

**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)**2009**Department of the Treasury  
Internal Revenue Service

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

**Open to Public Inspection**

For the 2009 calendar year, or tax year beginning , 2009, and ending ,

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input checked="" type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See specific instruc- tions.	<b>C</b> YWCA Northeast Indiana, Inc. 1610 Spy Run Avenue Fort Wayne, IN 46805	<b>D</b> Employer Identification Number 35-0868220 <b>E</b> Telephone number 260-424-4908 <b>G</b> Gross receipts \$ 2,285,082.
<b>F</b> Name and address of principal officer: Same As C Above		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "No," attach a list. (see instructions)	
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c) ( 3 ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(c)</b> Group exemption number ▶	
<b>J</b> Website: ▶ ywca.org/fortwayne		<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	
<b>L</b> Year of Formation: 1894		<b>M</b> State of legal domicile: IN	

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <u>YWCA Northeast Indiana is dedicated to eliminating racism, empowering women and promoting peace, justice, freedom, and dignity for all.</u>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	3	18
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	4	18
	<b>5</b> Total number of employees (Part V, line 2a)	5	45
	<b>6</b> Total number of volunteers (estimate if necessary)	6	40
	<b>7a</b> Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	7b	0.

<b>Revenue</b>		<b>Prior Year</b>	<b>Current Year</b>
	<b>8</b> Contributions and grants (Part VIII, line 1h)	1,464,142.	1,144,681.
	<b>9</b> Program service revenue (Part VIII, line 2g)	3,492.	
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-41,469.	-116,581.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-1,299.	-3,544.
	<b>12</b> Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,424,866.	1,024,556.

<b>Expenses</b>		<b>Prior Year</b>	<b>Current Year</b>
	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,227,177.	1,169,492.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 39,230.		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	534,281.	399,266.
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,761,458.	1,568,758.
	<b>19</b> Revenue less expenses. Subtract line 18 from line 12	-336,592.	-544,202.

<b>Net Assets or Fund Balances</b>		<b>Beginning of Year</b>	<b>End of Year</b>
	<b>20</b> Total assets (Part X, line 16)	3,770,018.	3,784,125.
	<b>21</b> Total liabilities (Part X, line 26)	406,697.	333,449.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	3,363,321.	3,450,676.

**Part II Signature Block**

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.		
	▶ <u>Deborah Beckman</u> Signature of officer	Date	5/3/2010
	▶ <u>Deborah Beckman, President/CEO</u> Type or print name and title.		

<b>Paid Preparer's Use Only</b>	Preparer's signature ▶ Susan A. Berghoff, CPA	Date 4/28/10	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions) N/A
	Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ Dulin Ward & DeWald, Inc. 9921 Dupont Circle Drive West Fort Wayne, IN 46825	EIN ▶ N/A	Phone no. ▶ (260) 423-2414	

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

☒ Yes ☐ No

BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

TEEA0113L 12/29/09 Form 990 (2009)

**Part III Statement of Program Service Accomplishments**

1 Briefly describe the organization's mission:

See Schedule O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If 'Yes,' describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If 'Yes,' describe these changes on Schedule O.

4 Describe the 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 \$ 715,914. including grants of \$ ) (Revenue \$ )

See Schedule O

4b (Code: ) (Expenses \$ 306,170. including grants of \$ ) (Revenue \$ )

Outreach: Outreach provides essential domestic violence services for women and men who elect to stay in their homes or otherwise outside of formal shelter. Outreach Advocates meet with clients in a safe, undisclosed, community location to develop safety planning, goal setting and life changes until they can free themselves from their abusive environment. 253 women, men, and children participated in this program in 2009 and were provided 1,149 hours of case management services.

4c (Code: ) (Expenses \$ 112,457. including grants of \$ ) (Revenue \$ )

Education: Education focuses on domestic violence awareness through community presentations and professional trainings for the Northeast Indiana region. The YWCA's education services delivered 279 community education, professional training, youth education, and jail group presentations in 2009 to 6,651 participants. Our own YWCA Eyes Wide Open® and Sexting programs engages youth to identify early warning signs to prevent relationship violence. The program continues to expand into more middle and high schools in the service area.

4d Other program services. (Describe in Schedule O.) See Schedule O

(Expenses \$ 136,638. including grants of \$ ) (Revenue \$ )

4e Total program service expenses ▶ 1,271,179.

