'S SERVICE ASSOCIATION OF SEATTLE-KING COUNTY 1118 FIFTH AVENUE SEATTLE, WA 98101 91-1344937	TO HOLD AFFORDABLE HOUSING	WA	501(C)(3)	9 - 509(A)(2)	YWCA OF SEATTLE-KING COUNTY-SNOHOMISH COUNTY	Yes	
(2) DRESS FOR SUCCESS SEATTLE 1118 FIFTH AVENUE SEATTLE, WA 98101 91-1925352	SOCIAL SERVICES/EMPLOYMENT SERVICES	WA	501(C)(3)	9 - 509(A)(2)	YWCA OF SEATTLE-KING COUNTY-SNOHOMISH COUNTY	Yes	

Part III

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) ANGELINE'S LLC 1118 FIFTH AVENUE SEATTLE, WA 98101 91-2123444	AFFORDABLE HOUSING	WA	YWCA OF SEATTLE- KING COUNTY- SNOHOMISH COUNTY	RELATED	86,285	3,821,707		No		Yes		0 010 %
(2) YWCA FAMILY VILLAGE AT ISSAQUAH II LLC 1118 FIFTH AVENUE SEATTLE, WA 98101 91-0482890	AFFORDABLE HOUSING	WA	YWCA OF SEATTLE- KING COUNTY- SNOHOMISH COUNTY	RELATED	-347,115	5,535,582		No		Yes		0 010 %

Part IV

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

Part V

Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III or IV

1

During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a

Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b

Gift, grant, or capital contribution to related organization(s)

c

Gift, grant, or capital contribution from related organization(s)

d

Loans or loan guarantees to or for related organization(s)

e

Loans or loan guarantees by related organization(s)

f

Sale of assets to related organization(s)

g

Purchase of assets from related organization(s)

h

Exchange of assets with related organization(s)

i

Lease of facilities, equipment, or other assets to related organization(s)

j

Lease of facilities, equipment, or other assets from related organization(s)

k

Performance of services or membership or fundraising solicitations for related organization(s)

l

Performance of services or membership or fundraising solicitations by related organization(s)

m

Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

n

Sharing of paid employees with related organization(s)

o

Reimbursement paid to related organization(s) for expenses

p

Reimbursement paid by related organization(s) for expenses

q

Other transfer of cash or property to related organization(s)

r

Other transfer of cash or property from related organization(s)

Yes

No

1a

Yes

1b

Yes

1c

No

1d

Yes

1e

Yes

1f

No

1g

No

1h

No

1i

Yes

1j

No

1k

Yes

1l

No

1m

Yes

1n

Yes

1o

No

1p

Yes

1q

No

1r

No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) ANGELINE'S LLC	A	67,403	ACTUAL AMOUNT ACCRUED
(2) YWCA FAMILY VILLAGE AT ISSAQUAH II LLC	A	11,734	ACTUAL AMOUNT ACCRUED
(3)			
(4)			
(5)			
(6)			

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

[illegible]

Part VII

Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation	
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Software ID:
Software Version:
EIN: 91-0482890
Name: YOUNG WOMENS CHRISTIAN ASSOCIATION
OF SEATTLE-KING COUNTY-SNOHOMISH COUNTY

