## 9840INC 11/11/2010 10:50 AM

Form

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

Open to Public

A	For th	e 2009 cal	endar y	ear, or tax year beginning 07/01/09 , and ending 06/30/10				
-		applicable:	Please	C Name of organization		D E	nploye	identification number
П	Address	change	use IRS	Young Women's Christian Association				
Ħ	Name ch	enge.	iabel or print or	Doing Business As		з	1-0!	537167
$\equiv$		·	type.	Number and street (or P.O. box if mail is not delivered to street address)  Room/suite	8			number
닏	Initial reti	um	See	244 DAYTON STREET		5	13-	856-9800
Ш	Terminati	ion	Specific Instruc-	City or town, state or country, and ZIP + 4			receipts	4 5 5 5 5 5 5 5
П	Amended	i return	tions.	HAMILTON OH 45011				
Ħ	Annlicatio	on pending	F Name	and address of principal officer:		H(a)	s this a gr	oup return for
_	· ·ppnocus	on policing	Sh	errie Bluester, Executive Dir			iffiliates?	Yes X No
			24	4 Dayton Street			vre all affili ncluded?	ates Yes No
			Ha	milton OH 45011		lí	"No," atta	ech a list. (see instructions)
		empt status		501(c) ( <b>3</b> ) <b>4</b> (insert no.) 4947(a)(1) or 527				
				wcahamilton.com		H(c) 6	гоир ехе	mption number
K	Type of	organization:	X Cor	poration Trust Association Other ▶ L Year of forms	ation: 1	902	M	State of legal domicile: OH
<u>Р</u>	art I	Su Su	ımmar	у				
	1	_		he organization's mission or most significant activities:				
φį		RESI	DENT:	IAL & PROGRAMS FOR WOMEN				
Governance				***************************************				
ern		·				<i></i>		
Š				If the organization discontinued its operations or disposed of more than 25% of its			1	
ಶ	3	Number of	of voting	members of the governing body (Part VI, line 1a)		∟		L3
es	4	Number of	of indep	endent voting members of the governing body (Part VI, line 1b)		上		<u>L3</u>
Activities	5	Total nun	nber of	employees (Part V, line 2a)		💾	_	15
Ą				volunteers (estimate if necessary)			6 9	90
	7a	Total gros	ss unrel	ated business revenue from Part VIII, column (C), line 12		[;	7a	
_	b	Net unrel	ated bu	siness taxable income from Form 990-T, line 34			7b	0
	١.,	^L:L-1			Prior Yea		7	Current Year
æ	8	Contributi	ons and			7,02 4,29		1,189,829
Revenue	9	Program	service	revenue (Part VIII, line 2g)		_		133,952
Re.	10	Other	nt incon	ne (Part VIII, column (A), lines 3, 4, and 7d)		2,38		1,356
				Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0,37 4,07		19,574 1,344,711
					,20	4,07	<del>-</del>	1,344,/11
				ar amounts paid (Part IX, column (A), lines 1–3)			<b>-</b> }-	
				or for members (Part IX, column (A), line 4)	0.4	5,50		926,085
ses				ompensation, employee benefits (Part IX, column (A), lines 5–10)	<u> </u>	3,30	9	920,003
Expenses	1			Iraising fees (Part IX, column (A), line 11e) expenses (Part IX, column (D), line 25) ▶	vegil-wei	1589/1928	276 357	
찣			-	(Part IX, column (A), lines 11a–11d, 11f–24f)	35	8,43	2	392,096
						$\frac{3}{94}$		1,318,181
				penses. Subtract line 18 from line 12		9,86		26,530
58	13	. www.nuc	IOOO GY			rrent Yea		End of Year
Net Assets or Fund Balances	20	Total ass	ets (Pai	<del></del>	<u> </u>	6,90		1,729,323
Z B	21	Total liab	ilities (P	art X, line 26)	14	4,50	0	116,684
<b>₹</b> 5	22	Net asset	s or fur	nd balances. Subtract line 21 from line 20	. , 63	2,40	8	1,612,639
	art II	Sig	gnatui	e Block				
				ties of pariury, I declare that I have examined this return, including accompanying schedules and states				
		and	belief, it	is true, correct, and complete. Declaration of preparer (other than officer) is based on all information o	f which	preparer	has any	y knowledge.
Sig	ın			Case 5 / School			11/	12/10
He	re			re of officer		1	Date '	•
				ren Baker Treasurer				<del></del>
			Type or	print name and title				
D-'	الہ:	Pre	parer's	Date	Check	if .		Preparer's identifying number (see instructions)
Pai			nature	Douglas C. Jacobs 11/11/10	self- employ	yed 🕨		P00641598
	pare		n's name	(or yours STEPHENSON AND WARNER, INC., CPAs		EIN	1	31-1452851
US	e On		if-employ				one	
_		add	ress, and	ZIP+4   Hamilton, OH 45011-3300		no.	_ ▶ 5	13-868-8600
May	the If	RS discus	s this re	eturn with the preparer shown above? (see instructions)				X Yes No

	990 (2009) Young Women's Christian Association 31-0537167 Page 2
	ort III Statement of Program Service Accomplishments
	Briefly describe the organization's mission:
F	ESIDENTIAL & PROGRAMS FOR WOMEN
	•
_	
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
3	If "Yes," describe these new services on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any program
3	□ <del> </del>
	services?  If "Yes," describe these changes on Schedule O.
4	Describe the exempt purpose achievements for each of the organization's three largest program services 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 \$ 1,222,960 including grants of \$ ) (Revenue \$
I	HE ORGANIZATION'S PROGRAMS PROVIDE EDUCATIONAL.
R	ECREATIONAL, TEMPORARY TRANSITIONAL HOUSING, AND SOCIAL
E	ENEFITS TO MEMBERS AND PARTICIPANTS
	*
	***************************************
	*
	*
	·
	•
	•
4b	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$
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	•
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	• • • • • • • • • • • • • • • • • • • •
	• • • • • • • • • • • • • • • • • • • •
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$
	· · · · · · · · · · · · · · · · · · ·
	· · · · · · · · · · · · · · · · · · ·
	***************************************
	***************************************
	· · · · · · · · · · · · · · · · · · ·
4d	Other program services. (Describe in Schedule O.)
_	(Expenses \$ including grants of \$ ) (Revenue \$ )  Total program service expenses ▶ 1,222,960

_ P	artiv 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)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
	Schedule C, Part II	4		<u> </u>
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)			
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			
	complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		<u> </u>
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		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or			
	quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable	11	X	272752
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete	陈传		
	Schedule D, Part VI.			
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.		5 7 (a) 5 4 (b)	
•	Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets			1.37.3
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.		3.85	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.	2.00		May A
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<b>新28</b> 35	3033	<b>显现底</b>
	Schedule D, Parts XI, XII, and XIII.	12	X	1.0519-18
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?  Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.	100 mg	19-14	
13	is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u> </u>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
þ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			<u></u>
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		<u>  X</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			l
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
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 United States? If "Yes," complete Schedule F, Part III	16		X
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	<del> </del>	<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			İ
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
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	-	X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		000	X
		Foπ	ოყყს	(2009)

# Form 990 (2009) Young Women's Christian Association 31-0537167 Part IV Checklist of Required Schedules (continued)

	art IV Checklist of Required Schedules (continued)	1		<del></del>
24	Did the executation report more than \$5,000 of graphs and other assistance to accommon and executations		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations	١,,		X
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			v
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	-	_X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			77
	employees? If "Yes," complete Schedule J	23	-	X
24a	• • • • • • • • • • • • • • • • • • • •			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K. If "No," go to line 25	24a		<u>x</u> _
þ	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		X
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		X
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		x
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?			
	16 INC - II avairable to Ochradule II. Doct III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	165.45	200	era a
20	Part IV instructions for applicable filling thresholds, conditions, and exceptions):	15.00		(Vite)
_	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
a		200	-	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	206		v
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			37
	Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	ļ	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified		1	
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			İ
	Part I	31	<u> </u>	X
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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			l
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
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	X	
35	III, IV, and V, line 1 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2			х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	1		<u> </u>
Ψ.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	1		
	D 138	37	1	x
20	Part VI  Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	31	<del>                                     </del>	<del>  ^</del>
38			v	
	19? Note. All Form 990 filers are required to complete Schedule O.			(2000