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A.	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	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.		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II.		X
5 <b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III.		
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.		X
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.		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.		X
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.		X
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.	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.	X	
• Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete 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.		
• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX.		
• 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.		
12 Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII.	X	
12A Was the organization included in consolidated, independent audited financial statement for the tax year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional.		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I.		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II.		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.		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.		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	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.		X
20 Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H.		X

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

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

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**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
1a	Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
3b	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4b	If 'Yes,' enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
6b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?		
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
7b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If 'Yes,' indicate the number of Forms 8282 filed during the year		
7e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
7h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
8	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	<b>Sponsoring organizations maintaining donor advised funds.</b>		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make any distribution to a donor, donor advisor, or related person?		
10	<b>Section 501(c)(7) organizations.</b> Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	<b>Section 501(c)(12) organizations.</b> Enter:		
11a	Gross income from other members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
12b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year		

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

**Section A. Governing Body and Management**

	Yes	No
1 a Enter the number of voting members of the governing body	18	
b Enter the number of voting members that are independent	18	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee? See Schedule O	X	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? See Sch. O	X	
5 Did the organization become aware during the year of a material diversion of the organization's assets?		X
6 Does the organization have members or stockholders?		X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9 Is there any officer, director or 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		X

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

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?		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?		
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11A Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O		
12a Does the organization have a written conflict of interest policy? If 'No,' go to line 13	X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done See Schedule O	X	
13 Does the organization have a written whistleblower policy?	X	
14 Does the organization have a written document retention and destruction policy?	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	X	
b Other officers of key employees of the organization See Schedule O	X	
If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosures**

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

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.

☐ Own website ☒ Another's website ☒ Upon request

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:

► Joel Weerts 1610 Spy Run Avenue Fort Wayne IN 46805 260-424-4908

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

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

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Jomare Bowers-Mizzel Director	0.5	X						0.	0.	0.
Kim Christmon Director	0.5	X						0.	0.	0.
Connie Cline Director	0.5	X						0.	0.	0.
Dottie Davis Director	0.5	X						0.	0.	0.
Jody Kinsey Past Chair	0.5	X						0.	0.	0.
Amy Lazoff Secretary	0.5	X						0.	0.	0.
Barbara Phillips Director	0.5	X						0.	0.	0.
Judy Roy Chair	0.5	X						0.	0.	0.
Cindy Schmidt Director	0.5	X						0.	0.	0.
Teresa Schomburg Treasurer	0.5	X						0.	0.	0.
Lindsay Smith Director	0.5	X						0.	0.	0.
Barbara Williams Director	0.5	X						0.	0.	0.
Maureen O'Donnell Director	0.5	X						0.	0.	0.
Jill Parker Director	0.5	X						0.	0.	0.
Jan Wilhelm Director	0.5	X						0.	0.	0.
Robin Lanzer Director	0.5	X						0.	0.	0.
Heidi Musgrave Director	0.5	X						0.	0.	0.

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Laura Sievers Director	0.5	X						0.	0.	0.
Terra Brantley Director	0.5	X						0.	0.	0.
Deborah Beckman CEO	40			X				74,632.	0.	10,512.
Jean Wright COO	40			X				64,160.	0.	3,297.
Terri Noone Chief Program	40			X				55,382.	0.	8,792.
Barbara Daniels COO							X	500.	0.	0.
<b>1 b Total</b>								<b>194,674.</b>	<b>0.</b>	<b>22,601.</b>

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

3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If 'Yes,' complete Schedule J for such person

	Yes	No
3	X	
4		X
5		X

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

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

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



**Part VIII** Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1a	Federated campaigns	1a 184,750.			
	b	Membership dues	1b			
	c	Fundraising events	1c 139,699.			
	d	Related organizations	1d			
	e	Government grants (contributions)	1e 248,398.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 571,834.			
	g	Noncash contribns included in lns 1a-1f: \$				
	h	Total. Add lines 1a-1f	1,144,681.			
PROGRAM SERVICE REVENUE	2a Business Code					
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	Total. Add lines 2a-2f				
OTHER REVENUE	3	Investment income (including dividends, interest and other similar amounts)	104,952.			104,952.
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
	6a	Gross Rents	(i) Real (ii) Personal			
	b	Less: rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss)				
	7a	Gross amount from sales of assets other than inventory	(i) Securities (ii) Other 1,029,833. 913.			
	b	Less: cost or other basis and sales expenses	1,251,421. 858.			
	c	Gain or (loss)	-221,588. 55.			
	d	Net gain or (loss)	-221,533.			-221,533.
	8a	Gross income from fundraising events (not including \$ 139,699. of contributions reported on line 1c). See Part IV, line 18	a 3,356.			
	b	Less: direct expenses	b 8,247.			
	c	Net income or (loss) from fundraising events	-4,891.	-4,891.		
	9a	Gross income from gaming activities. See Part IV, line 19	a			
	b	Less: direct expenses	b			
	c	Net income or (loss) from gaming activities				
	10a	Gross sales of inventory, less returns and allowances	a			
b	Less: cost of goods sold	b				
c	Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11a	Miscellaneous	900099	1,347.			1,347.
b						
c						
d	All other revenue					
e	Total. Add lines 11a-11d	1,347.				
12	Total revenue. See instructions	1,024,556.	-4,891.	0.	-115,234.	

