

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

**2021**

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Do not enter social security numbers on this form as it may be made public.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A** For the 2021 calendar year, or tax year beginning **JUL 1, 2021** and ending **JUN 30, 2022**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>YWCA USA, INC.</b>		<b>D</b> Employer identification number <b>13-1624103</b>
	Doing business as		<b>E</b> Telephone number <b>202-467-0801</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	<b>1400 EYE STREET NW, SUITE 325</b>		<b>G</b> Gross receipts \$ <b>33,742,802.</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>WASHINGTON, DC 20005</b>		
<b>F</b> Name and address of principal officer: <b>MARGARET MITCHELL SAME AS C ABOVE</b>		<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number ▶	

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

**J** Website: **WWW.YWCA.ORG**

**K** Form of organization:  Corporation  Trust  Association  Other ▶ **L** Year of formation: **1907** **M** State of legal domicile: **NY**

**Part I Summary**

Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>SEE SCHEDULE O</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>17</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>17</b>
	<b>5</b> Total number of individuals employed in calendar year 2021 (Part V, line 2a)	<b>5</b>	<b>40</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>17</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>	
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> 24,437,860.	<b>Current Year</b> 8,925,629.
	<b>9</b> Program service revenue (Part VIII, line 2g)	430,292.	111,755.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,856,963.	5,006,189.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	259,457.	20,343.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	27,984,572.	14,063,916.
	Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,685,500.
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		3,855,948.	3,993,250.
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>1,264,669.</b>			
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		5,615,009.	6,595,248.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		13,156,457.	16,972,831.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	14,828,115.	-2,908,915.	
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> 98,175,042.	<b>End of Year</b> 79,275,195.
	<b>21</b> Total liabilities (Part X, line 26)	2,632,779.	1,975,956.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	95,542,263.	77,299,239.

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer		Date	
	<b>MARGARET MITCHELL, CEO</b> Type or print name and title			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>DANIEL O'SHEA</b>	Preparer's signature <b>DANIEL O'SHEA</b>	Date <b>02/07/23</b>	Check if self-employed <input type="checkbox"/> PTIN <b>P00957510</b>
	Firm's name ▶ <b>COHNREZNICK LLP</b>	Firm's EIN ▶ <b>22-1478099</b>	Phone no. <b>301-652-9100</b>	
	Firm's address ▶ <b>7501 WISCONSIN AVENUE, SUITE 400E BETHESDA, MD 20814</b>			

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: YWCA USA IS DEDICATED TO ELIMINATING RACISM, EMPOWERING WOMEN, AND PROMOTING PEACE, JUSTICE, FREEDOM, AND DIGNITY FOR ALL.

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 [X] No

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 10,069,793. including grants of \$ 6,059,333. ) (Revenue \$ ) LOCAL INITIATIVES: PROVIDES SUPPORT TO LOCAL YWCA ASSOCIATIONS TO FURTHER MISSION IMPACT AND BUSINESS VITALITY, INCLUDING: CAPACITY BUILDING TRAINING, SERVICES AND RESOURCES; CONFERENCES AND REGULAR NETWORKING; ORGANIZATIONAL SUSTAINABILITY AND GROWTH INITIATIVES; SIGNATURE OUTCOMES AND MODEL PROGRAMS, AND FUND AND FRIEND-RAISING COLLABORATIONS AND OPPORTUNITIES.

4b (Code: ) (Expenses \$ 1,553,118. including grants of \$ 250,000. ) (Revenue \$ ) ADVOCACY: IDENTIFIES, EDUCATES, AND MOBILIZES MEMBERS AND SUPPORTERS ON CRITICAL LEGISLATIVE AND PUBLIC POLICY ISSUES AND GOVERNMENT FUNDING TO ENSURE THE INTERESTS OF YWCA USA ARE REPRESENTED BEFORE CONGRESS, THE WHITE HOUSE AND GOVERNMENT AGENCIES.

