

# See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



DLN: 93493073001023

# Form **990**

Department of the Treasury Internal Revenue Service

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

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

2011

OMB No 1545-0047

Open to Public Inspection

benefit trust or private foundation)

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

calendar year, or tax year beginning 09-01-2011 and ending 08-31-2012 A For the 2011 D Employer identification number **B** Check if applicable YWCA OF THE USA 13-1624103 Address change E Telephone number Doing Business As Name change (202)467-0801 ☐ Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite **G** Gross receipts \$ 11,282,895 2025 M STREET NW NO 550 Terminated City or town, state or country, and ZIP + 4 WASHINGTON, DC 20036 Amended return Application pending Name and address of principal officer Is this a group return for CHARLENE PEDROLIE affiliates? 2025 M STREET NW NO 550 WASHINGTON, DC 20036 H(b) Are all affiliates included? Yes No If "No," attach a list (see instructions) **▽** 501(c)(3) **□** 501(c) ( ) ◀ (insert no ) ☐ 4947(a)(1) or ☐ 527 Group exemption number Website: ► WWW YWCA ORG K Form of organization Corporation Trust Association L Year of formation 1907 M State of legal domicile NY Part I Summary Briefly describe the organization's mission or most significant activities TO EMPOWER WOMEN AND ELIMINATE RACISM Activities & Governance Check this box 🔰 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . 20 Number of independent voting members of the governing body (Part VI, line 1b) . 20 4 17 5 Total number of individuals employed in calendar year 2011 (Part V, line 2a) . Total number of volunteers (estimate if necessary) . . . . 6 76 **7a** Total unrelated business revenue from Part VIII, column (C), line 12 0 7a **b** Net unrelated business taxable income from Form 990-T, line 34 0 **Prior Year Current Year** 484,972 8 Contributions and grants (Part VIII, line 1h) . 419,229 9 Program service revenue (Part VIII, line 2g) . 89,440 170,891 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 1,753,116 1,778,157 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 185,171 69,863 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 2,512,699 2,438,140 13 115,000 140,000 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . Benefits paid to or for members (Part IX, column (A), line 4) . . . . 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 15 1,110,648 1,296,578 16a Professional fundraising fees (Part IX, column (A), line 11e) . 0 b Total fundraising expenses (Part IX, column (D), line 25)  $\blacktriangleright$  447,911 2,962,395 3,706,035 **17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . . . 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 4.188.043 5,142,613 19 -1,675,344 -2,704,473 Revenue less expenses Subtract line 18 from line 12 . t Assets or ind Balances **Beginning of Current End of Year** Year 58,113,051 57,558,102 20 Total assets (Part X, line 16) . . . Met./ 21 Total liabilities (Part X, line 26) . . . . 838,734 992,879 22 Net assets or fund balances Subtract line 21 from line 20 57,274,317 56,565,223 Part II Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. \*\*\*\*\* 2013-03-07 Signature of officer Sign Here CHARLENE PEDROLIE CFO Type or print name and title Date Check if Preparer's taxpayer identification number Preparer's HOLLY CAPORALE (see instructions) P00235685 Paid employed 🕨 🧧 Preparer's DROLET & ASSOCIATES PLLC Firm's name (or yours EIN > 52-2057543 if self-employed), address, and ZIP + 4 **Use Only** 1901 L STREET NW SUITE 250 Phone no (202) 822-0717

WASHINGTON, DC 20036

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

Form	99	0	(2	0:	L 1	)
Dar	37	П		Ö	ta	+

Page <b>2</b>	
---------------	--

Par		of Program Serviedule O contains a resp				<del>.</del>
1	Briefly describe the	organızatıon's mıssıon				
TO E	MPOWER WOMEN A	ND ELIMINATE RACIS	M			
2		undertake any significa or 990-EZ?		rvices during the year	which were not listed on	┌ Yes ┌ No
	If "Yes," describe th	ese new services on Sc	hedule O			
3	services?			t changes in how it co		┌ Yes ┌ No
	If "Yes," describe th	ese changes on Schedu	le O			
4	expenses Section 5	01(c)(3) and 501(c)(4)	) organizations	and section 4947(a)	ree largest program services, (1) trusts are required to repo th program service reported	
	(Code	) (Expenses \$	666,474	ıncludıng grants of \$	25,000 ) (Revenue \$	170,891 )
	LOCAL INITIATIVES PR	OVIDES SUPPORT TO REGION	NS AND LOCAL AS	SOCIATIONS		
	(Code	) (Expenses \$	632,401	including grants of \$	) (Revenue \$	)
	COMMUNICATIONS BU AND COORDINATED EFI	ILDS UNIFIED CORPORATE II	DENTITY AND VIS	IBILITY CONVEYS MISSION	, PROGRAMS, AND SERVICES OF TH	E YWCA USA WITH INTENTIONAL
4c	(Code	) (Expenses \$	544,016	ıncludıng grants of \$	) (Revenue \$	)
					LEGISLATIVE AND PUBLIC POLICY IS SS, THE WHITE HOUSE, AND GOVER	
	(Code	) (Expenses \$	381,574	ıncludıng grants of \$	115,000 ) (Revenue \$	)
		ROMOTES PARTNERSHIPS AN POLICIES CONSISTENT WIT		-BUILDING WITH THE WOR	LD YWCA AND OTHER YWCAS WORL	DWIDE AND ADVOCATES
	O than no	uses (Desember in Color	adula O \			
4d	(Expenses \$	ices (Describe in Scho) 381,574 incl	edule O ) uding grants o	f\$ 115	.000 ) (Revenue \$	)
	Total program serv		2,224,46		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,

Part IV	Checklist of	Required	<b>Schedules</b>

			Yes	No
1	Is the organization described in section $501(c)(3)$ or $4947(a)(1)$ (other than a private foundation)? If "Yes," complete Schedule $A^{\bullet}$	1	Yes	- 140
2	Is the organization required to complete Schedule B, Schedule of Contributors (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? If "Yes," complete Schedule C, Part $I$	3		No
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		No
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 $98-19$ ? If "Yes," complete Schedule C, Part $III$	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? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <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? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part $\sqrt{2}$	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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	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? If "Yes," complete Schedule D, Part VII.	11b	Yes	
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? If "Yes," complete Schedule D, Part VIII.	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? If "Yes," complete Schedule D, Part IX.	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	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)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	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? If "Yes," complete Schedule F, Part I	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II and IV.	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III and IV	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		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? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule $H$	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Par	t IV Checklist of Required Schedules (continued)				
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line $1^2$ If "Yes," complete Schedule I, Parts I and II	21	Yes		
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J				
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b			
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c			
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d			
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		No	
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No	
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If</i> "Yes," complete Schedule L, Part III	27		No	
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)				
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part				
	<i>IV</i>	28a		No	
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No	
	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? If "Yes," complete Schedule L, Part $IV$	28c		No	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," complete Schedule M	30		No	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No	
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No	
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part $I$	33		No	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section $512(b)(13)$ ?	35a		No	
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$ ? If "Yes," complete Schedule R, Part V, line 2	35b		No	
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	36		No	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No	
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes		