Form **990** (2009)

# Form 990 (2009) Young Women's Christian Association 31-0537167 Part V Statements Regarding Other IRS Filings and Tax Compliance

16 Enter the number reported in Box 3 of Form 1006, Annual Sammany and Transmittal of U.S. Information Returns. Enter 4—If not applicable U.S. Information Returns. Enter 4—If not applicable U.S. Information Returns. Enter 4—If not applicable in the first the number of Forms W-25 included in line 1s. Enter 4—If not applicable in the first the number of employees reported on From W-3, Transmitted of Wage and Tax Satements, India of the calcined year ending with workin the year covered by this return.  2					<u> </u>	Ye		No.
U.S. Information Returns. Enter ← in find applicable in finite political in the souther of Forms W2-01 included in line 1a. Enter ← if not applicable in the cognitization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gamhading) withings to prize withholding rules for reportable payments to vendors and reportable gaming (gamhading) withings to prize withholding rules for respotable payments to vendors and reportable gaming (gamhading) withings to prize withholding rules for respotable payments to vendors and reportable gaming (gamhading) withing to prize with responsibility of the cognitive rules and 2a is greater than 280, you may be required to e-file this return. (See institutions)  3a. Did he organization have unrelated business gross income of \$1,000 or more during he year covered by this return.  3b. If "Yes," has it filled a Form 896-T for this year? If "No," provide an explanation in Schedule O 30.  4d. At any time during the celentary explicit during the celestration in a foreign country; leach as a bear account, securities account, or other numbrity over, a financial account in a foreign country; leach as a bear account, securities account, or other financial account in a foreign country; leach as a bear account, securities account, or other financial account in a foreign country; leach as a bear account, securities account, or other financial account in a foreign country; leach as a bear account, securities account, or other financial account in a fireign country; leach as a bear account, securities account, or other financial account in a foreign country; leach as a bear account, securities account, or other numbers of the organization foreign country.  4a. X  bit If yes, to line to account the account in a provision of the country over, a financial account in a provision of the organization foreign country.  5a. X  bit If yes, to line to account the provision of the provision of the country since foreign Bank and provision accountry over a provision	1a	Enter the number reported in Box 3 of Form 1096. Annual Summary and Transmittal of	1 1			·	V 4,	
be Enter the number of Forms W-2C included in line 1a. Enter 5-V. Find applicabile   1st   0			1a	7	1			
Did the organization comply with backup withholding rules for reportable garying (paristring) withinsips to prize winners?  2 Enter the number of employees reported on Form W-2. Transmittal of Wage and Tax Statements, file of the Carledon Form W-2. Transmittal of Wage and Tax Statements, file of the Carledon Form W-2. Transmittal of Wage and Tax Statements, file of the Carledon Form W-2. Transmittal of Wage and Tax Statements, file of the Carledon Form W-2. Transmittal of Wage and Tax Statements, file of the Carledon Form W-2. Transmittal of Wage and Tax Statements, file of the Carledon Form Sax, did the organization file all required federal employment tax returns?  Note. If the sum of fines is and 2a is greater fines 250, you may be required to else this return.  Statements, file of a Form 500-Tf or this year? If 'No.' provide an explanation in Schedule O 3a	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		0	\$ \$ 1.5 2.77 25	1		
2a Enter the number of employees reported on Form W/S, Treventital of Wage and Tax Statements, let for the calendary sear ending with or within the year oncered by this return?  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 de-life this return. (see instructions)  a. Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  b If "Yes," has it filed a Form 590-T for this year? If "No," provide an explanation in Schedule O  3b A  At any time during the calendary ear, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country. IP  See the instructions of exceptions and filing requirements for Form TD F 50-22.1, Report of Foreign Bank and Financial Accounts.  See the instructions for exceptions and filing requirements for Form TD F 50-22.1, Report of Foreign Bank and Financial Accounts.  Was the organization a party to a prohibited tax shefter transaction at any time during the tax year?  5a X  b If "Nes," to line 5a or 50, did the organization that it was or is a party to a prohibited tax sheller transaction?  5b X  c If "Yes," to line 5a or 50, did the organization that it was or is a party to a prohibited tax sheller transaction or exceptions did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization thave annual gross receipts that are normally greater than \$100,000, and did the organization state an unrelated to the payor?  5b If "Yes," did the organization may receive adductation that were not accepted than \$100,000, and did the organization state and the organization and party for goods and services provided to the payor?  7c X  8b If "Yes," did the organization may receive adductation and express statement that such contributions or gifts were not tax adoutations?  7c X  1f "Yes," indica	С		ortable	<del></del>				
Subterwants, filed for the calendar year ending with or within the year covered by this return   2a   45   X   Note, if the sum of lines 1a and 2a is greater than 250, you may be required federal endingerment as returns   2b   X   Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return, (see		gaming (gambling) winnings to prize winners?	,		1c	X		
If all least one is reported on line 2a, did the organization tile all required feederal employment tox returns?   2b   X	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			100000 10000 10000			
Note. If the sum of lines 1a and 2a te greater than 250, you may be required to e-fle this return, (see instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  3b If "Yes," has It filed a Form 990-T for this year? If "No," provide an explanation in Schedule O  3b If "Yes," has It filed a Form 990-T for this year? If "No," provide an explanation in Schedule O  3b If "Yes," has It filed a Form 990-T for this year? If "No," provide an explanation in Schedule O  3ccurrity over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If "Yes," enter the name of the foreign country (such as a bank account, securities account, or other financial account)?  If "Yes," enter the name of the foreign country (such as a bank account, securities account, or other financial accounts?  Yes the organization for exceeping or and filing requirements for Form TD F 90 22.1, Report of Foreign Bank and Financial Accounts.  Yes the instructions for exceeping or and filing requirements for Form TD F 90 22.1, Report of Foreign Bank and Financial Accounts.  Yes the filing of the organization that It was or is a party to a prohibited tax sheller transaction?  If "Yes," the file for 50 5b, did the organization that It was or is a party to a prohibited tax sheller transaction?  Does the organization native annual gross receipts that are normally greater than \$100,000, and did the organization include with every solicitation an express statement that such contributions or gifts were not tax doctuctible?  Did the organization solicit any contributions but were not tax doctuctible?  Did the organization solicit any contributions under section 170(c).  If "Yes," 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?  If "Yes," did the organization receive a payment in excess of \$75 made partly as a contribution and partl		Statements, filed for the calendar year ending with or within the year covered by this return	2a	45				
As Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  3.0 Life the organization have unrelated business gross income of \$1,000 or more during the calendary lear, did the organization have an explanation in Schedule 0  3.1 Life the organization during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country. Evc. 4 as a bank account, securities account, or other financial accounts?  5.2 Life the organization are of the foreign country. Evc. 5 as a bank account, securities account, or other financial accounts.  5.2 See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  5.2 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5.3 Life the organization are party to a prohibited tax shelter transaction at any time during the tax year?  5.3 Life the organization tax shelter transaction?  5.4 Life the organization have annual gross receipts that are normally greater than \$100,000, and did the organization shew annual gross receipts that are normally greater than \$100,000, and did the organization shelt are normally greater than \$100,000, and did the organization shelt were not tax deductible?  5. Life the organization shelt are normally greater than \$100,000, and did the organization include with every soliclation an express statement that such contributions or gilts were not tax deductible?  7. Organizations that may receive deductible contributions under section 170(c).  8. Life the organization makes any pure to tax deductible?  8. Life the organization makes any pure to tax deductible organization and party for goods and services provided to the payor?  7. Organizations that may receive deductible contributions under section 170(c).  8. Life the organization shall be payor?  8. Life the organization and the payor?  9. Life the organization a	b		ns?		2b	X	1 10 10 10	Same & S
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  3b   X   Y   Yes, The sit filled a Form 990-T for this year? If 'No,' provide an explanation in Schedule O  3b   X   X   X   X   X   X   X   X   X						2 / j.		
this return?  ### If "Yes," has it filled a Form 990-T for this year? If "No," provide an explanation in Schedule O  ### At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountly over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts)  ### If "Yes," either the name of the foreign country: ▶  ### Sase the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  ### As the organization a party to a prohibited tax sheller transaction at any time during the tax year?  ### Did any textible party notify the organization that it was or is a party to a prohibited tax sheller transaction?  ### Did any textible party notify the organization that it was or is a party to a prohibited tax sheller transaction?  ### Did any textible party notify the organization that it was or is a party to a prohibited tax sheller transaction?  ### Did any textible party notify the organization that it was or is a party to a prohibited tax sheller transaction?  ### Did any textible party notify the organization that fill was or is a party to a prohibited tax sheller transaction?  ### Did any textible party notify the organization that it was or is a party to a prohibited tax sheller transaction?  ### Did any textible party notify the organization that it was or is a party to a prohibited tax sheller transaction?  ### Did any textible party notify the organization that it was or is a party to a prohibited tax sheller transaction?  ### Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization noticul with every solicitation an express statement that such contributions or greatzation noticul with every solicitation and express statement that such contributions or greatzation noticul with every solicitation and express statement that such contributions or greatzation noticul wi	_	•						1
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over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts)?  See the instructions for exceptions and filling requirements for Form TD F 90-22.1. Report of Foreign Bank and Financial Accounts.  If "Yes," enter the name of the foreign country: P See the instructions for exceptions and filling requirements for Form TD F 90-22.1. Report of Foreign Bank and Financial Accounts.  If Wes, the organization a party to a prohibited tax shelter transaction returned and financial Accounts.  If Wes, the organization is a prohibited tax shelter transaction returned and the tax shelter transaction?  If Wes, the organization shelter Transaction?  So Does the organization shelter Transaction?  Organization solicit any contributions that were not tax deductible?  Organization solicit any contributions that were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).  Organizations that may receive deductible contributions under section 170(c).  Organizations that may receive deductible contributions under section 170(c).  Organizations that may receive deductible contributions under section 170(c).  Organizations that may receive deductible contributions under section 170(c).  Organizations shall may receive deductible contributions under section 170(c).  Organizations shall may receive deductible contributions under section 170(c).  Organizations shall may receive deductible to only organization for shall be donor of the value of the goods or services provided?  The section 170 organization or organization or off the value of the goods or services provided?  The section 170 organization organization or organization orga		· · · · · · · · · · · · · · · · · · ·			<u>an</u>	+	+	—
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d If "Yes," indicate the number of Forms 8282 filed during the year	٠	The stand to the Form 00000			70			x
be Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7e	d	-			****	54 r	(C) 2.5	
benefit contract?  f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  f Por all contributions of qualified intellectual property, did the organization file Form 8899 as required?  f Por all contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?  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?  9 Sponsoring organization make any taxable distributions under section 4966?  a Did the organization make a distribution to a donor, donor advisor, or related person?  9 Initiation fees and capital contributions included on Part VIII, line 12  a Initiation fees and capital contributions included on Part VIII, line 12  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  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  12b				il				
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required?  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?  9 Sponsoring organizations maintaining donor advised funds.  a Did the organization make any taxable distributions under section 4966?  b Did the organization make a distribution to a donor, donor advisor, or related person?  9 Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10 Section 501(c)(12) organizations. Enter:  a 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.)  12 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  12b								X
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	12a		1041?	 )	12:	$\perp$		
	b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		8. dž		45 S	<u> </u>