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

(a) Name, address, and EIN of disregarded entity	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Total income (\$)	(e) End-of-year assets (\$)	(f) Direct Controlling Entity
SUMMERFIELD HOUSING LLC 1118 FIFTH AVENUE SEATTLE, WA 98101 91-0482890	AFFORDABLE HOUSING	WA	540,320	4,852,347	N/A
YWHOME NOW LLC 1118 FIFTH AVENUE SEATTLE, WA 98101 91-0482890	AFFORDABLE HOUSING	WA	87,028	12,231,100	N/A
YWAHF MOUNTLAKE TERRACE LLC 1118 FIFTH AVENUE SEATTLE, WA 98101 91-0482890	AFFORDABLE HOUSING	WA	557,742	6,146,628	N/A
YWAHF LYNNWOOD LLC 1118 FIFTH AVENUE SEATTLE, WA 98101 91-0482890	AFFORDABLE HOUSING	WA	799,320	10,723,377	N/A
YWAHF EVERETT LLC 1118 FIFTH AVENUE SEATTLE, WA 98101 91-0482890	AFFORDABLE HOUSING	WA	1,294,118	9,483,029	N/A
YWCA GREENBRIDGE LLC 1118 FIFTH AVENUE SEATTLE, WA 98101 91-0482890	TO HOLD THE YWCA LEARNING CENTER	WA	177,958	5,090,020	N/A
YWCA FAMILY VILLAGE AT ISSAQUAH I LLC 1118 FIFTH AVENUE SEATTLE, WA 98101 91-0482890	AFFORDABLE HOUSING	WA	117,269	25,383,499	N/A
YWCA FAMILY VILLAGE AT REDMOND LLC 1118 FIFTH AVENUE SEATTLE, WA 98101 91-1579120	AFFORDABLE HOUSING	WA	237,703	3,066,375	N/A

Additional Data

Software ID:
Software Version:
EIN: 91-0482890
Name: YOUNG WOMENS CHRISTIAN ASSOCIATION
OF SEATTLE-KING COUNTY-SNOHOMISH COUNTY

Form 990, Special Condition Description:

Special Condition Description

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

4d. Other program services
(Code) (Expenses \$ 4,836,368 including grants of \$ 1,159,685) (Revenue \$ 259,064) CHILDREN AND YOUTH 1,247 WERE SERVED DIRECTLY IN 2011 SERVICES INCLUDE DEVELOPMENTAL CHILD CARE FOR TODDLERS THROUGH SCHOOL AGE CHILDREN, MANY OF WHOM ARE BELOW MEDIAN INCOME AND RECEIVE SUBSIDIZED CHILD CARE, AFTER-SCHOOL AND SUMMER PROGRAMS AIMED AT SKILL-BUILDING AND MENTORING FOR AT RISK GIRLS IN MIDDLE AND HIGH SCHOOL, AND SPECIALIZED, AGE-APPROPRIATE COUNSELING FOR CHILDREN TO HELP THEM OVERCOME THE EFFECTS OF DOMESTIC VIOLENCE ANOTHER 6,399 PROVIDERS OF OUT-OF-SCHOOL CARE FOR CHILDREN AND YOUTH THROUGHOUT WASHINGTON STATE WERE GIVEN ON-SITE TRAINING AND TECHNICAL ASSISTANCE IN 2011, WHICH WILL INDIRECTLY BENEFIT MANY MORE CHILDREN AND YOUTH
(Code) (Expenses \$ 835,209 including grants of \$ 31,589) (Revenue \$ 609,876) COMMUNITY SERVICES VOLUNTEER SERVICES, INCLUDING ADOPT-A-FAMILY AND SCHOOL DAYS PROGRAMS, AND SOCIAL JUSTICE WORK BOTH INTERNAL AND EXTERNAL TO THE AGENCY 7,647 LOW-INCOME CHILDREN AND ADULTS RECEIVED BACK TO SCHOOL SUPPLIES AND/OR HOLIDAY GIFTS IN 2011 2,484 VOLUNTEERS CONTRIBUTED THEIR TIME TO THE YWCA AND ITS PROGRAMS
(Code) (Expenses \$ 565,160 including grants of \$ 131,555) (Revenue \$ 1,757) DOMESTIC VIOLENCE 2,002 WOMEN AND CHILDREN RECEIVED ON-GOING SERVICES IN 2011 SERVICES INCLUDE COUNSELING FOR ADULTS RECOVERING FROM DOMESTIC VIOLENCE AND EDUCATIONAL OUTREACH IN THE COMMUNITY REGARDING DOMESTIC VIOLENCE