Part V	Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V	•	٠,١	
			Yes	No
.a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	<b>1a</b> 15			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
_	1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	Yes	
a.	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements filed for the calendar year ending with or within the year covered by this			
	return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2ь	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
a	Did the organization have unrelated business gross income of \$1,000 or more during the			
a	year?	За		Νo
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
а	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		Νo
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			
a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
_	If "Vec" to line 5a or 5h, did the organization file Form 9995-T2			
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
а	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		No
_	organization solicit any contributions that were not tax deductible?			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		Νo
	services provided to the payor?			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
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			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	<del></del>		110
y	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		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did			
	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			
	business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12   10a			
D	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
1				
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
	sources against amounts due or received from them )			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	year 12b			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	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		
h	Enter the aggregate amount of reserves the organization is required to maintain by			
ט	the states in which the organization is licensed to issue qualified health plans			
c	Enter the aggregate amount of reserves on hand			
	13c			
4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
	If "Voc " has it filed a Form 720 to report these payments? If "No " provide an evalention in Schodule O			

Form 990 (2011) Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for Part VI 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 Enter the number of voting members of the governing body at the end of the tax 1a 20 Enter the number of voting members included in line 1a, above, who are 1b 20 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any Νo 2 Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors or trustees, or key employees to a management company or other person? . Νo Did the organization make any significant changes to its governing documents since the prior Form 990 was 4 Nο filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 Νo 6 6 Νo 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or 7a Yes Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, Νo or persons other than the governing body? . . . . . . . . . . . . Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Yes Each committee with authority to act on behalf of the governing body? . . . . . . Yes Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . . . 9 Νo Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No 10a Yes 10a Did the organization have local chapters, branches, or affiliates? . **b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt 10b Yes 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing Yes the form? **b** 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 . . . . . . . 12a Yes b Were officers, directors or trustees, and key employees required to disclose annually interests that could give Yes c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 12c Yes Did the organization have a written whistleblower policy? . . . . . 13 Yes 13 14 Did the organization have a written document retention and destruction policy? . . . . . . . . 14 Yes 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? a The organization's CEO, Executive Director, or top management official . . . . . 15a Yes Other officers or key employees of the organization . 15b Yes If "Yes," to line 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 16a Νo **b** If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . . . . . . . . . . . . . . . 16b Section C. Disclosure 17 List the States with which a copy of this Form 990 is required to be filed AL, AK, AR, CA, CO, CT, DC, HI, ID, IL, FL, GA, KS,  $\mathsf{KY}$  ,  $\mathsf{ME}$  ,  $\mathsf{MD}$  ,  $\mathsf{MA}$  ,  $\mathsf{MI}$  ,  $\mathsf{MN}$  ,  $\mathsf{MO}$  ,  $\mathsf{MT}$  ,  $\mathsf{NH}$  ,  $\mathsf{NJ}$  ,  $\mathsf{NM}$  ,  $\mathsf{NY}$  ,  $\mathsf{ND}$  ,  $\mathsf{OH}$  ,  $\mathsf{OK}$  ,  $\mathsf{OR}$  ,  $\mathsf{PA}$  ,  $\mathsf{RI}$  ,  $\mathsf{SC}$  ,  $\mathsf{TN}$  ,  $\mathsf{UT}$  ,  $\mathsf{VA}$  ,  $\mathsf{WA}$  ,  $\mathsf{WV}$  , WI, AZ, LA, MS 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 ☐ Own website ☐ Another's website ☐ Upon request 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
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization THE ORGANIZATION 2025 M STREET NW NO 550 WASHINGTON, DC 20036 (202)467-0801

# Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- ◆ List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any See instructions for definition of "key employee"
- ◆ List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

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

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

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

<b>(A)</b> Name and Tıtle	(B) Average hours per week (describe hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related
	for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		MISC)	organizations
(1) YVONNE CROWE DIRECTOR	1 00	х						0	0	0
(2) DEBRA STOCK CHAIR	1 00	х		х				0	0	0
(3) YVONNE DRAYTON DIRECTOR	1 00	х						0	0	0
(4) GLYNIS COWART SECRETARY	1 00	х		Х				0	0	0
(5) SHARON K JACKSON DIRECTOR	1 00	х						0	0	0
(6) JEANETTE CASTELLANOS-BUTT DIRECTOR	1 00	х						0	0	0
(7) RORY KANESHIRO DIRECTOR	1 00	х						0	0	0
(8) CAROL GREEN TREASURER	1 00	х		Х				0	0	0
(9) CAROLE COPPENS DIRECTOR	1 00	х						0	0	0
(10) REBECCA HALL VICE CHAIR	1 00	х		х				0	0	0
(11) JANET JAMES DIRECTOR	1 00	х						0	0	0
(12) KAREN JEFFREY-ANTHONY DIRECTOR	1 00	х						0	0	0
(13) LOIS COOK STEELE DIRECTOR	1 00	х						0	0	0
(14) KAREN SCHWARZWALDER DIRECTOR	1 00	х						0	0	0
(15) JANET MARCOTTE DIRECTOR	1 00	х						0	0	0
(16) SUE SHERBROOKE DIRECTOR	1 00	х						0	0	0
(17) PAULA PENEBAKER DIRECTOR	1 00	Х						0	0	0 Earm <b>999</b> (2011)

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

(A) Name and Title	(B) Average hours per week (describe hours for	unles an dire	on (d e than s per offic ector	n on son er a	e bo is bo nd a stee	x, oth )		(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
	related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			
(18) ERIN PROCHNOW DIRECTOR	1 00	х						0	0	0
(19) CHRISTIE DEGRENDELE DIRECTOR	1 00	х						0	0	0
(20) DARCY RAY DIRECTOR	1 00	х						0	0	0
(21) SOYINI WILSON DIRECTOR	1 00	х						0	0	0
(22) ROBYN KENNEDY DIRECTOR	1 00	х						0	0	0
(23) AZURI GONZALEZ DIRECTOR	1 00	х						0	0	0
(24) EVELYN SOMMERS DIRECTOR	1 00	х						0	0	0
(25) KAREN GILMORE DIRECTOR	1 00	х						0	0	0
(26) GLORIA LAU CEO	50 00			х				199,189	0	1,731
1b Sub-Total				<u> </u>	<u> </u>		<u> </u>  ►			
c Total from continuation sheets t							<b>P</b>			
d Total (add lines 1b and 1c)						•	<b>-</b>	199,189	0	1,731
Total number of individuals (inclusion) \$100,000 of reportable compens	-				teda	above	) who	received more tha	n	

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

### **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	<b>(C)</b> Compensation				
PROSKAUER ROSE LLP ELEVEN TIMES SQUARE NEW YORK, NY 100368299	LEGAL SERVICES	244,525				
RAFFA PC 1899 L STREET NW WASHINGTON, DC 20036	ACCOUNTING SERVICES	144,872				
MIA JACKSONDORO MARKETING 4938 HAMPDEN LANE 188 BETHESDA, MD 20814	MARKETING SERVICES	123,150				
KORNFERRY INTERNATIONAL PO BOX 1450 MINNEAPOLIS, MN 554855064	EXECUTIVE SEARCH	106,795				
2 Total number of independent contractors (including but not limited to those listed above) who received more than						