4c (Code: ) (Expenses \$ 1,269,118. including grants of \$ ) (Revenue \$ ) COMMUNICATIONS: BUILDS UNIFIED CORPORATE IDENTITY AND VISIBILITY. CONVEYS MISSION, PROGRAMS AND SERVICES OF YWCA USA WITH INTENTIONAL AND COORDINATED EFFORTS.

4d Other program services (Describe on Schedule O.) (Expenses \$ 318,149. including grants of \$ 75,000. ) (Revenue \$ 132,098. )

4e Total program service expenses 13,210,178.

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		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? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I.</i> See instructions		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? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

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

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

**Note:** All Form 990 filers are required to complete Schedule O

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

Check if Schedule O contains a response or note to any line in this Part V

	Yes	No
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....		
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

**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 on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	17		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	17		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?	X	
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **SEE SCHEDULE O**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **KAINE NICHOLAS - 202-467-0801**  
**1400 EYE STREET NW, #325, WASHINGTON, DC 20005**

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

Check if Schedule O contains a response or note to any line in this Part VII

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ALEJANDRA Y. CASTILLO CEO THROUGH MARCH 2021	50.00			X				296,447.	0.	18,549.
(2) ELISHA RHODES COO & INTERIM CEO	50.00			X				269,414.	0.	34,434.
(3) CATHERINE BEANE VP, PUBLIC POLICY & ADVOCACY	50.00				X			167,311.	0.	14,142.
(4) KERI E. JONES-FONNESBECK SR. DIRECTOR, MEMBER SERVICES	50.00					X		127,853.	0.	10,439.
(5) PAMELA YUEN DIRECTOR, GOVERNMENT RELATIONS	50.00					X		122,976.	0.	11,607.
(6) LISA GRILLS SR. DIRECTOR, CAPACITY BUILDING	50.00					X		121,727.	0.	12,051.
(7) YOLANDA RAINE SR. DIRECTOR, MARKETING AND COMMUNIC	50.00					X		123,133.	0.	8,050.
(8) CAITLIN LOWRY DIRECTOR, PROGRAMS & MISSION ADVANCE	50.00					X		103,118.	0.	17,030.
(9) MARGARET MITCHELL CEO EFFECTIVE JANUARY 2022	50.00			X				0.	0.	0.
(10) TINA HERRERA CHAIR	1.00	X		X				0.	0.	0.
(11) PIA WILSON-BODY VICE-CHAIR	1.00	X		X				0.	0.	0.
(12) PAMELA STEGORA AXBERG TREASURER	1.00	X		X				0.	0.	0.
(13) SHANNON ISOM SECRETARY	1.00	X		X				0.	0.	0.
(14) JULIET CHOI DIRECTOR	1.00	X						0.	0.	0.
(15) ASHLEE DAVIS DIRECTOR EFFECTIVE JUNE 2022	1.00	X						0.	0.	0.
(16) DEBBIE ESPARZA DIRECTOR EFFECTIVE JUNE 2022	1.00	X						0.	0.	0.
(17) GAYLE FUGUITT DIRECTOR	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			
(18) KATHERINE GRAINGER DIRECTOR	1.00	X						0.	0.	0.
(19) ANN BRANAN HORAK DIRECTOR	1.00	X						0.	0.	0.
(20) NAN E. JOESTEN DIRECTOR EFFECTIVE JUNE 2022	1.00	X						0.	0.	0.
(21) SHAWNA O. MENIFEE DIRECTOR	1.00	X						0.	0.	0.
(22) RITA MITCHELL DIRECTOR	1.00	X						0.	0.	0.
(23) NICHOLA "NIKKI" NORIEGA DIRECTOR	1.00	X						0.	0.	0.
(24) JOANNA M. PRICE DIRECTOR	1.00	X						0.	0.	0.
(25) NANCY RACETTE DIRECTOR	1.00	X						0.	0.	0.
(26) MARIA CHAVEZ WILCOX DIRECTOR	1.00	X						0.	0.	0.
<b>1b Subtotal</b>								1,331,979.	0.	126,302.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								1,331,979.	0.	126,302.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **8**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
K&L GATES LLP 210 SIXTH AVE, PITTSBURGH, PA 15222	LEGAL	506,828.
MARCUM LLP, 1899 L STREET NW, SUITE 850, WASHINGTON, DC 20036	ACCOUNTING AND HR SERVICES	412,780.
THE RABEN GROUP 1341 G ST. FLOOR 5, WASHINGTON, DC 20005	CONSULTING	231,600.
PLUS THREE, LP, 2560 RT. 22 EAST #266, SCOTCH PLAINS, NJ 07076	CONSULTING	228,675.
GLORIA J LAU, 7192 KALANIANAOLE HWY A143A-182, HONOLULU, HI 96825	CONSULTING	187,820.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **7**