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MOLLY HANLON BOARD CHAIR	1 00	X		X				0	0	0
LESLIE D JONES BOARD CHAIR ELECT	1 00	X		X				0	0	0
CHRISTAL JENKINS SECRETARY	1 00	X		X				0	0	0
MARY E SNAPP TREASURER	1 00	X		X				0	0	0
JEAN BARTELL BARBER BOARD MEMBER	1 00	X						0	0	0
CHARLENE BLETHEN BOARD MEMBER	1 00	X						0	0	0
MARTHA MAYES BOES BOARD MEMBER	1 00	X						0	0	0
BOBBE BRIDGE BOARD MEMBER	1 00	X						0	0	0
SONYA CAMPION BOARD MEMBER	1 00	X						0	0	0
BLAIR CARLETON BOARD MEMBER	1 00	X						0	0	0
CHERYL CHOW BOARD MEMBER	1 00	X						0	0	0
PAUL CHILES BOARD MEMBER	1 00	X						0	0	0
ROBYN CORR BOARD MEMBER	1 00	X						0	0	0
MARYANN CRISSEY BOARD MEMBER	1 00	X						0	0	0
PAM DANIELS BOARD MEMBER	1 00	X						0	0	0
ELLEN CONEDERA DIAL BOARD MEMBER	1 00	X						0	0	0
IRME DORE BOARD MEMBER	1 00	X						0	0	0
BOB DREWEL BOARD MEMBER	1 00	X						0	0	0
JEAN ENERSEN BOARD MEMBER	1 00	X						0	0	0
MARY ANNE ENG BOARD MEMBER	1 00	X						0	0	0
BARBARA FAHEY BOARD MEMBER	1 00	X						0	0	0
PAMELA HARKINS BOARD MEMBER	1 00	X						0	0	0
DEBORAH HARRIS BOARD MEMBER	1 00	X						0	0	0
KANDACE HOLLEY BOARD MEMBER	1 00	X						0	0	0
BAVAN M HOLLOWAY BOARD MEMBER	1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
KALEN HOLMES BOARD MEMBER	1 00	X						0	0	0
KATIE HONG BOARD MEMBER	1 00	X						0	0	0
LAURA JENNINGS BOARD MEMBER	1 00	X						0	0	0
JONELLE MC JOHNSON BOARD MEMBER	1 00	X						0	0	0
AMY KOSTERLITZ BOARD MEMBER	1 00	X						0	0	0
KAYCEE KRYSTY BOARD MEMBER	1 00	X						0	0	0
SANDRA MADRID BOARD MEMBER	1 00	X						0	0	0
SUSAN MASK BOARD MEMBER	1 00	X						0	0	0
ELIZABETH N MCCA W BOARD MEMBER	1 00	X						0	0	0
BARBARA S MORGAN BOARD MEMBER	1 00	X						0	0	0
BETSY MOSELEY BOARD MEMBER	1 00	X						0	0	0
JEANNIE NORDSTROM BOARD MEMBER	1 00	X						0	0	0
NINA ODELL BOARD MEMBER	1 00	X						0	0	0
TIM OTANI BOARD MEMBER	1 00	X						0	0	0
ANN RICKETT BOARD MEMBER	1 00	X						0	0	0
SHARON ROWLEY BOARD MEMBER	1 00	X						0	0	0
JILL RUCKLESHAUS BOARD MEMBER	1 00	X						0	0	0
DARA SCHMIDT BOARD MEMBER	1 00	X						0	0	0
PHYLLIS STARK BOARD MEMBER	1 00	X						0	0	0
DENISE STIFFARM BOARD MEMBER	1 00	X						0	0	0
KATHY SURACE-SMITH BOARD MEMBER	1 00	X						0	0	0
WHITNEY TYNER BOARD MEMBER	1 00	X						0	0	0
WENDE WAHL BOARD MEMBER	1 00	X						0	0	0
KORYNNE WRIGHT BOARD MEMBER	1 00	X						0	0	0
SUE SHERBROOKE CEO	40 00			X				111,597	0	17,506

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
KRIS LAMBRIGHT CFO	40 00			X				92,292	0	14,862
IRWIN BATARA HUMAN RESOURCES DIRECTOR	40 00					X		108,484	0	11,031