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 -4

Form 99								Page <b>9</b>
Part \	<u>/1111</u>	Statement o	of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
\$ \$	1a	Federated cam	paigns 1a					
ᇤ	b	Membership du	es <b>1b</b>					
Contributions, gifts, grants and other similar amounts	С	Fundraising eve	ents <b>1c</b>					
<u>#</u>	d	Related organiz	zations 1d					
Ψž	e	Government grants	s (contributions) 1e					
atio Sr. s	f	All other contribution	ons, gifts, grants, and <b>1f</b>	419,229				ĺ
高春	g		butions included in					
펄	١.			_	410.220			
ें ल	h	lotal. Add lines	s 1 a - 1 f		419,229			
a E	3-	MEETING & CONFE	-DENOS	Business Code				
ven	2a	MEETING & CONFE	ERENCES	900099	170,891	170,891		
2 <u>4</u>	b c							-
Ş	d							
3	e							
ran	f	All other progra	am service revenue					
Program Service Revenue	-							
	д 3		s 2a-2f		170,891			-
			ome (including dividen ar amounts)		1,088,468			1,088,468
	4		stment of tax-exempt bond	H				
	5	Royalties		•				
			(ı) Real	(II) Personal				
	6a	Gross rents	164,593					
	b	Less rental expenses	115,890					
	С	Rental income or (loss)	48,703					
	d	Net rental inco	me or (loss)		48,703			48,703
	_	C	(i) Securities	(II) Other				
	7a	Gross amount from sales of	9,418,554					
		assets other than inventory						
	b	Less cost or other basis and	8,728,865					
	c	sales expenses Gaın or (loss)	689,689					
	d	Net gain or (los	s)		689,689			689,689
ψ	8a	Gross income f events (not inc						
Other Revenue		\$ of contributions See Part IV , lin						
<u>.</u>			a					
돌	b c		penses <b>b</b> (loss) from fundraising	events 🟲				
-	9a		rom gaming activities ie 19					
	Ь		penses b					
	10a	Gross sales of returns and allo		vicies				
	ь		a oods sold b					
	С	Net income or (	(loss) from sales of inv	entory . • Business Code				
	11a	OTHER INCOM		900099	21,160	21,160		
	Ь	O THER INCOM	16		, -	, -		<del>                                     </del>
	c							
	d	All other reven	ue					<del>                                     </del>
	e	Total. Add lines			24.460			
	12	Total revenue.	See Instructions .	*	21,160			100-55
	ı			I	2,438,140	192,051	C	1,826,860