**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).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21.				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22.				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	216,774.	150,337.	42,614.	23,823.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	500.	0.	500.	0.
7 Other salaries and wages.	780,678.	720,873.	59,805.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions).	37,309.	33,883.	3,278.	148.
9 Other employee benefits.	47,828.	41,298.	6,530.	
10 Payroll taxes.	86,403.	74,090.	10,382.	1,931.
11 Fees for services (non-employees):				
a Management.				
b Legal.	3,679.	1,290.	2,389.	
c Accounting.	15,165.	12,728.	2,012.	425.
d Lobbying.				
e Prof fundraising svcs. See Part IV, ln 17.				
f Investment management fees.	22,912.	8,037.	14,875.	
g Other.	44,343.	19,668.	21,976.	2,699.
12 Advertising and promotion.	16,084.	13,336.	1,622.	1,126.
13 Office expenses.	26,162.	15,105.	9,043.	2,014.
14 Information technology.				
15 Royalties.				
16 Occupancy.	97,391.	79,113.	15,172.	3,106.
17 Travel.	21,613.	19,017.	2,547.	49.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	7,377.	4,155.	3,087.	135.
20 Interest.	21,679.		21,679.	
21 Payments to affiliates.	11,931.		11,931.	
22 Depreciation, depletion, and amortization.	74,909.	46,927.	27,982.	
23 Insurance.				
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a Client welfare.	25,908.	25,908.		
b Special events.	5,369.	1,745.	21.	3,603.
c Membership dues.	2,663.	1,893.	599.	171.
d Miscellaneous.	1,457.	1,640.	-183.	
e Property taxes.	624.	136.	488.	
f All other expenses.				
25 Total functional expenses. Add lines 1 through 24f.	1,568,758.	1,271,179.	258,349.	39,230.
26 Joint costs. Check here <input type="checkbox"/> 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.				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>ASSETS</b>	1 Cash — non-interest-bearing .....	78,576.	1	54,141.
	2 Savings and temporary cash investments .....		2	
	3 Pledges and grants receivable, net .....	322,911.	3	182,145.
	4 Accounts receivable, net .....	51,714.	4	83,986.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L .....		6	
	7 Notes and loans receivable, net .....		7	
	8 Inventories for sale or use .....		8	
	9 Prepaid expenses and deferred charges .....	3,891.	9	5,824.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,533,543.		
	b Less: accumulated depreciation .....	10b 918,905.	689,547.	10c 614,638.
	11 Investments — publicly-traded securities .....	1,750,947.	11	2,526,184.
	12 Investments — other securities. See Part IV, line 11 .....	573,952.	12	109,845.
	13 Investments — program-related. See Part IV, line 11 .....		13	
	14 Intangible assets .....		14	
	15 Other assets. See Part IV, line 11 .....	298,480.	15	207,362.
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	3,770,018.	16	3,784,125.	
<b>LIABILITIES</b>	17 Accounts payable and accrued expenses .....	63,390.	17	49,787.
	18 Grants payable .....		18	
	19 Deferred revenue .....		19	
	20 Tax-exempt bond liabilities .....		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D .....		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		22	
	23 Secured mortgages and notes payable to unrelated third parties .....	343,307.	23	283,662.
	24 Unsecured notes and loans payable to unrelated third parties .....		24	
	25 Other liabilities. Complete Part X of Schedule D .....		25	
	26 <b>Total liabilities.</b> Add lines 17 through 25 .....	406,697.	26	333,449.
<b>NET ASSETS OR FUND BALANCES</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29 and lines 33 and 34.</b>			
	27 Unrestricted net assets .....	2,329,965.	27	2,382,196.
	28 Temporarily restricted net assets .....	753,231.	28	788,355.
	29 Permanently restricted net assets .....	280,125.	29	280,125.
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	30 Capital stock or trust principal, or current funds .....		30	
	31 Paid-in or capital surplus, or land, building, and equipment fund .....		31	
	32 Retained earnings, endowment, accumulated income, or other funds .....		32	
	33 Total net assets or fund balances .....	3,363,321.	33	3,450,676.
34 <b>Total liabilities and net assets/fund balances.</b> .....	3,770,018.	34	3,784,125.	

BAA

Form 990 (2009)

**Part XI Financial Statements and Reporting**1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other

If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant? .....

2a

Yes

No

X

b Were the organization's financial statements audited by an independent accountant? .....

2b

X

c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....

2c

X

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: .....

☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....

3a

X

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. ....