				Association		
Part VI	Governance	ce. Managem	ent, and Disclo	sure For each "Yes	" response to lines	2 through 7b below, and

, F Q	for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, pr		_		-		
	Schedule O. See instructions.	0003	30	3, 01 0	nanges		
202	tion A. Governing Body and Management						
<u>060</u>	tion A. Governing body and management				· · · · · · · · · · · · · · · · · · ·	V	
1.	Enter the number of voting members of the governing hody	1 10	ļ	13	y415.7	Yes	<u>No</u>
1a	Enter the number of voting members of the governing body	1a 1b		<u>13</u>			
b	Enter the number of voting members that are independent	10	Ł	<u> </u>		7) S	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with				55 A	DATE.	v
_	any other officer, director, trustee, or key employee?				. 2		<u> </u>
3	Did the organization delegate control over management duties customarily performed by or under the direct						37
_	supervision of officers, directors or trustees, or key employees to a management company or other person?				. 3		<u>X</u>
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was		٠.		. 4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?						<u> </u>
6	Does the organization have members or stockholders?				. 6	<u> </u>	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members						
	of the governing body?				, 7a	X	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?				. 7b	Marie Wee	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during						
	the year by the following:						SEAR.
а	The governing body?			<b></b>	8a	X	
b	Each committee with authority to act on behalf of the governing body?			. <i></i>	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached						
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O				. 9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the I	ntern	a				
Rev	enue Code.)						
						Yes	No
10a	Does the organization have local chapters, branches, or affiliates?				10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,						
	affiliates, and branches to ensure their operations are consistent with those of the organization?			<i>.</i>	. 10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the						
	form?				11	,	X
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				1 2 3 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		(2005) (2005)
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13				12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give		• • •				
	rise to conflicts?				12b	X	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		• • •		1		
	describe in Schedule O how this is done				12c	x	
13	Does the organization have a written whistleblower policy?				1 40	X	
14	Door the experiencian have a written decrement retention and destruction reliev?				14	X	
15	Did the process for determining compensation of the following persons include a review and approval by				4.747	1100	1200
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						150,57
а	The organization's CEO, Executive Director, or top management official				15a	X	4 - 10 (10 10 10 10 10 10 10 10 10 10 10 10 10 1
b	Other officers or key employees of the organization				15b	<u> </u>	x
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		• • •	• • • • • • • •	1. N. J.	14.5710	53.5
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement					皇	
	with a tayable antihe during the year?				16a	Les 40 Tal.	X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	••••				Paris	$\lambda^{\frac{1}{2}\sqrt{2}} \delta^{\frac{1}{2}}$
~	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard				A 4 4		
	the organization's exempt status with respect to such arrangements?						7 /
Sec	tion C. Disclosure						_
17	List the states with which a copy of this Form 900 is required to be filed • OH		_	•			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3):						
	available for public inspection. Indicate how you make these available. Check all that apply.	- /					
	Own website X Another's website X Upon request						
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of int	erest					
	policy, and financial statements available to the public.						
20	State the name, physical address, and telephone number of the person who possesses the books and records o	f the					
	organization: ▶ LESLIE JEWETT 244 DAYTON STREET						
H	AMILTON OH 450	11	• • •	5	13-85	6-9	800

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees. See instructions for definition of "key employee."

Check this box if the organization did not compensate any current officer, director, or trustee.

- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A) Name and Title	(B) Average	Posit	ion (d		C) call t	hat ap	ply)	(D) Reportable	<b>(E)</b> Reportable	(F) Estimated		
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations		
KAREN BAKER TREASURER	1.00	х		x				0	0	0		
DELORES HUDSON DIRECTOR	1.00	х						0	0	0		
NANCY O'NEIL DIRECTOR	1.00	x	~					0	0	0		
REGINA PHILLIPS V. PRES	1.00	x		x				0	0	0		
VICKIE RYAN SECRETARY	1.00	х		x				0	0	0		
LEE SANDERS PRES	1.00	x		x				0	0	0		
MATHERINE DUDLEY DIRECTOR	1.00	x		x				0	0	0		
PAT CAMACHO DIRECTOR	1.00	x						0	0	0		
MARGOT HALCOMB DIRECTOR	1.00	x						0	0	0		
NADINE HILL DIRECTOR	1.00	x						0	0	0		
WANZA JACKSON DIRECTOR	1.00	x			_			0	0	0		
MARY ST JOHN DIRECTOR	1.00	х						0	0	0		
ANNE FLAIG DIRECTOR SIBYL MILLER	1.00	x						0	0	0		
EXEC DIRECTOR	40.00			x				85,545	0	14,481		
SHERRIE BLUESTER EXEC DIRECTOR				x	_			0	0	0		
DAA	<u> </u>									- 000		
DAA										Form 990 (2009)		