**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>	3,095,855.				
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	595,852.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	5,233,922.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 80,000.				
	<b>h Total.</b> Add lines 1a-1f			8,925,629.			
Program Service Revenue	<b>2 a</b> MEETING & CONFERENCES	<b>Business Code</b>					
		900099	111,755.	111,755.			
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
<b>g Total.</b> Add lines 2a-2f			111,755.				
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		1,384,578.			1384578.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss)						
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	23,300,497.			
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>	19,678,886.				
	<b>c</b> Gain or (loss)	<b>7c</b>	3,621,611.				
<b>d</b> Net gain or (loss)			3,621,611.		3621611.		
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>						
<b>b</b> Less: direct expenses	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>						
<b>b</b> Less: direct expenses	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities							
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>						
<b>b</b> Less: cost of goods sold	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory							
Miscellaneous Revenue	<b>11 a</b> OTHER INCOME	<b>Business Code</b>					
		900099	20,343.	20,343.			
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue						
<b>e Total.</b> Add lines 11a-11d			20,343.				
<b>12 Total revenue.</b> See instructions			14,063,916.	132,098.	0.	5006189.	

**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).

Check if Schedule O contains a response or note to any line in this Part IX  X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	6,309,333.	6,309,333.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....	75,000.	75,000.		
4 Benefits paid to or for members .....				
5 Compensation of current officers, directors, trustees, and key employees .....	805,287.	571,481.	151,168.	82,638.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
7 Other salaries and wages .....	2,492,440.	1,828,036.	405,582.	258,822.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) .....	114,695.	54,959.	49,326.	10,410.
9 Other employee benefits .....	314,287.	150,597.	135,164.	28,526.
10 Payroll taxes .....	266,541.	127,719.	114,630.	24,192.
11 Fees for services (nonemployees):				
a Management .....				
b Legal .....	435,565.		435,565.	
c Accounting .....	381,910.		381,910.	
d Lobbying .....				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees .....	270,984.		270,984.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	2,756,465.	2,574,303.	80,548.	101,614.
12 Advertising and promotion .....	1,375.	1,375.		
13 Office expenses .....	78,497.	11,809.	59,975.	6,713.
14 Information technology .....				
15 Royalties .....				
16 Occupancy .....	470,054.	351,602.	61,155.	57,297.
17 Travel .....	217,921.	136,563.	64,484.	16,874.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings .....	206,295.	201,285.	3,960.	1,050.
20 Interest .....				
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....	354,707.	108,909.	228,051.	17,747.
23 Insurance .....	63,788.	42,930.	13,313.	7,545.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a LOCAL ASSOCIATION DEVEL	496,515.			496,515.
b EQUIPMENT AND MAINTENAN	392,294.	256,254.	36,442.	99,598.
c SUBSCRIPTIONS AND OTHER	266,402.	205,547.	5,727.	55,128.
d WORLD YWCA DUES	167,457.	167,457.		
e All other expenses	35,019.	35,019.		
25 Total functional expenses. Add lines 1 through 24e	16,972,831.	13,210,178.	2,497,984.	1,264,669.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	6,016,632.	<b>1</b>	6,468,982.
	<b>2</b> Savings and temporary cash investments .....	16,020,644.	<b>2</b>	648,038.
	<b>3</b> Pledges and grants receivable, net .....	5,172,088.	<b>3</b>	1,242,500.
	<b>4</b> Accounts receivable, net .....	395,945.	<b>4</b>	615,072.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....	671,139.	<b>7</b>	432,446.
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	227,345.	<b>9</b>	321,819.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 7,255,509.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 5,421,440.	2,165,143.	<b>10c</b> 1,834,069.
	<b>11</b> Investments - publicly traded securities .....	64,405,908.	<b>11</b>	64,736,709.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	3,063,178.	<b>12</b>	2,938,540.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	37,020.	<b>15</b>	37,020.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	98,175,042.	<b>16</b>	79,275,195.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	1,725,827.	<b>17</b>	1,407,758.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....	595,852.	<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	311,100.	<b>25</b>	568,198.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	2,632,779.	<b>26</b>	1,975,956.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	76,762,012.	<b>27</b>	61,172,916.
	<b>28</b> Net assets with donor restrictions .....	18,780,251.	<b>28</b>	16,126,323.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	95,542,263.	<b>32</b>	77,299,239.
	<b>33</b> Total liabilities and net assets/fund balances .....	98,175,042.	<b>33</b>	79,275,195.