3b

BAA

Form 990 (2009)



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

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)	1,434,531.	1,620,743.	1,462,567.	1,464,713.	1,144,681.	7,127,235.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.						0.
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.						0.
4 <b>Total.</b> Add lines 1 through 3.	1,434,531.	1,620,743.	1,462,567.	1,464,713.	1,144,681.	7,127,235.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						1,107,560.
6 <b>Public support.</b> Subtract line 5 from line 4.						6,019,675.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4.	1,434,531.	1,620,743.	1,462,567.	1,464,713.	1,144,681.	7,127,235.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	39,531.	87,575.	142,856.	133,097.	104,952.	508,011.
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) See Part IV.	1,601.	910.	757.	1,262.	4,627.	9,157.
11 <b>Total support.</b> Add lines 7 through 10.						7,644,403.
12 Gross receipts from related activities, etc. (see instructions)					12	11,981,308.
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ▶ <input type="checkbox"/>						

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

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	78.8 %
15 Public support percentage from 2008 Schedule A, Part II, line 14.	15	82.1 %
16a <b>33-1/3 support test – 2009.</b> If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ <input checked="" type="checkbox"/>		
b <b>33-1/3 support test – 2008.</b> If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
17a <b>10%-facts-and-circumstances test – 2009.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
b <b>10%-facts-and-circumstances test – 2008.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ▶ <input type="checkbox"/>		

BAA

Schedule A (Form 990 or 990-EZ) 2009

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

(Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 <b>Total.</b> Add lines 1 through 5						
7a Amounts included on lines 1, 2, 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 <b>Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal yr 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 Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 <b>Total support.</b> (add lines 9, 10c, 11, and 12)						
14 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

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

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

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

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

- 19a **33-1/3 support tests – 2009.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization. ▶ ☐
- b **33-1/3 support tests – 2008.** If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization. ▶ ☐
- 20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ▶ ☐

<b>Part IV</b>	<b>Supplemental Information.</b> Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.
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This image shows a full page of white paper designed for handwriting practice. It features 18 evenly spaced, horizontal dashed lines that run across the entire width of the page. The lines are thin and light gray, providing a guide for letter height and placement without being distracting. There is no text or other markings on the page.



YWCA Northeast Indiana, Inc.

35-0868220

## Part II, Line 10 - Other Income

Nature and Source	2009	2008	2007	2006	2005
Miscellaneous	4,627.	1,262.	757.	910.	1,601.
Total	<u>\$ 4,627.</u>	<u>\$ 1,262.</u>	<u>\$ 757.</u>	<u>\$ 910.</u>	<u>\$ 1,601.</u>

**Schedule B**  
(Form 990, 990-EZ,  
or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, 990-EZ, or 990-PF

OMB No. 1545-0047

**2009**

Name of the organization

YWCA Northeast Indiana, Inc.

Employer identification number

35-0868220

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

- ☒ 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

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule –**

- ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

**Special Rules –**

- ☒ For a section 501(c)(3) organization filing Form 990 or 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ \_\_\_\_\_

**Caution:** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF) but it **must** answer 'No' on Part IV, line 2 of their Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

**Schedule B** (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization

Employer identification number

YWCA Northeast Indiana, Inc.

35-0868220

**Part I** Contributors (see instructions.)

(a) Number	(c) Aggregate contributions	(d) Type of contribution
1	92,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	90,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	35,888.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

YWCA Northeast Indiana, Inc.

35-0868220

**Part I** Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7		82,408.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8		142,436.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9		133,870.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)



Name of organization

Employer identification number

YWCA Northeast Indiana, Inc.

35-0868220

**Part III** Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. (Complete cols (a) through (e) and the following line entry.)

For organizations completing Part III, enter total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once - see instructions.) ... \$ N/A

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

**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, lines 6, 7, 8, 9, 10, 11, or 12.  
▶ Attach to Form 990. ▶ See separate instructions

OMB No. 1545-0047

**2009****Open to Public  
Inspection**

Name of the organization

YWCA Northeast Indiana, Inc.

Employer identification number

35-0868220

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or for any other purpose conferring impermissible private benefit?? ☐ Yes ☐ No

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

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

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

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

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

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

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

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

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

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

Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

1 a 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 ▶ \$

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

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

a ☐ Public exhibition

d ☐ Loan or exchange programs

b ☐ Scholarly research

e ☐ Other \_\_\_\_\_

c ☐ Preservation for future generations

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

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

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

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

b If 'Yes,' explain the arrangement in Part XIV and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

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

b If 'Yes,' explain the arrangement in Part XIV.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	405,231.	563,015.			
b Contributions	215,265.				
c Net investment earnings, gains, and losses	129,582.	-140,158.			
d Grants or scholarships					
e Other expenditures for facilities and programs	11,968.	13,613.			
f Administrative expenses	4,668.	4,013.			
g End of year balance	733,442.	405,231.			

2 Provide the estimated percentage of the year end balance held as:

a Board designated or quasi-endowment ▶ \_\_\_\_\_ %

b Permanent endowment ▶ 38.00 %

c Term endowment ▶ 62.00 %

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

	Yes	No
(i) unrelated organizations	3a(i) X	
(ii) related organizations	3a(ii)	X
b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R	3b	X

See Part XIV.

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated Depreciation	(d) Book Value
1a Land		86,903.		86,903.
b Buildings		1,142,012.	677,166.	464,846.
c Leasehold improvements		9,080.	2,397.	6,683.
d Equipment				
e Other		295,548.	239,342.	56,206.
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				614,638.