Par	t VII Section A. Officers	, Directors, Trus	stees	5, Ke	y =r	nple	yees	, an	d Highest Compensated	Employees (continued)	
	<b>(A)</b> Name and Title	(B) Average hours per week	<u> </u>				hat an	ply) Former	(D) Reportable compensation from the	(E)  Reportable compensation from related organizations	(F) Estimated amount of other compensation
			Individual trustee or director	Institutional trustee	7	Key employee	Highest compensated employee	<b>-4</b>	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
• • • • • • • • • • • • • • • • • • • •											
	•••••										
• • • • • • • • • • • • • • • • • • • •											
• • • • •											
• • • • • • • • • • • • • • • • • • • •											
1b	Total	•						▶	85,545	·	14,481
2	Total number of individuals (in reportable compensation from				thos	e lis	ted a	bov	e) who received more than	\$100,000 in	
3 4 5	Did the organization list any for employee on line 1a? If "Yes," For any individual listed on line the organization and related o individual  Did any person listed on line	complete Schede 1a, is the sum rganizations great	dule of reater t	J for eport than	suci table \$15	n inc com 0,00	lividu npens 0? If	al satio "Ye:	n and other compensation s," complete Schedule J fo	from r such	Yes No
	services rendered to the organition B. Independent Contractor	nization? If "Yes,									5 X
1	Complete this table for your fi compensation from the organi	ve highest comp	ensa	ited	inde	end	lent c	conti	ractors that received more	than \$100,000 of	
		(A) business address							Descrip	(B) stion of services	(C) Compensation
2	Total number of independent more than \$100,000 in compe	•					ed to	tho	se listed above) who receiv	/ed	24.40

Pa	art V	III Staten	ent of Reve	nue						
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
grants mounts	1a	Federated can		1a						
E	b	b Membership dues 1b								
a,Š	C	Fundraising events1c								
gifts, ilar an	d	Related organi	zations	1d						
ž.Ę	e	Government grants	(contributions)	1e		800,975				
Contributions, and other sim	f	f All other contributions, gifts, grants, and similar amounts not included above			388,854					
	g	Noncash contribution	s included in lines 1a-	1f: \$	; 					
<u>0 4</u>	h	Total. Add line	s 1a-1f			<u>,</u>	1,189,829			
9						Busn. Code				
8	2a	PROGRAM	SERVICE FEE	S			131,517	131,517		
8	b	* * * * * * * * * * * * * * * * * * * *					2,435	2,435		
.8	c									
Seg	ď									
É	e									
Program Service Revenue	l f		am service rever							
몬	ı		s 2a–2f				133,952			(1) 美国教育教育
	3		ome (including				,,		the second of the second of the	
	ľ						1,356			1,356
	4	other similar amounts) 4 Income from investment of tax-exempt bond pr					,			
	5		Royalties							
	١	rtoyanics ,	(i) Real	·····		Personal	GLACIE WE THE WEAR WIT		\$10.46 W	ET LANGUES ET GELER AND ES
	62	Gross Rents	(7) 1001	<u> </u>	()	3, 23, 14,	ing years as	East I for the Section A.A.		
	Ι.			_			6. 24.24 (A.T. P. A.S.)		Service State (All Services)	erandadi in in in in in in in in in in in in in
	b	Less: rental exps.		_			was liking between		Ny/T <sub>e</sub> a Solat So	
	ı	Rental inc. or (loss)	mo or /loss)						MANAMANTAN KATUTAN DAN BARBAR L	
	d 7a	Gross amount from	me or (loss) (i) Securities			Other		POARCHISTER CLAS		(2) 16 20 16
		sales of assets	(i) Octobrides		\"/	Outer	\$15.46 产品,多多15.15			Representation of the Confession of the Confessi
	١.	other than inventory	<del></del>							
	"	Less: cost or other								
	۱ ـ	basis & sales exps.	<del></del>					Virtual Control		
	ı	Gain or (loss)					PER AND FROM THE STATE OF STATE	DEFABLE NOTIFIED TO BE BEFORE	isa icisatenan	
	ı		SS),					A Difference of A Track Catholic Action	G. Pour A. A. A. A. A. A. A. A. A. A. A. A. A.	10/40/2014 表表系统直接
£	8a		om fundralising ever				2 00 00 00 00 00			
Other Revenue		(not including \$								
Re			eported on line 1c)			20 000				
ᅙ	Ι.	See Part IV, line		· . a		30,222				
츙		Less: direct ex		D[		12,567	17 255	17 255		
			(loss) from fund om gaming activities	_	even(S ,		17,655	17,655	alangan balangan k	\$25 and \$25 feet \$2 44 \$15 \$2 \$25
	9a									
	١.		19	·· .a.}				<b>第八十五十二十五十五</b>		
	1	Less: direct ex		p[				the horizon filosofi (1865)		Proportion Total States
	I		(loss) from gam	ıng acti	vities	<b>&gt;</b>		Late (Agentine) (Constant Tellicities)		l Note that the constitution and
	10a		inventory, less							
	١.	returns and all								
	l .		goods sold					國際 計劃 图书 医视频电影	Marin i Diskerklerk	restrancia de la companya della companya de la companya della comp
	<del>                                     </del>		(loss) from sale		entory .	Duen Carl	GRAND TO DE ARTECUTO	Say to the second of the	and a company of the	<u>.</u> Bred Monath, o paralis a di designadi
	<del>   </del>		ellaneous Revenue	1		Busn. Code	AND A REST OF THE AREA OF A SEC.			
	11a   .	OTHER REV	ENUE				1,919	1,919		<del></del>
	b									<del>                                     </del>
	C					-	<u> </u>			<del> </del>
	d	d All other revenue e Total. Add lines 11a-11d						<u> </u>		
							1,919		jakou stolavitti, patoliti Ta	
	12	Total Revenue	e. See instruction	ns		<u></u>	1,344,711	153,526	0	1,356

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).

	All other organizations must o				
	not include amounts reported on lines 6b, 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				MUNICIPAL PROPERTY AND A
•	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
2					
•	the U.S. See Part IV, line 22	. =:		in the state of th	
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16			ell Prija - traft -hjærs i skriver -	er en et et forket i jirkeleta ta fatika ka
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	100,026	94,825	5,201	
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	625,021	598,707	26,314	
8	Pension plan contributions (include section 401(k)	•	•	•	
	and section 403(b) employer contributions)	38,253	36,264	1,989	
9	Other employee benefits	88,880	84,258		
10	Payroll taxes	73,905	70,014	3,891	
11	Fees for services (non-employees):	,	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3,001	
a	Management				
b	Legal	10 164	11 127	1 007	
Ç	Accounting	12,164	11,137	1,027	
d	Lobbying		Vista - a vist (uituse - u tarte ili Tibul a vist	1977, 1977, 1971,	
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion	531	46	485	-
13	Office expenses	12,068	5,202	6,866	
14	Information technology	14,127	12,300	1,827	
15	Royalties				
16	Occupancy	121,388	109,038	12,350	
17	Travel	3,518	1,264	2,254	
18	Payments of travel or entertainment expenses	······································	,	, -	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	4,221	2,681	1,540	
		7,461	2,001	1 2,540	<del> </del>
20	Interest				
21	Payments to affiliates	22 200	10 000	2 220	
22	Depreciation, depletion, and amortization	22,308	19,988	2,320	
23	Insurance	2,000	2,000		Try (13) William (ng. 15), Sel Sel Sel (15)
					极为农业和国
24	Other expenses. Itemize expenses not		医胃 18 计图片记录		
	covered above. (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below.)			학교로 프로그램 등에 다른하는	
а	ASSISTANCE	102,307	102,307		
b	SUPPLIES	24,039	22,265	1,774	
c	EQUIPMENT RENTAL	20,935	17,529	3,406	
d	PROGRAM RELATED	18,420	18,420		
e	MEMBERSHIP DUES	12,941	775		
f	All other expenses	21,129	13,940	7,189	
		1,318,181	1,222,960	95,221	
25	Total functional expenses. Add lines 1 through 24f	1,310,101	1,222,360	95,221	
26	Joint costs. Check here ▶ if following SOP 98-2. Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
-	fundraising solicitation		L	L	
DAA					Form <b>990</b> (2009)