# 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

7b, 8b, 9b, are in the	and amounts reported on lines 6b, and 10b of Part VIII.  Its and other assistance to governments and organizations a United States See Part IV, line 21  Its and other assistance to individuals in the dd States See Part IV, line 22  Its and other assistance to governments, initiations, and individuals outside the United is See Part IV, lines 15 and 16  In and to or for members of the second o	(A) Total expenses  25,000  115,000  404,954  742,633  4,411 66,222 78,358  353,995 164,024	(B) Program service expenses  25,000  115,000  45,776  388,436  956  28,748	(C) Management and general expenses  359,178  190,147  4,411 65,266 36,880	fundraising expenses  164,050
In the United United Organic States  Grants organic States  Benefit  Compactor (as de descritor)  Other  Pension 403(b)  Other  Payrol  Fees for a Managor b Legal c Accound Lobby e Profes for Investing Other  Adverting Office  Travel  Travel  Travel  Royalt  Travel  Informatic Occup  Interect  Payments	ts and other assistance to individuals in the distates. See Part IV, line 22  Its and other assistance to governments, initiations, and individuals outside the United is See Part IV, lines 15 and 16  If the paid to or for members of the paid to or included above, to disqualified persons effined under section 4958(f)(1)) and persons ribed in section 4958(c)(3)(B)  It is alaries and wages from plan contributions (include section 401(k) and section b) employer contributions)  It is alaries and the paid to the	742,633 4,411 66,222 78,358	115,000 45,776 388,436	190,147 4,411 65,266 36,880	
Junited  Grants organi States  Benefi Compe key en  Compe (as de descri Cother Pensio 403(b) Other  Payrol Fees f Amanag Legal Cocou douby Profes for Invest gother Advert Advert Advert Advert Royalt Fees f Confer	ts and other assistance to governments, inzations, and individuals outside the United is See Part IV, lines 15 and 16 fits paid to or for members bensation of current officers, directors, trustees, and imployees	742,633 4,411 66,222 78,358	45,776 388,436 956	190,147 4,411 65,266 36,880	
organistates 4 Benefi 5 Compete keyen 6 Compete (as de descri 7 Other 8 Pension 403(b) 9 Other 10 Payrol 11 Fees for a Manag b Legal or Accound Lobbyte Profes f Invest g Other 12 Advert 13 Office 14 Inform 15 Royalt 16 Occup 17 Travel 18 Payme state, 19 Confer 20 Intere 21 Payme	inizations, and individuals outside the United is See Part IV, lines 15 and 16 fits paid to or for members bensation of current officers, directors, trustees, and imployees	742,633 4,411 66,222 78,358	45,776 388,436 956	190,147 4,411 65,266 36,880	
5 Comparkey en Rey en Rey en Gas de G	pensation of current officers, directors, trustees, and amployees	742,633 4,411 66,222 78,358	388,436 956	190,147 4,411 65,266 36,880	
key en  Compe (as de descri  Other  Pensio 403(b)  Compe to	employees	742,633 4,411 66,222 78,358	388,436 956	190,147 4,411 65,266 36,880	
(as de descri 7 Other 8 Pensio 403(b) 9 Other 10 Payrol 11 Fees for a Manag b Legal c Accour d Lobbyr e Profes f Invest g Other 12 Advert 13 Office 14 Inform 15 Royalt 16 Occup 17 Travel 18 Payme state, 19 Confer 20 Intere 21 Payme	efined under section 4958(f)(1)) and persons ribed in section 4958(c)(3)(B)	4,411 66,222 78,358 353,995	956	4,411 65,266 36,880	
7 Other 8 Pension 403(b) 9 Other 10 Payrol 11 Fees for a Manage b Legal c Accound d Lobbyr e Profes f Invest g Other 12 Advert 13 Office 14 Inform 15 Royalt 16 Occup 17 Travel 18 Payme state, 19 Confer 20 Intere 21 Payme	r salaries and wages  ion plan contributions (include section 401(k) and section b) employer contributions)  r employee benefits  for services (non-employees)  gement  unting  ying	4,411 66,222 78,358 353,995	956	4,411 65,266 36,880	
8 Pension 403(b) 9 Other 10 Payrol 11 Fees for a Manage b Legal c Accound Lobbyr e Profes f Investing Other 12 Adverting Office 14 Inform 15 Royalt 16 Occup 17 Travel 18 Payme state, 19 Confer 20 Intere 21 Payme	ion plan contributions (include section 401(k) and section b) employer contributions)	4,411 66,222 78,358 353,995	956	4,411 65,266 36,880	
9 Other 10 Payrol 11 Fees for a Manage b Legal c Accound d Lobby e Profes f Invest g Other 12 Advert 13 Office 14 Inform 15 Royalt 16 Occup 17 Travel 18 Payme state, 19 Confer 20 Intere 21 Payme	r employee benefits	78,358 353,995		36,880	12,730
10 Payrol 11 Fees for Manag b Legal c Accound d Lobbys e Profes f Invest g Other 12 Advert 13 Office 14 Inform 15 Royalt 16 Occup 17 Travel 18 Payme state, 19 Confer 20 Intere 21 Payme	for services (non-employees)  gement	78,358 353,995	28,748	36,880	12,730
a Manag b Legal c Accou d Lobby e Profes f Invest g Other 12 Advert 13 Office 14 Inform 15 Royalt 16 Occup 17 Travel 18 Payme state, 19 Confer 20 Intere 21 Payme	for services (non-employees)  gement	353,995	257. 10	,	
a Manage b Legal c Account d Lobby e Profes f Invest g Other 12 Advert 13 Office 14 Inform 15 Royalt 16 Occup 17 Travel 18 Payme state, 19 Confer 20 Intere 21 Payme	gement				
b Legal c Accou d Lobbys e Profes f Invest g Other 12 Advert 13 Office 14 Inform 15 Royalt 16 Occup 17 Travel 18 Payme state, 19 Confer 20 Intere 21 Payme	unting				
c Accound d Lobbyn e Profes f Invest g Other 12 Advert 13 Office 14 Inform 15 Royalt 16 Occup 17 Travel 18 Payme state, 19 Confer 20 Intere 21 Payme	unting			296,897	57,098
d Lobby e Profes f Invest g Other 12 Advert 13 Office 14 Inform 15 Royalt 16 Occup 17 Travel 18 Payme state, 19 Confer 20 Intere 21 Payme	ssional fundraising <i>See Part IV, line 17</i>	104,024		164,024	37,030
e Profes f Invest g Other 12 Advert 13 Office 14 Inform 15 Royalt 16 Occup 17 Travel 18 Payme state, 19 Confer 20 Intere 21 Payme	ssional fundraising See Part IV, line 17			164,024	
f Invest g Other 12 Advert 13 Office 14 Inform 15 Royalt 16 Occup 17 Travel 18 Payme state, 19 Confer 20 Intere 21 Payme					
g Other 12 Advert 13 Office 14 Inform 15 Royalt 16 Occup 17 Travel 18 Payme state, 19 Confer 20 Intere 21 Payme	tment management fees	300 FE0		207.020	10.630
12 Adverting 13 Office 14 Inform 15 Royalt 16 Occup 17 Travel 18 Payme state, 19 Confer 20 Intere 21 Payme	stment management fees	308,559 767,123	489,487	297,920 277,636	10,639
<ul> <li>13 Office</li> <li>14 Inform</li> <li>15 Royalt</li> <li>16 Occup</li> <li>17 Travel</li> <li>18 Payme state,</li> <li>19 Confer</li> <li>20 Intere</li> <li>21 Payme</li> </ul>	rtising and promotion	707,123	409,407	277,030	
<ul> <li>14 Inform</li> <li>15 Royalt</li> <li>16 Occup</li> <li>17 Travel</li> <li>18 Payme state,</li> <li>19 Confer</li> <li>20 Intere</li> <li>21 Payme</li> </ul>	e expenses	55,388	15,882	34,831	4,675
<ul> <li>15 Royalt</li> <li>16 Occup</li> <li>17 Travel</li> <li>18 Payme state,</li> <li>19 Confer</li> <li>20 Intere</li> <li>21 Payme</li> </ul>	mation technology	33,366	13,882	34,631	4,073
<ul> <li>16 Occup</li> <li>17 Travel</li> <li>18 Payme state,</li> <li>19 Confer</li> <li>20 Intere</li> <li>21 Payme</li> </ul>					
17 Travel 18 Payme state, 19 Confer 20 Intere 21 Payme		662,458		662,458	
<ul><li>18 Payme state,</li><li>19 Confer</li><li>20 Intere</li><li>21 Payme</li></ul>	pancy	303,954	46,083	254,620	2 251
<ul><li>19 Confer</li><li>20 Intere</li><li>21 Payme</li></ul>	ents of travel or entertainment expenses for any federal, , or local public officials	303,934	40,063	234,020	3,251
<ul><li>20 Intere</li><li>21 Payme</li></ul>	erences, conventions, and meetings	373,252	286,167	85,821	1,264
<b>21</b> Payme	est	,	,	-,3	
	nents to affiliates				
	eciation, depletion, and amortization	20,510		20,510	
23 Insura	ance	58,238		58,238	
24 Other miscel	r expenses Itemize expenses not covered above (List ellaneous expenses in line 24f If line 24f amount exceeds 10% of 5, column (A) amount, list line 24f expenses on Schedule O)	·		-,	
a REOR	RGANIZATION	216,387		216,387	
<b>b</b> WORL	LD YWCA ALLOCATION	211,779	211,779		
<b>c</b> COMM	MUNICATIONS	38,560	4,767	33,793	
d MARK	KETPLACE	25,364	19,195	4,970	1,199
е					
<b>f</b> All oth		146,444	547,189	-593,750	193,005
25 Total 1	her expenses	5,142,613	2,224,465	2,470,237	447,911
26 Joint of SOP 9 organic combined	functional expenses. Add lines 1 through 24f				

Part X **Balance Sheet** (A) (B) Beginning of year End of year 1 1 1,112,799 617.577 2 2 3 88.165 4 17.265 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 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 6 7 8 9 206, 126 9 102,199 Prepaid expenses and deferred charges . . . . . . 5,940,979 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 10b 3,055,106 b Less accumulated depreciation . . . . . 2,565,813 **10c** 2,885,873 1,138,481 11 1,203,431 11 52,936,667 52,725,757 12 12 Investments—other securities See Part IV, line 11 . . . . . . 13 13 Investments—program-related See Part IV, line 11 . . 14 14 Intangible assets . . . . . . . . . 65,000 15 6,000 15 58,113,051 57,558,102 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 704,523 17 656,391 17 Accounts payable and accrued expenses . 18 18 19 19 20 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 Secured mortgages and notes payable to unrelated third parties . . . 23 24 24 Unsecured notes and loans payable to unrelated third parties . . . . 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 134,211 25 336,488 D . . . . 26 838,734 26 992,879 **Total liabilities.** Add lines 17 through 25 . . . . . Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 48,480,004 27 Unrestricted net assets . . . . 48,461,158 2,454,662 28 1,832,780 28 Temporarily restricted net assets . . . . . Fund 29 6,339,651 29 6,271,285 Permanently restricted net assets . . . . . Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34. ö 30 Capital stock or trust principal, or current funds . . . . . 30 Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund . . . . . 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 33 57.274.317 33 56.565.223 Total net assets or fund balances . . . . . 34 Total liabilities and net assets/fund balances . . . . . 58.113.051 57.558.102

Pal	Check if Schedule O contains a response to any question in this Part XI		•	. [고		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2,4	138,140	
2	Total expenses (must equal Part IX, column (A), line 25)	2			142,613	
3	3 Revenue less expenses Subtract line 2 from line 1					
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4					
5	5 Other changes in net assets or fund balances (explain in Schedule O)					
6	(B)) 6					
Par	TEXII Financial Statements and Reporting  Check if Schedule O contains a response to any question in this Part XII			F		
1	Accounting method used to prepare the Form 990 Cash Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			Yes	No	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? $\cdot$ .		2a	Yes		
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes		
C	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		2c	Yes		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both	sued				
	Separate basis Consolidated basis Both consolidated and separated basis					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		За		No	
b	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.					