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	14,063,916.
2	Total expenses (must equal Part IX, column (A), line 25)	2	16,972,831.
3	Revenue less expenses. Subtract line 2 from line 1	3	-2,908,915.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	95,542,263.
5	Net unrealized gains (losses) on investments	5	-15,334,109.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	77,299,239.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
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? _____		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

Form 990 (2021)

**SCHEDULE A**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

Open to Public Inspection

Name of the organization **YWCA USA, INC.** Employer identification number **13-1624103**

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations .....
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	4234869.	5333334.	11459672.	24437860.	8595977.	54061712.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	4234869.	5333334.	11459672.	24437860.	8595977.	54061712.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						4589856.
<b>6 Public support.</b> Subtract line 5 from line 4.						49471856.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> Amounts from line 4 .....	4234869.	5333334.	11459672.	24437860.	8595977.	54061712.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	1643834.	1041219.	1359442.	1266814.	1384578.	6695887.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	9,314.	9,099.	79,837.	2,400.	20,343.	120,993.
<b>11 Total support.</b> Add lines 7 through 10						60878592.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	924,821.
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	81.26 %
<b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14 .....	<b>15</b>	80.00 %
<b>16a 33 1/3% support test - 2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2020.</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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2021.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI 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 - 2020.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support.

14 First 5 years. 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

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2021; Row 16: Public support percentage from 2020 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2021; Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2021. 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.

b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here.

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

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		



**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b> A family member of a person described on line 11a above?		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( *explain in Part VI*). **See instructions.**  
 All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2021 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2021</b>	<b>(iii) Distributable Amount for 2021</b>
<b>1</b> Distributable amount for 2021 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2021			
<b>a</b> From 2016			
<b>b</b> From 2017			
<b>c</b> From 2018			
<b>d</b> From 2019			
<b>e</b> From 2020			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2021 distributable amount			
<b>i</b> Carryover from 2016 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2021 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2021 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2017			
<b>b</b> Excess from 2018			
<b>c</b> Excess from 2019			
<b>d</b> Excess from 2020			
<b>e</b> Excess from 2021			

Schedule A (Form 990) 2021

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.  
 (See instructions.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

OTHER INCOME

2017 AMOUNT: \$ 9,314.

2018 AMOUNT: \$ 9,099.

2019 AMOUNT: \$ 79,837.

2020 AMOUNT: \$ 2,400.

2021 AMOUNT: \$ 20,343.

**SCHEDULE C**  
**(Form 990)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2021**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527  
 ▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
 ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

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

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

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

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

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

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

Name of organization <b>YWCA USA, INC.</b>	Employer identification number <b>13-1624103</b>
-----------------------------------------------	-----------------------------------------------------

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

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

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

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

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

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990) 2021

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36,886.													
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying)	75,293.													
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b)	112,179.													
<b>d</b>	Other exempt purpose expenditures	16,860,652.													
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d)	16,972,831.													
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	998,642.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f)	249,661.													
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0-	0.													
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

**4-Year Averaging Period Under Section 501(h)**  
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below.  
 See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
<b>2a</b> Lobbying nontaxable amount	606,190.	645,957.	807,823.	998,642.	3,058,612.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					4,587,918.
<b>c</b> Total lobbying expenditures	151,737.	264,947.	262,916.	112,179.	791,779.
<b>d</b> Grassroots nontaxable amount	151,548.	161,489.	201,956.	249,661.	764,654.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,146,981.
<b>f</b> Grassroots lobbying expenditures	13,571.	24,154.	40,928.	36,886.	115,539.