Part >	K Balance Sheet			(A)		/D)
				(A) Beginning of year		(B) End of year
1	Cash—non-interest bearing			225	1	50
2	Savings and temporary cash investments		[	557,910	2	558,961
3	Pledges and grants receivable, net				3	
4	Accounts receivable, net			23,231	4	55,055
5	Receivables from current and former officers, direc	ors, trustees, key	,		. 1 (2)	
	employees, and highest compensated employees.	· · ·	1			
	Schedule L	·			5	
6	Receivables from other disqualified persons (as del	ined under sectio	n			
	4958(f)(1)) and persons described in section 4958(					
	Part II of Schedule L	6				
<u></u>	Notes and loans receivable, net		7			
Assets	Inventories for sale or use			-	8	
و اتح	Prepaid expenses and deferred charges			32,463	9	10,487
10a	Land, buildings, and equipment: cost or				4.54.63	
	other basis. Complete Part VI of Schedule D	10a	192,322		48(	10.0000 10.0000
l h	Less: accumulated depreciation	10h	140,119	64,285	10c	52,203
11	Investments—publicly traded securities			133,349		133,349
12	Investments—other securities. See Part IV, line 11				12	200,010
13	Investments—program-related. See Part IV, line 11			13		
14				14		
15	Intangible assets Other assets. See Part IV, line 11			965,445		919,218
16	Total assets. Add lines 1 through 15 (must equal li			1,776,908		1,729,323
17	Accounts payable and accrued expenses			65,465		57,096
18		00,100	18	57,030		
19	Grants payable	• • • • • • • • • • • • • • • • • • • •		79,035	_	59,588
20	Deferred revenue	• • • • • • • • • • • • • • • • • • • •		15,055	20	33,300
	Tax-exempt bond liabilities  Escrow or custodial account liability. Complete Part	IV of Schodula I			21	
8   21 =   22	Payables to current and former officers, directors, t		· · · · · · · · · · · · · · · · · · ·	See a part of the second second	75 W	2049 F (1910 / 1914)   1915 (1951)
ቒ "	employees, highest compensated employees, and			All of the State of the Control of		\$1,000%, weak as 24,000 feets
Liabilities 22 22 22 22 22 22 22 22 22 22 22 22 22		•		NATED WAS NEEDED BY TO SELECT THE SELECT OF	22	
- ·	persons. Complete Part II of Schedule L				23	
23 24	Unsecured notes and loans payable to unrelated th				24	
25	Other liabilities. Complete Part X of Schedule D	iiu paiues	· · · · · · · · · · · · · · · · · · ·		25	
26	Total liabilities. Add lines 17 through 25			144,500		116,684
	Organizations that follow SFAS 117, check here	_			20	"大学是是大学的大学的一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个
Ses	complete lines 27 through 29, and lines 33 and 3					
27   28   28				547,588	27	574,654
g 21				1,078,650		1,028,815
	Temporarily restricted net assets			6,170		9,170
S   29	Permanently restricted net assets			2 40 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	29	
<u> </u>	Organizations that do not follow SFAS 117, chec	k nere			Table (S) Table (S) Table (S)	
Assets or Fund 30 31 32	and complete lines 30 through 34.					
හු   30	Capital stock or trust principal, or current funds			30		
88 31	Paid-in or capital surplus, or land, building, or equip	, , , , , ,			31	
¥   32	Retained earnings, endowment, accumulated incom			1 620 400	32	1 612 620
33			- · · · · · · · · · · · · · · · · · · ·	1,632,408		1,612,639
<b>-</b> 34	Total liabilities and net assets/fund balances		<i></i>	1,776,908	34	1,729,323

Form **990** (2009)

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.

Form 990 (2009)

3b

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

Department of the Treasury

Internal Revenue Service

## **Public Charity Status and Public Support**

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

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

OMB No. 1545-0047 2009

Open to Public

Name of the organization Employer identification number Young Women's Christian Association 31-0537167 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i), 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2), (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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. b Type II c Type III-Functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disgualified 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 g following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) No Yes and (iii) below, the governing body of the supported organization? 11g(l) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(III) Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (Iv) Is the organization (v) Did you notify (vii) Amount of organization the organization in rganization in col. (described on lines 1-9 in col. (1) listed in your support col. (1) of your (I) organized in the above or IRC section governing document? 1152 support? (see instructions) ) Yes Νo Yes Total

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

Schedule A (Form 990 or 990-EZ) 2009

Sche	dule A (Form 990 or 990-EZ) 2009 🛛 🗓 🔾	ing women	s Christi	lan Associ	lation 31	-053/I6/	Page 2
Pa	Support Schedule for O (Complete only if you che				(1)(A)(iv) and	170(b)(1)(A)(vi)	
Sec	tion A. Public Support	ecked the box	on line 5, 7, or	OUI FAIL I.)			
	endar year (or fiscal year beginning in)	(a) 2005	(P) 2006	(a) 2007	(4) 2006	(6) 2000	(f) Total
Oai	endar year (or riscar year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(I) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	991,087	1,268,567	1,225,643	1,129,182	1,189,829	5,804,308
_							
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	991,087	1,268,567	1,225,643	1,129,182	1,189,829	5,804,308
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)			Section of the sectio			
6	Public support. Subtract line 5 from line 4	Charles State			数数しままずに	<b>发展的基本数据</b>	5,804,308
	tion B. Total Support	·				,	
Cal	endar year (or fiscal year beginning in) 🕨 👚	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	991,087	1,268,567	1,225,643	1,129,182	1,189,829	5,804,308
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	649	2,133	6,285	2,387	1,356	12,810
9	Net income from unrelated business activities, whether or not the business is regularly carried on					0	
10 11	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	113,729	13,703	8,320	14,520	\$2000 da (E. 1920)	150,272 5,967,390
12	Gross receipts from related activities, etc.	E. 1. 1 . 1 . 2 . 1 . 2 . 2 . 2 . 2 . 2 .	1.84 4		\$60.89 N-9-3-0-0 1-2-4 <u>00 00 8</u>	12	664,420
13	First five years. If the Form 990 is for the	•			ur as a sastion E01	<i></i>	004,420
13							▶ □
Sec	organization, check this box and stop here tion C. Computation of Public Su	innort Percent	ane		• • • • • • • • • • • • • • • • • • • •		
14	Public support percentage for 2009 (line 6			n (fl)		14	97.27%
15	Public support percentage from 2008 Scho	odulo A Part II lin	aby illie ii, comilii o 17i	(i)	• • • • • • • • • • • • • • • • • • • •	15	97.33%
	33 1/3 % support test—2009. If the organ	vization did not cha	ck the boy on line	12 and line 14 is	33 1/3 % or more	chack this box	37.33 /6
Iva	and stop here. The organization qualifies						<b>▶</b> X
b	33 1/3 % support test—2008. If the organ		-		,	nore check this	
D	box and <b>stop here</b> . The organization quali			tion			▶ □
17a	10%-facts-and-circumstances test—200	• •	•			14 ie 10% or	<b>-</b> L
114	more, and if the organization meets the "f	•		•	•		
	organization meets the "facts-and-circums"			•	•		▶ □
h	10%-facts-and-circumstances test—200		-				[
b	more, and if the organization meets the "f	-					
	organization meets the "facts-and-circums"			-	•		▶ □
18	Private foundation. If the organization did		-				:::::::: <b>▶</b> 🗄