BAA

Schedule D (Form 990) 2009





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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1,024,556.
2	Total expenses (Form 990, Part IX, column (A), line 25)	1,568,758.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	-544,202.
4	Net unrealized gains (losses) on investments	631,557.
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV)	
9	Total adjustments (net). Add lines 4 through 8	631,557.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	87,355.

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

1	Total revenue, gains, and other support per audited financial statements	1	1,670,208.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	631,557.
b	Donated services and use of facilities	2b	14,095.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	645,652.
3	Subtract line 2e from line 1	3	1,024,556.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
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	1,024,556.

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

1	Total expenses and losses per audited financial statements	1	1,582,853.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	14,095.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	14,095.
3	Subtract line 2e from line 1	3	1,568,758.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
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	1,568,758.

**Part XIV Supplemental Information**

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

**Part V, Line 4 - Intended Uses Of Endowment Fund**

To help achieve the mission of the organization.

**Part X - FIN 48 Footnote**

On January 1, 2009, the Association adopted FASB ASC 740-10, formerly FIN 48-3,

"Accounting for Uncertainty in Income Taxes." The Association is a nonprofit

voluntary health and welfare organization, exempt from income tax under Section

501(c)(3) of the Internal Revenue Code, and qualifies for the 50% charitable

contributions deduction limitation. The Association has been classified as an

**Part XIV** Supplemental Information (continued)**Part X - FIN 48 Footnote (continued)**

organization that is not a private foundation under Section 509(a) of the Internal Revenue Code. The Association's income tax filings are subject to audit by various taxing authorities. The Association's open audit periods include years ending December 31, 2007, 2008 and 2009. The Association's management has determined that there are no events that would more likely than not cause the above tax position to change within the next twelve months.

<b>Part XIV</b>	<b>Supplemental Information</b> <i>(continued)</i>
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[illegible]

Department of the Treasury  
Internal Revenue Service

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

2009

**Open to Public Inspection**

35-0868220

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

- Special fundraising events

- ☐
- Yes
- ☒
- No

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

[illegible]

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

REVENUE		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		Circle of Women (event type)	(event type)	(total number)	(Add col. (a) through col. (c))
1	Gross receipts	143,055.			143,055.
2	Less: Charitable contributions	139,699.			139,699.
3	Gross income (line 1 minus line 2)	3,356.			3,356.
DIRECT EXPENSES	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages	8,247.		8,247.
	8	Entertainment			
	9	Other direct expenses			
	10	Direct expense summary. Add lines 4- through 9 in column (d)			
11	Net income summary. Combine lines 3, column (d) and line 10				-4,891.

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

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

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

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

b If 'No,' explain: \_\_\_\_\_

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

b If 'Yes,' explain: \_\_\_\_\_

11 Does the organization operate gaming activities with nonmembers? \_\_\_\_\_

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? \_\_\_\_\_

	YES	NO
9a		
10a		
11		
12		

		YES	NO
<b>13</b> Indicate the percentage of gaming activity operated in:			
<b>a</b> The organization's facility .....	<div style="border: 1px solid black; padding: 2px;">13a</div> <div style="border: 1px solid black; padding: 2px;">%</div>		
<b>b</b> An outside facility .....	<div style="border: 1px solid black; padding: 2px;">13b</div> <div style="border: 1px solid black; padding: 2px;">%</div>		
<b>14</b> Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
Name: ▶ .....			
Address: ▶ .....			
<b>15a</b> Does the organization have a contact with a third party from whom the organization receives gaming revenue? .....		15a	
<b>b</b> If 'Yes,' enter the amount of gaming revenue received by the organization \$ ..... and the amount of gaming revenue retained by the third party \$ .....			
<b>c</b> If 'Yes,' enter name and address of the third party:			
Name: ▶ .....			
Address: ▶ .....			
<b>16</b> Gaming manager information			
Name: ▶ .....			
Gaming manager compensation ▶ \$ .....			
Description of services provided: ▶ .....			
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor			
<b>17</b> Mandatory distributions			
<b>a</b> Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? .....		17a	
<b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year: ▶ \$ .....			

**SCHEDULE J**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service**Compensation Information**For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees

- **Complete if the organization answered 'Yes' to Form 990, Part IV, line 23.**  
► **Attach to Form 990.** ► **See separate instructions.**

OMB No. 1545-0047

**2009****Open to Public  
Inspection**

Name of the organization

Employer identification number

YWCA Northeast Indiana, Inc.

35-0868220

**Part I** Questions Regarding Compensation

**1 a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain.

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

**3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- |  |  |
|--|--|
| <input type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:

**a** Receive a severance payment or change-of-control payment?

**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?

**c** Participate in, or receive payment from, an equity-based compensation arrangement?

If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.**

**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

**a** The organization?

**b** Any related organization?

If 'Yes' to line 5a or 5b, describe in Part III.

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

**a** The organization?

**b** Any related organization?

If 'Yes' to line 6a or 6b, describe in Part III.

**7** For person listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If 'Yes,' describe in Part III.

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If 'Yes,' describe in Part III.