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493073001023

OMB No 1545-0047

2011

2011

Inspection

# SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

YWCA OF THE USA

Name of the organization

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

**Public Charity Status and Public Support** 

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

Employer identification number

13-1624103

_					- ( - 11				113 1027		
	rt I			blic Charity Sta		_		•	<u> </u>	nstructions	
	organı —			te foundation becaus							
1	<u> </u>		•	ion of churches, or a			•	b)(1)(A)(i)	•		
2	<u> </u>			d in <b>section 170(b)(1</b>							
3		A hosp	ital or a cod	perative hospital se	rvice organiz	vice organization described in <b>section 170(b)(1)(A)(iii).</b>					
4	Γ		cal research organization operated in conjunction with a hospital described in <b>section 170(b)(1)(A)(iii).</b> Enter the l's name, city, and state						Enter the		
5	Γ	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in						cribed in			
		section 170(b)(1)(A)(iv). (Complete Part II )									
6	Γ	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	Г			described in <b>section</b>		<b>A)(vi)</b> (Co	omplete Part I	Ι)			
9	<u></u>			at normally receives					ributions, mer	nbership fee	s, and gross
-	•	_		rities related to its e	• •		• •		•	•	•
				oss investment inco							
				ganızatıon after June						,	
LO	Г			ganized and operated	•			•	•		
L1	Ė									to carry out	the purposes of
	,	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 f g	I	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)  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  Since August 17, 2006, has the organization accepted any gift or contribution from any of the					n 509(a)(1) or				
			g persons? rson who di	rectly or indirectly c	ontrols eith	er alone or	together with	nersons de	scribed in (ii)	ı	Yes No
				governing body of th			_	persons ac	seribed iii (ii)	119	
			•	er of a person descri		_	2401011			11g	<del></del>
			-	lled entity of a perso			ahove?			11g	
h				ng information about						119	()
•		1 10 1140	. che lonovi	ng mormation about	the support	ca organiza	2011(3)				
	(i) Name of supported organizatio		ne of (ii) (described on col (i) listed in orted EIN lines 1 - 9 above vour governing		e Ion In ted In Erning	(v) Did you no organiza col (i) o suppo	otify the tion in f your	(vi) Is th organiza col (i) org in the U	ie tion in ganized	(vii) A mount of support?	
				instructions))	Yes	No	Yes	No	Yes	No	
ot a	ı						1				

instructions

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.)

_	ection A. Public Support	e organization f	alls to qualify t	inger the tests i	istea below, ple	ease cor	mpietė F	art III.)
	ection A. Public Support endar year (or fiscal year beginning	(2) 2007	(b) 2009	(6) 3000	(d) 2010	(0) 2	011	(f) Total
	ın)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	<b>(e)</b> 2	OII	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual	397,14	8 755,630	811,503	484,972		419,229	2,868,482
_	grants ") Tax revenues levied for the							
2	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							
4	the organization without charge	397,14	8 755,630	811,503	484,972		419,229	2,868,482
5	<b>Total.</b> Add lines 1 through 3 The portion of total contributions	337,14	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	011,505	404,572		717,227	2,000,402
3	by each person (other than a							
	governmental unit or publicly							
	supported organization) included or	n						112,656
	line 1 that exceeds 2% of the							
	amount shown on line 11, column							
_	(f)							
6	<b>Public Support.</b> Subtract line 5 from line 4	'						2,755,826
S	ection B. Total Support		1					
Cal	<b>endar year</b> (or fiscal year	<b>(a)</b> 2007	<b>(b)</b> 2008	<b>(c)</b> 2009	(d) 2010	<b>(e)</b> 20	11	(f) Total
_	beginning in)					(-,		
7	Amounts from line 4	397,148	755,630	811,503	484,972		419,229	2,868,482
8	Gross income from interest,							
	dividends, payments received on securities loans, rents, royalties	2,005,023	1,778,102	1,477,792	1,626,816	1	,253,061	8,140,794
	and income from similar	, ,	, ,	, ,	, ,	•		, ,
	sources							
9	Net income from unrelated							
	business activities, whether or							
	not the business is regularly							
LO	carried on Other income (Explain in Part							
LU	IV ) Do not include gain or loss	20,596	10,392	99,567	55,201		21,160	206,916
	from the sale of capital assets	·	·	,	·		·	·
11	Total support (Add lines 7							11,216,192
	through 10)					1 1		
L2	Gross receipts from related activiti					12		587,114
L3	First Five Years If the Form 990 is check this box and stop here	for the organizati	on's first, second	, third, fourth, or fi	fth tax year as a	501(c)(3	3) organız	ation, ►
	check this box and stop here							-1
S	ection C. Computation of Pul	olic Support P	ercentage					
14	Public Support Percentage for 201	1 (lıne 6 column ı	(f) dıvıded by lıne	11 column (f))		14		24 570 %
L5	Public Support Percentage for 201	O Schedule A, Pa	rt II, line 14			15		27 000 %
L6a	33 1/3% support test-2011. If the	organization did	not check the bo	x on line 13, and li	ne 14 is 33 1/3%	or more	, check tl	his box
	and <b>stop here.</b> The organization qua	alıfıes as a publıc	ly supported orga	nızatıon				<b>►</b> □
b	<b>33 1/3% support test—2010.</b> If the	_			a, and line 15 is 3	3 3 1/3%	or more, o	. <del>-</del>
	box and <b>stop here.</b> The organization				- 12 16 16		. 4 4	<b>►</b>
L/a	10%-facts-and-circumstances test is 10% or more, and if the organiza							
	in Part IV how the organization mee							ed
	organization	/40.5 4110		113t The organiza	quaimes as	_ pabile!	, 5499010	~
b	10%-facts-and-circumstances test	<b>—2010.</b> If the org	anızatıon dıd not	check a box on line	e 13, 16a, 16b, o	r 17a an	d line	-
	15 is 10% or more, and if the organ							
	Explain in Part IV how the organiza	tion meets the "f	acts and circums	tances" test The	organızatıon qual	ifies as a	publicly	
18	supported organization  Private Foundation If the organizat	ion did not check	a hox on line 13	16a 16h 17a or	17h check this	hox and	see	<b>►</b> □

▶□

Schedule A (Form 990 or 990-EZ) 2011 Page 3 Part 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 (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 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 Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 13 11 and 12) 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 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) 15 15 Public support percentage from 2010 Schedule A, Part III, line 15 16 16 Section D. Computation of Investment Income Percentage

Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))

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

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

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

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Investment income percentage from 2010 Schedule A, Part III, line 17