Pa	dule A (Form 990 or 990-EZ) 2009 You					-0537167	Page 3
	Support Schedule for O (Complete only if you che				2)		
Sec	tion A. Public Support	эскеа тпе вох	on line 9 or Pa	art 1.)			
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
-	, , , , , , , , , , , , , , , , , , , ,	(4) 2000	(5) 2000	(6) 2007	(u) 2000	(e) 2003	(i) rotai
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	<u></u>					
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		<u></u>				
	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						
С	Add lines 7a and 7b						-
8	Public support (Subtract line 7c from line 6.)						
Sec	tion B. Total Support	The state of the s	A Marian State of the State of	Table 2 Congress Construction			
Cal	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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	rents, royalties and income from similar sources  Unrelated business taxable income (less section 511 taxes) from businesses						
	rents, royalties and income from similar sources						
c	rents, royalties and income from similar sources  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
с 11	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  Net income from unrelated 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						
c 11	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  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or						
c 11	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  Net income from unrelated 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, 11, and 12.)						
c 11 12	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  Net income from unrelated 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, 11, and 12.)  First five years. If the Form 990 is for the						
c 11 12 13	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  Net income from unrelated 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, 11, and 12.)  First five years. If the Form 990 is for the organization, check this box and stop here	e	<u> </u>				
c 11 12 13 14	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  Net income from unrelated 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, 11, and 12.)  First five years. If the Form 990 is for the organization, check this box and stop heretion C. Computation of Public St.	ıpport Percen	tage				
c 111 12 13 14 Sect	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  Net income from unrelated 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, 11, and 12.)  First five years. If the Form 990 is for the organization, check this box and stop here tion C. Computation of Public Support percentage for 2009 (line 8)	e upport Percen , column (f) divide	tage d by line 13, colun	ın (f))		15	%
c 11 12 13 14 Sect	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  Net income from unrelated 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, 11, and 12.)  First five years. If the Form 990 is for the organization, check this box and stop heretion C. Computation of Public Support percentage for 2009 (line 8 Public support percentage from 2008 Sche	e	tage d by line 13, colun	ın (f))		15	
c 111 112 113 114 Sect	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  Net income from unrelated 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, 11, and 12.)  First five years. If the Form 990 is for the organization, check this box and stop heretion C. Computation of Public Supulic support percentage for 2009 (line 8 Public support percentage from 2008 Schettion D. Computation of Investme	e	tage d by line 13, colun ne 15	nn (f))			%
c 111 112 113 114 Sect 115 116 Sect	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  Net income from unrelated 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, 11, and 12.)  First five years. If the Form 990 is for the organization, check this box and stop heretion C. Computation of Public Support percentage for 2009 (line 8 Public support percentage from 2008 Schettion D. Computation of Investme	e	tage d by line 13, colunne 15 rcentage ) divided by line 13	nn (f))		15 16	% %
c 111 12 13 14 Sect	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  Net income from unrelated 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, 11, and 12.)  First five years. If the Form 990 is for the organization, check this box and stop heretion C. Computation of Public Supulic support percentage for 2009 (line 8 Public support percentage from 2008 Schettion D. Computation of Investme	e	tage d by line 13, colunne 15 rcentage divided by line 13	nn (f)) 3, column (f))		15 16 17 18	% %
c 111 12 13 14 Sect 16 Sect 17 18 19a	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  Net income from unrelated 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, 11, and 12.)  First five years. If the Form 990 is for the organization, check this box and stop here tion C. Computation of Public Support percentage for 2009 (line 8 Public support percentage from 2008 Schettion D. Computation of Investment income percentage from 2009 (Investment income percentage from 2008)	pport Percen , column (f) divide edule A, Part III, li nt Income Pe ine 10c, column (f Schedule A, Part inization did not ch ox and stop here	tage d by line 13, colunne 15 rcentage divided by line 13 lll, line 17 neck the box on lin. The organization	nn (f)) 3, column (f)) e 14, and line 15 is qualifies as a publ	s more than 33 1/3	15 16 17 18 %, and line anization	% %

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV	Suppleme Part II, lin	ental Inforn ne 17a or 17	nation. Com 7b; and Part	nplete this pa III, line 12. F	rt to provide Provide any	e the explanat other addition	ions required	by Part II, line 1 . See instruction	Page 4 0; s.
Part I	I, Line	10 - C	ther In	come Deta	ail				
					<b>\$</b>	150,272			
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
	• • • • • • • • • • • • • • • • • • • •		• • • • • • • • • • • • • • • • • • • •				• • • • • • • • • • • • • • • • • • • •		
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Schedule B (Form 990, 990-EZ,

or 990-PF)
Department of the Treasury
Internal Revenue Service
Name of the organization

## **Schedule of Contributors**

► Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

2009

Young Women's Christian Association

Employer identification number

31-0537167

Organization type (check o	ne):
Filers of:	Section:
Form 990 or 990-EZ	501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation
, -	covered by the <b>General Rule</b> or a <b>Special Rule</b> . (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See
General Rule	
	filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or one contributor. Complete Parts I and II.
Special Rules	
sections 509(a)(1) a	(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under nd 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and
the year, aggregate	(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or s, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
the year, contributio aggregate to more t year for an exclusive applies to this organ	(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during ns for use exclusively for religious, charitable, etc., purposes, but these contributions did not han \$1,000. If this box is checked, enter here the total contributions that were received during the ely religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule nization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more
990-EZ, or 990-PF), but it m	at is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, nust answer "No" on Part IV, line 2 of its Form 990, or check the box in the heading of its Form perm 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ,

Page 1 of 2 of Part I Schedule B (Form 990, 990-EZ, or 990-PF) (2009) Name of organization Employer identification number Young Women's Christian Association 31-0537167 Part I Contributors (see instructions) (a) (c) (d) Aggregate contributions Type of contribution Name, address, and ZIP + 4 No. BUTLER COUNTY UNITED WAY 1... X Person 323 N. Third St Payroll \$ 171,240 Noncash OH 45011 Hamilton (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 Aggregate contributions . 2 . . . GREATER CINCINNATI UNITED WAY Person 2400 Reading Rd Payroll \$ 37,581 Noncash Cincinnati OH 45202 (Complete Part II if there is a noncash contribution.) (a) (c) Type of contribution No. Name, address, and ZIP + 4 Aggregate contributions BUTLER COUNTY MENTAL HEALTH BOARD . 3 Person 5963 Boymel Dr Payroll \$ 250,000 Noncash Fairfield OH 45014 (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 Aggregate contributions 4 BUTLER CO - MARRIAGE LICENSE FEES Person 101 High St Payroll **\$** 77,215 Noncash Hamilton OH 45011 (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d) Name, address, and ZIP + 4 Type of contribution No. Aggregate contributions MIDDLETOWN COMMUNITY FOUNDATION 5... Person 36 Donham Plaza Payroll \$ 25,700 Noncash Middletown OH 45044 (Complete Part II if there is a noncash contribution.) (a) (c) Aggregate contributions Type of contribution Name, address, and ZIP + 4 No. DEPT OF HOUSING AND URBAN DEV 6 Person 4110 Hamilton Middletown Rd Payroll \$ 119,320 Noncash Hamilton OH 45011 (Complete Part II if there is

a noncash contribution.)

Page 2 of 2 of Part I Schedule B (Form 990, 990-EZ, or 990-PF) (2009) Name of organization Employer Identification number Young Women's Christian Association 31-0537167 Part I Contributors (see instructions) (a) (c) (d) No. Name, address, and ZIP + 4 Aggregate contributions Type of contribution VICTIMS OF CRIME ACT . 7.... Person 810 Seventh St. 8th Floor Payroll \$ 44,696 Noncash Washington DC 20531 (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d) Name, address, and ZIP + 4 No. Aggregate contributions Type of contribution .8... STATE VICTIMS ASSISTANCE ACT Person 810 Seventh St, 8th Floor Payroll \$ 89,557 Noncash DC 20531 Washington (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d) Name, address, and ZIP + 4 Type of contribution No. Aggregate contributions 9 FAMILY VIOLENCE PREVENTION Person 1970 West Broad St Payroll 49,250 Noncash Columbus (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 Aggregate contributions Type of contribution 10 BASELINE FUNDING Person 1970 West Broad St Payroll 45,588 Noncash Columbus OH 43218 (Complete Part II if there is a noncash contribution.) (a) (b) (c) No. Name, address, and ZIP + 4 Aggregate contributions Type of contribution VAWA STIMULUS 11 Person 1970 West Broad St Payroll \$ 53,341 Noncash ОН 43218 Columbus (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d) Name, address, and ZIP + 4 Aggregate contributions Type of contribution No. Person . . . . . . Payroll Noncash

(Complete Part II if there is a noncash contribution.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

## Supplemental Financial Statements

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

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047
2009
Open to Public Inspection

Employer identification number Name of the organization Young Women's Christian Association 31-0537167 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if Part I the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year \_\_\_\_\_\_ Aggregate contributions to (during year) 2 Aggregate grants from (during year) 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? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. 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 important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements **2**a 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 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ \_ \_ \_ \_ \_ Number of states where property subject to conservation easement is located ▶ \_\_ \_ \_ \_ \_ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? 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. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III 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 .....