**9** If 'Yes' to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1 b

2

4 a

4 b

4 c

5 a

5 b

6 a

6 b

7

8

9

X

X

X

X

X

X

X

X

X

X

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2009



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

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus and incentive compensation	(iii) Other reportable compensation				
Barbara Daniels	(i) 0.	0.	500.	0.	0.	500.	37,503.
	(ii) 0.	0.	0.	0.	0.	0.	0.
	(i)						
	(ii)						
	(i)						
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	(ii)						
	(i)						
	(ii)						

<b>Part III</b>	<b>Supplemental Information</b>
-----------------	---------------------------------

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

### Compensation from Unrelated Organizations:

BAA

Schedule J (Form 990) 2009

**SCHEDULE O**  
(Form 990)

**Supplemental Information to Form 990**

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization

Employer identification number

YWCA Northeast Indiana, Inc.

35-0868220

**Form 990, Part III, Line 1 - Organization Mission**

The YWCA of Northeast Indiana is a women's membership movement nourished by its roots in the Christian faith and sustained by the richness of many beliefs and values. Strengthened by diversity, the YWCA draws together members who strive to create opportunities for women's growth, leadership, and power in order to attain a common vision: peace, justice, freedom, and dignity for all people. The YWCA thrusts its collective power toward the elimination of racism wherever it exists and by any means necessary.

**Form 990, Part III, Line 4a - Program Service Accomplishments**

Shelter for Victims of Domestic Violence: YWCA Northeast Indiana serves Allen, DeKalb, Huntington, Noble, Wells and Whitley counties with a continuum of care for domestic violence victims and their families as well as adults and young people at risk of becoming victims. Serving residents of six Northeast Indiana counties, as well as victims from other counties and states needing relocation for safety, the YWCA provides 24/7 crisis line support, emergency shelter, nonresidential crisis and transition support, school and community education, and case management services directed at building self-sufficiency for individuals and families.

In 2009, staff answered and served 4,771 calls received through the 24/7 crisis line. While the needs of some callers can be met by referral to other services available in our community, many of these calls are the point of entry for YWCA programs.

In 2009, 8,416 sheltering nights were provided to 308 women, and 232 children in the emergency shelter. Men were sheltered at a safe, off-site location. Our 30-day crisis shelter provides a cost-free safe harbor in which families work with advocates to set goals, make new starts and facilitate healing. Extended stays can be granted

Name of the organization

Employer identification number

YWCA Northeast Indiana, Inc.

35-0868220

**Form 990, Part III, Line 4a - Program Service Accomplishments (continued)**

on a case-by-case basis, up to 45 days. Primary services include individualized safety planning, life skills, need-specific referrals, personal support, advocacy and education regarding safe housing options and domestic violence.

YWCA Domestic Violence Services emphasizes empowerment for clients to meet their own needs. Positive encouragement and advocacy help our clients set goals they create themselves to gain self-respect toward a safe and stable future.

**Form 990, Part III, Line 4d - Other Program Services Description**

Steps to Success: Steps to Success serves survivors of domestic violence seeking to attain self-sufficiency. These families are free from the abuse cycle, and are gaining self sufficiency skills to live and work as productive citizens of our community in a safe environment. This home-based program connects participants with educational support such as college scholarships, employment skills such as resume building and on-line job searches, using the internet and community based resources for budgeting, parenting, life skills, etc. Participants work toward self-derived educational and/or employment goals with an eye to sustaining self-sufficiency after leaving the program. During the year, 16 adult clients were served by this program.

Racial Justice: Racial Justice is a focus of the YWCA: eliminating racism. Fort Wayne is an official national Resettlement Site, currently bringing large numbers of immigrants from many different areas here. The YWCA is an active player in supporting multiple populations and addressing associated issues. Monthly Diversity Dialogues cover a wide range of community diversity issues, engaging staff with the public in increasing mutual understanding and cultural competencies. YWCA Domestic Violence Services are available to all in the community, with staff focused on serving sizable Hispanic and Burmese populations. We actively participate on the

Name of the organization

YWCA Northeast Indiana, Inc.

Employer identification number

35-0868220

**Form 990, Part III, Line 4d - Other Program Services Description (continued)**

local Multi cultural Council as well as network and collaborate with other community groups addressing racial issues in Fort Wayne.

**Form 990, Part VI, Line 2 - Business or Family Relationship of Officers, Directors, Etc.**

Amy Lazoff is the niece of Cindy Schmidt.

**Form 990, Part VI, Line 4 - Significant Changes to Organizational Documents**

During 2009 the Articles of Incorporation were amended to reflect a name change of the Organization from Young Women's Christian Association of Fort Wayne, Indiana to YWCA Northeast Indiana, Inc.

**Form 990, Part VI, Line 11 - Form 990 Review Process**

The YWCA Northeast Indiana's Board of Director's Governance Committee will prepare the required 990 form and electronically distribute the completed form to each member of the Board of Directors for review. Once each member has reviewed the completed form and sent a confirmation to the Recording Secretary of the organization, the review and confirmation will be noted in the board minutes. If formal approval is required, a quorum vote will occur at the next scheduled Board Meeting where a quorum is present.

**Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts**

A staff member with a potential Conflict of Interest shall reveal the potential conflict and shall not participate in decisions affecting the potential Conflict of Interest. Any staff member shall refrain from obtaining any list of YWCA members for any purpose unrelated to their position, at any time during or after the term of their affiliation with YWCA. Staff members sign a commitment to adhere to the Conflict of Interest Policy annually, listing all conflicts of interest, potential conflicts of interest, or board memberships and committing to timely notice of any new potential conflicts of interest.

Name of the organization

Employer identification number

YWCA Northeast Indiana, Inc.

35-0868220

**Form 990, Part VI, Line 15b - Compensation Review & Approval Process for Officers & Key Employees**

The process for determining compensation for the executive officer, or key employee of the YWCA Northeast Indiana will be conducted and documented by the Executive Committee (or a special committee). The Committee will utilize "comparability data", such as salary surveys and other non-profit 990's to make its determination and will ensure its timely documentation to occur no more than every two years.

**Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available**

The YWCA makes its governing documents, conflict of interest policy, and financial statements available to the public upon request.

**State of Indiana  
Office of the Secretary of State**

**CERTIFICATE OF AMENDMENT**

of

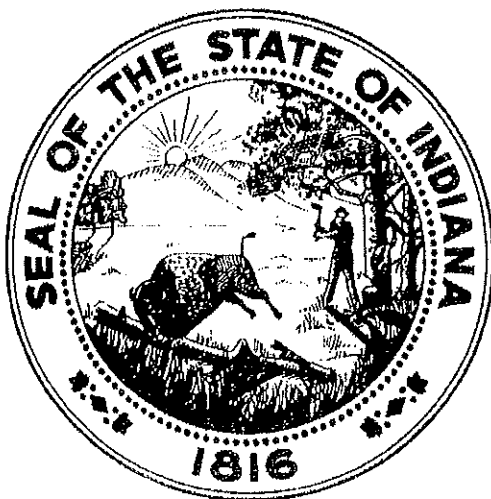
**YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF FORT WAYNE INC**

I, TODD ROKITA, Secretary of State of Indiana, hereby certify that Articles of Amendment of the above Non-Profit Domestic Corporation have been presented to me at my office, accompanied by the fees prescribed by law and that the documentation presented conforms to law as prescribed by the provisions of the Indiana Nonprofit Corporation Act of 1991.

The name following said transaction will be:

**YWCA NORTHEAST INDIANA, INC.**

NOW, THEREFORE, with this document I certify that said transaction will become effective Wednesday, August 12, 2009.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, August 12, 2009.

A handwritten signature in cursive script that reads "Todd Rokita".

TODD ROKITA,  
SECRETARY OF STATE

**AMENDED AND RESTATED ARTICLES OF INCORPORATION OF  
YWCA NORTHEAST INDIANA, INC.**

INDIANA SECRETARY OF STATE  
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The YWCA Northeast Indiana, Inc. ("Association"), having originally been incorporated as the Young Women's Christian Association of Fort Wayne, Indiana on March 8, 1897 pursuant to the provisions of the Act to Authorize the Formation of Voluntary Associations dated May 14<sup>th</sup>, 1852, pursuant to the provisions of the Indiana Business Nonprofit Corporation Act of 1991, as amended (hereinafter referred to as the "Act", the action of the Board of Directors of the Association ("Board"), the action of the Members of the Association ("Members"), and such other action as required by the Articles of Incorporation of the Association as they existed immediately prior hereto, hereby amends and restates the Articles of Incorporation of the Association in their entirety as follows:

**ARTICLE I**  
**NAME AND DATE OF THE INCORPORATION**

Section 1. Name. The name of the Corporation following the amendment and restatement of the Articles of Incorporation is "YWCA Northeast Indiana, Inc."

Section 2. Date of Incorporation. The date of incorporation of the Corporation is March 8, 1897.

**ARTICLE II**  
**TEXT OF AMENDED AND RESTATED ARTICLES OF INCORPORATION**

**ARTICLE I**  
**Name**

The name of this Association shall be "YWCA Northeast Indiana, Inc."