17

18

17

18

**▶**[

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**

PUBLIC SUPPORT FACTORS1 A SIGNIFICANT PORTION OF SUPPORT FOR THE YWCA USA IS GAINED FROM ENDOWMENT EARNINGS ENDOWMENT FUNDS CONSIST OF GIFTS FROM INDIVIDUALS AND ORGANIZATIONS, WHICH REPRESENTS PUBLIC SUPPORT RAISED OVER THE COURSE OF MANY DECADES A SMALL PORTION OF THIS ENDOWMENT IS UTILIZED ANNUALLY FOR OPERATING EXPENSES. THE VAST MAJORITY IS CONTINUALLY INVESTED TO ENSURE FUTURE SUSTAINABILITY OF THE ORGANIZATION 2 IN NOVEMBER 2012. THE YWCA USA'S LOCAL ASSOCIATIONS VOTED TO ACCEPT CHANGES TO THE YWCA USA'S GOVERNING DOCUMENTS. THESE CHANGES ARE A RESULT OF THE NATIONAL COORDINATING BOARD (NCB). IN CONSULTATION WITH THE REGIONAL COUNCILS AND LOCAL ASSOCIATIONS REVIEW OF THE GOVERNANCE AND OPERATIONS OF THE YWCA USA IN ORDER TO IDENTIFY BEST PRACTICES AND MAKE RECOMMENDATIONS FOR ENHANCING THE YWCA USA'S EFFECTIVENESS IN ACCOMPLISHING ITS CHARITABLE MISSION THE AMENDED GOVERNING DOCUMENTS WENT INTO EFFECT ON JANUARY 1, 2013 WITH THESE CHANGES YWCA USA WILL BE CHANGING THE GOVERNANCE STRUCTURE FROM A NCB TO A BOARD OF DIRECTORS ADDITIONALLY, YWCA USA WILL BEGIN TO COLLECT SUPPORT FEES FROM THE LOCAL ASSOCIATIONS WHICH WILL ALLOW YWCA USA AND THE LOCAL ASSOCIATIONS TO USE THEIR COLLECTIVE POWER TO TRANSITION TO A NATIONAL MOVEMENT 3 MANAGEMENT WILL DEVELOP AND IMPLEMENT NEW NATIONAL FUNDRAISING STRATEGIES, UTILIZE NEW TOOLS AND RESOURCES PUT IN PLACE IN FISCAL YEAR 2013 TO POSITION THE ORGANIZATION FOR THE NATIONAL MOVEMENT SUCH AS MARKETING AND BRANDING TOOLKITS AND USE OF SOCIAL MEDIA YWCA USA WILL CONTINUE TO IMPLEMENT ONGOING STREAMLINING AND EFFICIENCY OPPORTUNITIES 4 THE YWCA USA PROVIDES SUPPORT AND SERVICES TO LOCAL YWCA AFFILIATES THE LOCALS PROVIDE DIRECT SERVICES TO THE GENERAL PUBLIC ON A CONTINUAL BASIS THE YWCA USA ALSO PROVIDES RELATED ADVOCACY AND EDUCATIONAL SERVICES 5 WE EXPECT TO SEE A REFLECTION OF THE NATIONAL ECONOMIC RECOVERY IN THE FORM OF INCREASED PUBLIC SUPPORT IN THE COMING YEARS. NATIONAL ECONOMIC DIFFICULTIES HAVE DEPRESSED. GIVING ACROSS THE NONPROFIT SECTOR

Explanation	Exp	lanat	ion
-------------	-----	-------	-----

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

DLN: 93493073001023

OMB No 1545-0047

**SCHEDULE D** (Form 990)

Department of the Treasury

# **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

Open to Public

itema	Revenue Service Attach to Fo	orm 990. ► See separate instructions.	Inspection			
	<b>me of the organization</b> CA OF THE USA		Employer identification number			
			13-1624103			
Pa	rt I Organizations Maintaining Donor Ad		inds or Accounts. Complete if the			
	organization answered "Yes" to Form 99	(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 advi- funds are the organization's property, subject to the		pradvised Yes No			
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben conferring impermissible private benefit	efit of the donor or donor advisor, or for an	y other purpose Yes No			
Pa	rt III Conservation Easements. Complete	if the organization answered "Yes" to	Form 990, Part IV, line 7.			
1 2	Purpose(s) of conservation easements held by the or Preservation of land for public use (e.g., recreating Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualic easement on the last day of the tax year	on or pleasure)  Preservation of an Preservation of a c	historically importantly land area ertified historic structure of a conservation			
	easement on the last day of the tax year	Γ	Held at the End of the Year			
а	Total number of conservation easements		2a			
b	Total acreage restricted by conservation easements		2b			
С	Number of conservation easements on a certified his	toric structure included in (a)	2c			
d						
3	Number of conservation easements modified, transfe	- rred, released, extinguished, or terminate	d by the organization during			
	the taxable year ▶					
4	Number of states where property subject to conserva	ation easement is located 🕨				
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?	the periodic monitoring, inspection, hand	— Iling of violations, and ☐ <b>Yes ☐ No</b>			
6	Staff and volunteer hours devoted to monitoring, insp	ecting and enforcing conservation easem	ents during the year 🛌			
7	A mount of expenses incurred in monitoring, inspectir	ng, and enforcing conservation easements	during the year			
•	<b>▶</b> \$					
8	Does each conservation easement reported on line 2 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	(d) above satisfy the requirements of sec	tion Yes No			
9	In Part XIV, describe how the organization reports co balance sheet, and include, if applicable, the text of t the organization's accounting for conservation easen	he footnote to the organization's financial				
Par	Organizations Maintaining Collection Complete if the organization answered	ns of Art, Historical Treasures, o	or Other Similar Assets.			
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	for public exhibition, education or researc	h in furtherance of public service,			
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research ir				
	(i) Revenues included in Form 990, Part VIII, line 1		<b>►</b> \$			
	(ii) Assets included in Form 990, Part X		<b>▶-</b> \$			
2	If the organization received or held works of art, histofollowing amounts required to be reported under SFA!					
а	Revenues included in Form 990, Part VIII, line 1	<u> </u>	<b>▶</b> \$			