Sche	dule D (Form 990) 2009 Young Wome						Page 2
Pa	rt III Organizations Maintaining (						ts (continued)
3	Using the organization's acquisition, accession, collection items (check all that apply):	and other records, check	any of the followi	ng that are a si	gnificant use	of its	
а	Public exhibition	d 🗍 Loan o	r exchange prograi	ms			
b	Scholarly research	e Other	<b>5</b> , 5				
c	Preservation for future generations	_					
4	Provide a description of the organization's colle Part XIV.	ections and explain how t	hey further the org	anization's exen	npt purpose	in	
5	During the year, did the organization solicit or assets to be sold to raise funds rather than to	be maintained as part of t	he organization's o	collection?			Yes No
Pa	rt IV Escrow and Custodial Arrai						
1a	Is the organization an agent, trustee, custodiar						
	included on Form 990, Part X?	-					☐ Yes ☐ No
h	If "Yes," explain the arrangement in Part XIV a	nd complete the following	table:	• • • • • • • • • • • • • • • • • • • •	· · · · · · · · · · · · · · · · · · ·		🗀 '95 🗀 '15
~	ii 165, Oxpidii die diangement in i die XIV d	nd complete the following	EDIC.				Amount
	Beginning balance					1c	7 11100170
	Additions during the year					1d	
	Distributions during the year					1e	
f				· · · · · · · · · · · · · · · · · · ·		1f	<del></del>
	Did the organization include an amount on For	m 990, Part X, line 21?				<i></i>	Yes   No
	If "Yes," explain the arrangement in Part XIV.		1 //3 / 18		5 ( 1) /	D 45	
Pa	rt V Endowment Funds. Comple				<del>·                                      </del>		
		(a) Current year	(b) Prior year	(c) Two years	back (d) Ti	ree years b	
	Beginning of year balance			Paga Angertaire	4.74 16.3	40.11 J.W. A.	
b	Contributions			<b>新生活。在第二人</b>			46 47 AV 49 E N
C	Net investment earnings, gains, and losses						
d	Grants or scholarships					AL METER LANG	
	Other expenditures for facilities			Construction of the second	等455 機能	<b>使的研究</b>	15. 多数数据为15g/超级
•	and programs						
f	Administrative expenses				5.15 167		
	End of year balance			11 A 12 A 13 TO 15 B 1			35 P. S. S. A. P. S. W. P. S.
2	Provide the estimated percentage of the year			Automatical state of the Control	TELLER STORY	<u> </u>	-0.50.15   16.76.10.78   16.75   17.56. <u>10.76.79   16.64</u>
	Board designated or quasi-endowment						
		<sup>70</sup>					
-	Permanent endowment   %						
	Term endowment ▶ %						
3a	Are there endowment funds not in the possess	sion of the organization th	at are held and ad	ministered for th	10		[ <del>],</del> [,
	organization by:						Yes No
	(i) unrelated organizations						3a(i)
	(ii) related organizations						3a(ii)
b	If "Yes" to 3a(ii), are the related organizations I						3b
4	Describe in Part XIV the intended uses of the						
Pa	rt VI Investments—Land, Buildin		. See Form 99	<u>90, Part X, li</u>	<u>ne 10.</u>		
	Description of Investment	(a) Cost or other basis	(b) Cost or o	1	(c) Accumulat		(d) Book value
		(investment)	basis (othe	er)	depreciation		
1a	Land			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
b	Buildings						
С	Leasehold improvements		7	7,051	3	,265	3,786
	Equipment			5,271		,854	48,417
	Other						
	. Add lines 1a through 1e. (Column (d) must eq	ual Form 990, Part X, col	umn (B), line 10(c)	.)		▶	52,203

Schedule D (Form 990) 2009 Young Women's Christia Part VII Investments—Other Securities. See Form 990	<mark>an Associatio</mark> N Part X line 12	31-0537167	Page 3
(a) Description of security or category	(b) Book value	(c) Method of val	uation
(including name of security)	(b) book value	Cost or end-of-year m	
	-	Cost of characteristin	iditioi valdo
Financial derivatives			
Closely-held equity interests			
Other			
- <b>-</b>			
- <b></b>			
		<del></del>	
<del></del>			
77.1-1 (O-1 (P)1 F 000 P1 (V1 /P) (P40 )			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments—Program Related. See Form 99	0, Part X, line 13.		
(a) Description of investment type	(b) Book value	(c) Method of val	uation:
		Cost or end-of-year m	narket value
***	1	†	
		1	
	-		
·			
	1		
	•		
	<del> </del>	<del></del>	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		<b>建</b> 以使物质等的 计设置的 <b>的复数</b>	质量 医医生物 计主义数据
Part IX Other Assets. See Form 990, Part X, line 15.		A STATE OF THE STATE OF THE STATE OF THE STATE OF	
			(I-) Dealership
(a) Description			(b) Book value
Unconditional promises			838,522
Receivable with YWCA Ha	<u>umilton Apt Pt</u>	5	64,782
Restricted cash			9,170
Advance to related part	v		5,644
Deposit	<u> </u>		1,000
Investment in related p	party		100
**			
T-(-1 /O-1 (h)   F 000   B   /B)     /B)			010 010
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)		······ ►	919,218
Part X Other Liabilities. See Form 990, Part X, line 2	<u>5.</u>		2. TO THE CO. I. S. L. S
1. (a) Description of liability	(b) Amount		
Federal income taxes			
<del></del>			
			Sat And All Artist
<del></del>			
			olyward dala
			WINDOWS WAS AND MAD
Table (Oakses (b) and a surface of Oak Bad (c) (C) (C) (C)	<del> </del>	┫보고 하시하다 발 아름답답다[편]	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	<u> </u>	1 水水等等等。其時或器是成學等少、各種等	taa kaayon (146 1 <i>939) 1</i>

<sup>2.</sup> FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Sche	dule D (Form 990) 2009 Young Women's Christian Association 31-05		Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial		·
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,344,711
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,318,181
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	<u> 26,530</u>
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	-46,299
6	Investment expenses		
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)		-1 <u>63</u>
9	Total adjustments (net). Add lines 4 through 8	9	-46,462
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	
Pa	rt XII Reconciliation of Revenue per Audited Financial Statements With Revenue		
1	Total revenue, gains, and other support per audited financial statements	1	1,377,428
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments 2a		
b	4 4 4 4 4 1 4 4 4 4 4 4 4 1 4 4 4 4 1 4	,150	
C	Recoveries of prior year grants 2c		
þ	, , , , , , , , , , , , , , , , , , , ,	.,567	
е	Add lines 2a through 2d	2e	32,717
3	Subtract line 2e from line 1	3	1,344,711
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		
b	Other (Describe in Part XIV.)		
C	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,344,711
Pa	rt XIII Reconciliation of Expenses per Audited Financial Statements With Expense		
1	Total expenses and losses per audited financial statements	1	1,397,360
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	4.00	
а	**************************************	,449	
b	Prior year adjustments 2b		
C	Other losses 2c		
d	• • • • • • • • • • • • • • • • • • • •	730	
е	Add lines 2a through 2d	2e	79,179
3	Subtract line 2e from line 1	3	1,318,181
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 4a		
b	Other (Describe in Part XIV.)		
C	Add lines 4a and 4b	4c	
5_	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,318,181
	rt XIV Supplemental Information		
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, fir		
	2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also com	plete	
	ert to provide any additional information.  art XI, Line 8 - Reconcilation of Changes - Other		
	PECIAL EVENTS		12,567_
	- <b></b>	<del>-</del> \$	
	PECIAL_EVENTS	<sup>2</sup>	<b>_ _</b>
_RI	ELATED_PARTY_EXPENSE	_, _,\$	1_63
	- <b> </b>		
_P	art XII, Line 2d - Revenue Amounts Included in Financia	a <u>l</u> sO <u>t</u>	h <u>er</u>
_S	PECIAL_EVENTS	\$	_ <u>12,567</u> _

Schedule D (Form 990) 2009 Young Women's Christian Association 31-0537167	Page <b>5</b>
Part XIV Supplemental Information (continued)	
Part XIII, Line 2d - Expense Amounts Included in Financials -	Oruer
_SPECIAL_EVENTS\$	<u>1</u> 2,567
בי אווער השחור בי בי בי בי בי בי בי בי בי בי בי בי בי	162
_RELATED_PARTY_EXPENSE\$_	
- <del>-</del>	
- <b>-</b>	
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### SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding
Fundraising or Gaming Activities
Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ. See separate Instructions.