**ARTICLE II**  
**Purpose and Mission**

**Section 2.1. Purposes.** This Association is a public benefit corporation that is organized and operated exclusively to conduct, support, encourage, and assist such charitable, religious, educational, and other programs and projects as are described in Sections 170(c)(2)(B), 501(c)(3), 2055(a)(2), and 2522(a)(2) of the Internal Revenue Code of 1986, as amended, or corresponding provisions of any subsequent federal tax laws (the "Code"). Without limiting the foregoing, this Association is a member association of the YWCA of the United States of America, Inc. ("YWCA of the USA"), and a member of the Great Lakes Regional Council of the YWCA of the USA, Inc., and is fully in accord with the following statement of Mission:



The YWCA of the USA is a women's membership movement *nourished by its roots in the Christian faith and sustained by the richness of many beliefs and values. Strengthened by diversity, the Association draws together members who strive to create opportunities for women's growth, leadership and power in order to attain a common vision.*

**Peace, justice, freedom and dignity for all people.**

**Section 2.2. Mission.** In addition, this Association specifically declares its mission to be:

*Our one Imperative: to thrust our collective power toward the elimination of racism wherever it exists and by any means necessary.*

### **ARTICLE III Registered Agent and Office**

**Section 3.1. Registered Agent:** Deborah Beckman

**Section 3.2. Registered Office:** 1610 Spy Run Avenue  
Fort Wayne, Indiana 46805

### **ARTICLE IV Membership**

The Association will not have members.

### **ARTICLE V Directors**

**Section 5.1. Number of Directors.** The number of directors of the Board shall be determined by the Board in accordance with the Bylaws of the Association.

**Section 5.2. Term of Directors.** Directors shall be elected or appointed in the manner and for terms as specified in or fixed in accordance with the Bylaws of the Association.

**Section 5.3. Removal of a Director.** A director may be removed in the manner as specified in or determined in accordance with the Bylaws of the Association.

**ARTICLE VI**  
**Provisions for Regulation of Business and**  
**Conduct of the Affairs of the Association**

The affairs of the Association shall be subject to the following provisions:

**Section 6.1.** Neither the Board nor the Association shall have power or authority to do any act that will prevent the Association from being an organization described in Code Section 501(c)(3).

**Section 6.2.** Except as otherwise permitted by Code Section 501(h), no substantial part of the activities of the Association shall be or consist of carrying on propaganda, or otherwise attempting to influence legislation.

**Section 6.3.** The Association shall not participate in or intervene in (including the publishing or distributing of any statements) any political campaign on behalf of or in opposition to any candidate for public office.

**Section 6.4.** Subject to the provisions of these Articles of Incorporation and applicable law, the Board shall have complete and plenary power to manage, control and conduct the affairs of the Association.

**Section 6.5.** The power to make, alter, amend, and repeal the Bylaws of the Association shall be vested in the Board.

**Section 6.6.** No director of the Association shall be liable for any of its obligations.

**Section 6.7.** The Board may from time-to-time, in the Bylaws of the Association or by resolution, designate such committees as the Board may deem desirable for the furtherance of the purposes of the Association.

**ARTICLE VII**  
**Amendment of Articles of Incorporation**

The Articles of Incorporation may be amended from time to time by the Board by a resolution duly passed at any regular or special meeting called for that purpose by a vote of at least two-thirds (2/3) of all of the directors or by unanimous written consent of the directors.

**ARTICLE VIII**  
**Dissolution of the Association**

If the Association is dissolved, all of its property remaining after payment and discharge of its obligations shall be transferred and conveyed, subject to any contractual or legal requirement, to one (1) or more other organizations that have been selected by the Board that are member associations of the YWCA of the USA and are organized and operated for purposes substantially the same as those of the Association, and that are described in Code Sections

170(c)(2)(B), 501(c)(3), 2055(a)(2) and 2522(a)(2). Any such assets not so disposed of shall be disposed of by a court of competent jurisdiction of Allen County, Indiana exclusively for such purposes or to such organizations as said court shall determine, which are organized and operated exclusively for such purposes.

**ARTICLE VIII**  
**MANNER AND DATE OF ADOPTION AND VOTE**

Section 1. Action by Directors. The Board of Directors of the Association, at its meeting on May 19, 2008, a resolution was adopted proposing to the Members that Articles of Incorporation be amended and restated as provided above.

Section 2. Action by Members. The members of the Association entitled to vote in respect to such Amended and Restated Articles of Incorporation, at a meeting thereof, duly called, constituted and held on May 19, 2008, at which a quorum of such members was present in person adopted such Amended and Restated Articles of Incorporation.

The number of members entitled to vote with respect to such Amended and Restated Articles of Incorporation, the members voting in favor of the adoption of such Amended and Restated Articles of Incorporation, and the members voting against such adoption are as follows:

<b>MEMBERS:</b>	<b>TOTAL:</b>
MEMBERS OR DELEGATES ENTITLED TO VOTE	20
MEMBERS OR DELEGATES VOTED IN FAVOR	19
MEMBERS OR DELEGATES VOTED AGAINST	1

Section 3. Compliance with Legal Requirements. The manner of the adoption of these Amended and Restated Articles of Incorporation and the vote by which they were adopted constitute full legal compliance with the provisions of the Act, the Articles of Incorporation and the Bylaws of the Association.

I hereby verify, subject to penalties of perjury, that the facts contained herein are true.

Dated this 27<sup>th</sup> day of July, 2009.

YWCA NORTHEAST INDIANA, INC.

By: Deborah Beckman  
Deborah Beckman  
Its President