**b** Assets included in Form 990, Part X

Part	Organizations Maintaining Co	llections of Art	<u>, His</u>	toric	<u>al Trea</u>	<u>sures, or Ot</u>	<u>her</u>	Similar Asse	ts (co	ontinued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	ne follo	wing that	are a significar	nt us	e of its collectior	1	
а	Public exhibition		d	Γ	Loan or e	xchange progra	ms			
b	Scholarly research		e	Γ	Other					
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and expla	ın hov	w they	further th	ne organization's	exe	mpt purpose in		
5	During the year, did the organization solicity assets to be sold to raise funds rather than to								Yes	┌ No
Par	Part IV, line 9, or reported an ar					tion answered	"Ye	s" to Form 990	),	
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?	lian or other interme	ediary	for co	ntribution	ns or other asse	ts no		Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	/ and complete the	follow	ıng ta	ble	Г	1	Amou	ınt	
c	Beginning balance						lc			
d	Additions during the year						.d			
e	Distributions during the year					<u> </u>	le			
f	Ending balance						lf			
2a	Did the organization include an amount on Fo	orm 990 Part V lin	o 212			L			Yes	
			e 21,					'	165	1 140
	If "Yes," explain the arrangement in Part XI\  rt V Endowment Funds. Complete		n anc	woro	d "Voc" i	to Form 990	Dart	TV line 10		
Гa	Endowment Funds. Complete	(a)Current Year		Prior Ye		:)Two Years Back		hree Years Back (e	e)Four `	rears Back
1a	Beginning of year balance	55,450,812			.52,331	51,789,180		63,945,259	,	
ь	Contributions	60,767		3	882,459	329,892				
С	Investment earnings or losses	3,441,083		6,7	49,016	3,244,497		-8,656,737		
d	Grants or scholarships									
e	Other expenditures for facilities and programs	3,318,281		3,8	332,994	3,211,238		3,499,342		
f	Administrative expenses									
g	End of year balance	55,634,381		55,4	50,812	52,152,331		51,789,180		
2	Provide the estimated percentage of the yea	r end balance held a	as		•		•	•		
а	Board designated or quasi-endowment	87 740 %								
b	Permanent endowment • 0 990 %									
	Term endowment ► 11 270 %									
c 3a	Are there endowment funds not in the posse	ssion of the organiz	ation 1	that a	re held an	ıd admınıstered	for th	he		
-	organization by	osion of the organiz	a crom	cirac ai	e nera an	ia aaniinisterea	101 (1		Yes	No
	(i) unrelated organizations							3a(i)		No
	(ii) related organizations							3a(ii)		No
b	If "Yes" to 3a(II), are the related organization	•						3b		
4	Describe in Part XIV the intended uses of th									
Par	t VI Land, Buildings, and Equipme	ent. See Form 99	0, Pa	rt X,	line 10.					
	Description of property				Cost or othe (investmei			(c) Accumulated depreciation	( <b>d)</b> Bo	ook value
1a	Land					1,146,0	065			1,146,065
b	Buildings					4,492,0	71	2,894,857		1,597,214
c	Leasehold improvements					1,0	021	351		670
d I	Equipment					301,8	322	159,898		141,924
e	Other									
Tota	I. Add lines 1a-1e (Column (d) should equal Fo	orm 990, Part X, colur	nn (B)	), line	10(c).) .			▶		2,885,873
	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	. ,					Schedule D (F	orm 9	

Investments—Other Securities. See	form 990, Part X, line 12		
(a) Description of security or category	(b)Book value	(c) Method o	
(including name of security)		Cost or end-of-ye	ar market value
(1)Financial derivatives			
(2)Closely-held equity interests			
(3)Other (A) WELLINGTON COMMON TRUST FUNDS	52,725,757		F
(A) WELLINGTON COMMON TROST TONDS	32,723,737		<u> </u>
Table (Calume (b) about a sure form 000 Part V and (D) to a 12 )	F2 725 757		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. See	Form 990, Part X, line		6 l t
(a) Description of investment type	(b) Book value	(c) Method o Cost or end-of-ye	
		Cost of clid of yo	ar market varae
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, Im			(b) Book value
(a) Descrip	LIOII		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:			
Part X Other Liabilities. See Form 990, Part X			
1 (a) Description of Liability	(b) A mount		
Federal Income Taxes			
DEFERRED RENT	336,488		
	•		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25 )	336,488		

Par	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemer	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,438,140
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	5,142,613
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-2,704,473
4	Net unrealized gains (losses) on investments	4	1,995,379
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV )	8	
9	Total adjustments (net) Add lines 4 - 8	9	1,995,379
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-709,094
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Re	· ·
1	Total revenue, gains, and other support per audited financial statements	1	4,773,444
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines <b>2a</b> through <b>2d</b>	2e	2,335,304
3	Subtract line <b>2e</b> from line <b>1</b>	3	2,438,140
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
c	Add lines <b>4a</b> and <b>4b</b>	4c	0
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5	2,438,140
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial statements	1	5,482,538
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
ь	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV) 2d		
e	Add lines <b>2a</b> through <b>2d</b>	2e	339,925
3	Subtract line <b>2e</b> from line <b>1</b>	3	5,142,613
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV) 4b		
c	Add lines <b>4a</b> and <b>4b</b>	4c	0
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18 )	5	5,142,613
Par	t XIV Supplemental Information		

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, 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
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	,	TO SUPPORT VARIOUS PROGRAMS OF DESIGNATED PURPOSES AND THE YWCA USA'S MISSION
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48		THE YWCA USA REQUIRES THAT A TAX POSITION BE RECOGNIZED OR DERECOGNIZED BASED ON A "MORE-LIKELY-THAN-NOT" THRESHOLD THIS APPLIES TO POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN THE YWCA USA DOES NOT BELIEVE ITS FINANCIAL STATEMENTS INCLUDE, OR REFLECT, ANY UNCERTAIN TAX POSITIONS

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493073001023

OMB No 1545-0047

# **SCHEDULE F** (Form 990)

Department of the Treasury

Internal Revenue Service

Statement of Activities Outside the United States ► Complete if the organization answered "Yes" to Form 990,

> Part IV, line 14b, 15, or 16. ▶ Attach to Form 990. ▶ See separate instructions.

Open to Public **Inspection** 

Name	of the	organization
YWCA	OF T	HE USA

**Employer identification number** 

					13-1624103	
Ра	rt I General Informatio "Yes" to Form 990, Pa			ne United States. C	omplete if the organiz	ation answered
1	For grantmakers. Does the	organization m	aıntaın record	s to substantiate the	amount of the grants	or
	assistance, the grantees' elig	gibility for the	grants or assis	tance, and the selecti	on criteria used to awa	ard
	the grants or assistance? . $% \left( 1\right) =\left( 1\right) \left( 1$					▼ Yes    No
2	<b>For grantmakers.</b> Describe in Pa United States	rt V the organiz	atıon's procedur	es for monitoring the use	e of grant funds outside tl	he
3	Activites per Region (Use Part	V ıf addıtıonal sı	pace is needed )			
	(a) Region	<b>(b)</b> Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	<b>(f)</b> Total expenditures for region/investments in region
	EUROPE	0	0	GRANTS TO WORLD YWCA	N/A	115,000
32	Sub-total	0	0			115,000
	Total from continuation sheets					113,000
	to Part I	0	0			
с	Totals (add lines 3a and 3b)	0	0			115,000

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	( <b>g)</b> A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other
			EUROPE	WORLD YWCA	115,000	СНЕСК		N/A	N/A
	Establish 1			atad abassa til s		and health of			
2	tax-exempt b	y the IRS, or f	ent organizations li or which the grant	sted above that are i ee or counsel has pro	recognized as charit ovided a section 501	ties by the foreign c L(c)(3) equivalency	ountry, recognized letter	as . ►	1

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Part V if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	( <b>d)</b> A mount of cash grant	(e) Manner of cash disbursement	( <b>f</b> ) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
					1		
		+			†		
		+			+		
		+ +	·		+		
'	<del> </del>	+	<u> </u>	-	+		<del> </del>
		+	<u> </u>	-	+	<u> </u>	+
		+	ı———			1	
			<u> </u>	<u> </u>		<del> </del>	+
				<u> </u>		<del> </del>	
			<del></del>			1	
			<u></u>	<u> </u>		1	
		T					
-					Ţ		
		+ + + + + + + + + + + + + + + + + + + +	 I		†		
		+		<u> </u>	+		
		+	·	<u> </u>	+		
	+	+	 I	<u> </u>	+	<u> </u>	+
·	<del> </del>	+	ı———	<u>'</u>		1	_
			<u> </u>	<u> </u>		<del>                                     </del>	1
						1	dula E (Earry 000) 2011

# Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)	Γ	Yes	<u> </u>	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)	Г	Yes	<u> </u>	Νo
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)	Г	Yes	<u> </u>	No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)	Г	Yes	✓	No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)	Г	Yes	✓	No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).	Г	Yes	굣	Νo

Schedule F (Form 990) 2011

Schedule F (Form 990) 2011 Page **5** 

Part V Supplemental Information
Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

ldentifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS OUTSIDE THE U S		SCHEDULE F, PART I, LINE 2 GRANT REQUESTS ARE SUBMITTED BY THE WORLD YWCA TO THE WORLD SERVICE COUNCIL OF THE YWCA USA DURING WSC'S OCTOBER MEETING THE GRANTS ARE FACILITATED AND MONITORED BY THE WORLD YWCA TO ENSURE COMPLIANCE WITH GRANT REQUIREMENTS IF THERE ARE DISCREPANCIES, THE WORLD YWCA IS RESPONSIBLE FOR CORRECTIVE ACTIONS AND NOTIFYING THE YWCA USA

Schedule F (Form 990) 2010

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

Schedule I (Form 990)

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

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

OMB No 1545-0047

DLN: 93493073001023

Department of the Treasury ► Attach to Form 990 **Inspection** Internal Revenue Service Employer identification number Name of the organization YWCA OF THE USA 13-1624103 **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States 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 (a) Name and address of (f) Method of (b) EIN (c) IRC Code section (d) A mount of cash (e) A mount of non-(g) Description of (h) Purpose of grant organization ıf applıcable arant cash valuation non-cash assistance or assistance or government assistance (book, FMV, appraisal other) (1) COMMISSION ON 52-1500977 501(C)(3) 25,000 ŀm∨ SPONSORSHIP OF PRESIDENTIAL DEBATES THE 2012 1200 NEW HAMPSHIRE PRESIDENTIAL AND **AVE NW STE 445** VICE PRESIDENTIAL WASHINGTON, DC 20036 DEBATES

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

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

Schedule I (Form 990) 2011

**Compensation Information** 

DLN: 93493073001023

OMB No 1545-0047

Open to Public Inspection

## **Schedule J** (Form 990)

Department of the Treasury

Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** 

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Name of the organization YWCA OF THE USA

**Employer identification number** 

13-1624103

Pai	t I Questions Regarding Compensation	n				
					Yes	Νo
1a	Check the appropriate box(es) if the organization pr 990, Part VII, Section A, line 1a Complete Part II					
	First-class or charter travel	ᅜ	Housing allowance or residence for personal use			
	Travel for companions	Γ	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Γ	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the oreimbursement orprovision of all the expenses desc			1b	Yes	
2	Did the organization require substantiation prior to		- · · · · · · · · · · · · · · · · · · ·			
	officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line $1a^{\circ}$					
3	Indicate which, if any, of the following the organizat organization's CEO/Executive Director Check all t					
	✓ Compensation committee	Γ	Written employment contract			
	Independent compensation consultant		Compensation survey or study			
	Form 990 of other organizations	Γ	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, or a related organization	Part VI	I, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-contro	l paymer	nt?	4a		No
b	Participate in, or receive payment from, a supplement	ental non	nqualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-	oased co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines $4a-c$ , list the persons and p	rovide th	ne applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only m	ust com	plete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A compensation contingent on the revenues of $\ensuremath{I}$	, line 1a,	, did the organization pay or accrue any			
а	The organization?			5a		Νo
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A compensation contingent on the net earnings of $% \left\{ 1,2,3,3,4,4,4,4,4,4,4,4,4,4,4,4,4,4,4,4,4$	, line 1a,	, did the organization pay or accrue any			
а	The organization?			6a		Νo
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A payments not described in lines 5 and 6? If "Yes,"			7		No
8	Were any amounts reported in Form 990, Part VII,					
	subject to the initial contract exception described in Part ${\bf III}$	ııı Kegs	Section 33 4930-4(a)(3)/II Yes, describe			N a
^		القناط معارض	oble presumption president described in Demileter	8		No
9	section 53 4958-6(c)?	ie reputt	able presumption procedure described in Regulations	9		

#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(1)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(A) Name		(B) Breakdown of  (i) Base compensation	W-2 and/or 1099-MIS (ii) Bonus & incentive	(iii) Other reportable	(C) Retirement and other deferred compensation	<b>(D)</b> Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	<b>(F)</b> Compensation reported in prior Form 990 or
			compensation	compensation				Form 990-EZ
(1) GLORIA LAU	(I) (II)	147,189 0	0 0	52,000 0	0		200,920 0	0

Schedule J (Form 990) 2011 Page **3** 

#### Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Return Reference	Explanation
	· '	AS INTERIM CEO, GLORIA LAU WAS PROVIDED LIVING EXPENSES OF \$52,000 IN LIEU OF HOTEL ACCOMMODATIONS WHILE WORKING ON A TEMPORARY BASIS IN DC

Schedule J (Form 990) 2011

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493073001023

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.

2011
Open to Public Inspection

Name of the organization	En	nployer identific	cation number
YWCA OF THE USA			
	13	3-1624103	

Identifier Return Reference		Explanation
	FORM 990, PART VI, SECTION A, LINE 7A	LOCAL ASSOCIATIONS SHALL HAVE 2 VOTES, WHICH SHALL BE CAST BY INDIVIDUALS WHO ARE VOTING MEMBERS OF THE LOCAL ASSOCIATIONS AT LEAST ONE OF WHOM MUST BE A YWCA VOLUNTEER AS DEFINED IN THE BYLAWS
	FORM 990, PART VI, SECTION B, LINE 11	FORM 990 IS REVIEWED BY THE FINANCE COMMITTEE AND TREASURER AND PRESENTED TO THE NATIONAL COORDINATING BOARD
	FORM 990, PART VI, SECTION B, LINE 12C	THE CONFLICT OF INTEREST POLICY IS RENEWED ANNUALLY AND IS DISTRIBUTED TO ALL NEW BOARD MEMBERS AT THE FIRST MEETING IT IS REVIEWED AND DISCUSSED WITH THE NATIONAL COORDINATING BOARD
	FORM 990, PART VI, SECTION B, LINE 15	COMPENSATION FOR THE EXECUTIVE DIRECTOR IS DETERMINED BY THE EXECUTIVE SEARCH TEAM AND THE HR COMMITTEE. KEY EMPLOYEE SALARIES ARE DETERMINED BY THE CHIEF EXECUTIVE OFFICER
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 1,995,379
	FORM 990, PART XI, LINE 2C	THE FINANCE COMMITTEE OF THE BOARD OF DIRECTORS ASSUMES RESPONSIBILIY FOR THE AUDIT AND SELECTION OF THE INDEPENDENT AUDITOR THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR

#### **Additional Data**

Software ID: Software Version:

**EIN:** 13-1624103

Name: YWCA OF THE USA

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

#### 4d. Other program services

(Code ) (Expenses \$ 381,574 including grants of \$ 115,000 ) (Revenue \$ )

GLOBAL INITIATIVES PROMOTES PARTNERSHIPS AND RELATIONSHIP-BUILDING WITH THE WORLD YWCA AND OTHER YWCAS WORLDWIDE AND ADVOCATES INTERNATIONAL PUBLIC POLICIES CONSISTENT WITH MISSION