OMB No. 1545-0047 Open To Public

Department of the Treasury Internal Revenue Service

Inspection

Name of the organization Young Women's Chi	ristian As	socia	ati	.on	Employer identif	
Part I Fundraising Activities. Complete Form 990-EZ filers are not require				ered "Yes" to Form	n 990, Part IV, lii	ne 17.
1 Indicate whether the organization raised funds throug	h any of the following	ng activiti	ies. (	Check all that apply.		
a Mail solicitations	e Solicitation	π of non-	-gove	ernment grants		
b Internet and email solicitations	f Solicitation	n of gove	∍mm	ent grants		
c Phone solicitations	g Special fu	ındraising	g eve	ents		
d In-person solicitations		•				
2a Did the organization have a written or oral agreemen or key employees listed in Form 990, Part VII) or ent	t with any individual	(includin	ng of	ficers, directors, trustee	s	☐ Yes ☐ No
b If "Yes," list the ten highest paid individuals or entities to be compensated at least \$5,000 by the organization	s (fundraisers) pursu			=		. 👝
(i) Name of individual or entity (fundraiser)	(II) Activity	(iii) Did f raiser h custody control contribution	ave or of	(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
		+	No			-
		++				
			_			
		+ +	-			
			-			
			ĺ			
					•	
3 List all states in which the organization is registered or	or licensed to solicit	funds or	has	been notified it is exen	npt from	
registration or licensing.						
		• • • • • • • • •	• • • •		, , , , , , , , , , , , , , , , , , , ,	
***************************************						

Does the organization operate gaming activities with nonmembers?

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?

11

12

Sche	edule G (Form 990 or 990-EZ) 2009 Young women's Christian Association 31-053/16	7	۲	age ა
			Yes	No
13 a b 14	Indicate the percentage of gaming activity operated in:  The organization's facility  An outside facility  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?	15a		ing in Herend
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$			
	Name ►			
16	Address   Gaming manager information:			
	Name ►  Gaming manager compensation ► \$			
	Description of services provided ▶  □ Director/officer □ Employee □ Independent contractor			al de
17 a	Mandatory distributions:  Is the organization required under state law to make charitable distributions from the gaming proceeds to			
b	retain the state gaming license?  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 > \$	17a		2.3 2.3 3.7

Schedule G (Form 990 or 990-EZ) 2009

#### SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

## Supplemental Information to Form 990

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

Attach to Form 990.

2009
Open to Public Inspection

Employer identification number Name of the organization Young Women's Christian Association 31-0537167 Form 990, Part I, Line 6 The volunteers do tutoring and various program assistance. Form 990, Part VI, Line 6 - Classes of Members or Stockholders THE ORGANIZATION HAS MEMBERS Form 990, Part VI, Line 7a - Election of Members and Their Rights THE MEMBERS HAVE AN ANNUAL MEETING WHERE THEY ELECT THE BOARD. Form 990, Part VI, Line 11A - Organization's Process to Review Form 990 THE EXECUTIVE DIRECTOR AND THE TREASURER REVIEW THE FOMR 990 PRIOR TO FILING. Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy ANNUAL DISCLOSURE FORM MUST BE SIGNED. AND THE ORGANIZATION REVIEWS NEW SITUATIONS DURING THE YEAR IN LIGHT OF THE CONFLICT OF INTEREST POLICY. Form 990, Part VI, Line 15a - Compensation Process for Top Official THE BOARD REVIEWS AND APPROVES COMPENSATION PACKAGES ANNUALLY. Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation ORGANIZATION MAKES GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS MAKES AVAILABLE TO PUBLIC UPON REQUEST.

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10:50	
1/2010	
11/1	
3840IN	

SCHEDULE R (Form 990)

)rm 990)

\_\_\_

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the parameter of the part of the part of the part of the parameter of the part of the parameter of the part of the parameter of the

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

Attach to Form 990.
See

► See separate instructions.

2009 2009 Open to Public Inspection

(f)
Direct controlling
entity Employer identification number 31-0537167 (f) Direct controlling entity Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) (e)
Public charity status
(if section 501(c)(3)) (e) End-of-year assets Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) (d) Exempt Code section (d) Total income (c)
Legal domicile (state
or foreign country) (c)
Legal domicile (state
or foreign country) (b) Primary activity (b) Primary activity Young Women's Christian Association (a) (ame, address, and EIN of related organization (a)Name, address, and EIN of disregarded entity Name of the organization Part Part II

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.  $\mathsf{DAA}_\mathsf{A}$ 

Schedule R (Form 990) 2009

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	Primary activity Le	(c) (d) Legal Direct controlling domicile entity	(e) Predominant income (related, unrelated,	(f) Share of total income	(g) Share of end-of-year assets	(h) Dispro- portionate	۵.	General or managing
	roc los	foreign country)	excluded from tax under sections 512-514)				(Form 1065)	Ves No
							<del></del>	
ldentification of Related Organizations Taxable as a line 34 because it had one or more related organizations.		Corporation or	Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, ons treated as a corporation or trust during the tax year.)	if the organizations ist during the tax	on answered "Ye (year.)	s" to Form 990	, Part IV,	1
(a)	(b) Primary activity	(c) Legal domícile	(d) Direct controlling	(e) Tvpe of entity	(f) Share of total income	(g) Share of	(h) Percentage	95
Name, address, and Ein of related organization	<u> </u>	(state or foreign country)	entity	(C corp. S corp. or trust)		end-of-year assets	ownership	. <u>G</u>
YWCA OF HAMILTON APARTMENTS INC 244 DAYTON STREET HAMILTON 31-1781272 DEV	DEVELOP	HO		U			75,000000	000

Page 3

Schedule R (Form 990) 2009 Young Women's Christian Association 31-0537167

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			Yes	No
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?			100 100 100 100 100 100 100 100 100 100	
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		13		×
<b>b</b> Gift, grant, or capital contribution to other organization(s)		d1		×
c Gift, grant, or capital contribution from other organization(s)		5		×
d Loans or loan guarantees to or for other organization(s)		2		×
e I pans or Inan quantaes by other organization(s)		-		×
			7 / S	( ) ( )
f Sale of assets to other organization(s)		<del>1</del>		
Purchase of assets from other organization(s)		5		×
Exchange of assets		=		×
i Lease of facilities, equipment, or other assets to other organization(s)		=		×
j Lease of facilities, equipment, or other assets from other organization(s)		1		×
k Performance of services or membership or fundraising solicitations for other organization(s)		¥		×
1 Performance of services or membership or fundraising solicitations by other organization(s)		=		×
m Sharing of facilities, equipment, mailing lists, or other assets		1m		썾
n Sharing of paid employees		1h		×
			<i>y</i>	100
<ul> <li>Reimbursement paid to other organization for expenses</li> </ul>		10	×	
		1p		×
<ul> <li>q Other transfer of cash or property to other organization(s)</li> </ul>		19		×
Other transfer of cash or property from other organization(s)		11		×
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.	ansaction thresholds.			
(a)	(a)	<u> </u>		
Name of other organization	Transaction	Amount involved	olved	
	type (a–r)			
MOTHWATCHOOK WATHOUTH CHINAN	C		,	163
TOOMS WORKSTTERN				3
(2)				
(3)				
(4)				
(5)				
(9)			1000	
		Schedule R (Form 990) 2009	TORR E	2003

Schedule R (Form 990) 2009 Young Women's Christian Association 31-0537167

Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.) Part VI Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) (b) (c) (c) (d) (d) (d) (d) (d) (e) (d) (d) (e) (d) (d) (e) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	(b) Primary activity	(c) Legal domicile	(d) Are all partners	thers	(e) Share of	(f) Disproportionate	tionate	(9) Code V—UBI	Gene	(h) General or
		(state or toreign country)	section 501(c)(3) organizations?	33	end-ot-year assets	allocati	7suc	amount in box 20 of Schedule K-1 (Form 1065)	man	managing partner?
			Yes	No		Yes	ů.		Yes	No
							<u> </u>			
				=						
					:					
								Schedule R (Form 990) 2009	orm 990	6002 (