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

Table with 3 main columns: (a) Yes, (a) No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation...; 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?; 2b If "Yes," enter the amount of any tax incurred under section 4912; 2c If "Yes," enter the amount of any tax incurred by organization managers under section 4912; 2d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

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

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

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

Table with 5 rows and 2 columns: 1, 2a, 2b, 2c, 3, 4, 5. Rows include: 1 Dues, assessments and similar amounts from members; 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid); 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues; 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?; 5 Taxable amount of lobbying and political expenditures. See instructions

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Blank lines for providing supplemental information as required by the instructions.

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

Open to Public Inspection

Name of the organization **YWCA USA, INC.** Employer identification number **13-1624103**

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (for example, recreation or education)  Preservation of a historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

9 In Part XIII, 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" on Form 990, Part IV, line 8.

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

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

(i) Revenue included on 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 FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2021



**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 make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on 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 XIII 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, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" on 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	68,268,869.	58,435,656.	61,214,259.	64,963,578.	62,548,133.
b Contributions	31,107.	158,447.	118,650.	26,757.	92,226.
c Net investment earnings, gains, and losses	-9,367,316.	13,448,200.	1,389,408.	1,035,214.	5,295,249.
d Grants or scholarships					
e Other expenditures for facilities and programs	2,009,216.	3,773,434.	4,286,661.	4,811,290.	2,972,030.
f Administrative expenses					
g End of year balance	56,923,444.	68,268,869.	58,435,656.	61,214,259.	64,963,578.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  83.5040 %
  - b Permanent endowment  11.5960 %
  - c Term endowment  4.9000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |                                                                                                                     | Yes | No |
|---------------------------------------------------------------------------------------------------------------------|-----|----|
| (i) Unrelated organizations                                                                                         |     | X  |
| (ii) Related organizations                                                                                          |     | X  |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b  |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,134,765.		1,134,765.
b Buildings		5,205,439.	4,784,503.	420,936.
c Leasehold improvements		73,041.	15,174.	57,867.
d Equipment		842,264.	621,763.	220,501.
e Other				

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)  1,834,069.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) <b>PAYABLE TO BENEFICIARIES</b>	163,488.
(3) <b>DEFERRED LEASE INCENTIVE AND</b>	
(4) <b>LIABILITY</b>	404,710.
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	568,198.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	-1,419,177.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	-15,334,109.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	122,000.
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	-15,212,109.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	13,792,932.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	270,984.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	270,984.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	14,063,916.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	16,823,847.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	122,000.
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	122,000.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	16,701,847.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	270,984.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	270,984.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	16,972,831.

**Part XIII Supplemental Information.**

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, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART V, LINE 4:**

TO SUPPORT VARIOUS PROGRAMS OF DESIGNATED PURPOSES AND YWCA USA'S MISSIONS.

**PART X, LINE 2:**

YWCA USA IS EXEMPT FROM FEDERAL TAX UNDER THE PROVISIONS OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. ACCORDINGLY, THE ACCOMPANYING FINANCIAL STATEMENTS DO NOT INCLUDE A PROVISION FOR FEDERAL AND STATE INCOME TAXES. YWCA USA RECOGNIZES INTEREST EXPENSE AND PENALTIES ON INCOME TAXES RELATED TO UNCERTAIN TAX POSITIONS IN MANAGEMENT AND GENERAL ADMINISTRATION EXPENSES ON THE STATEMENTS OF ACTIVITIES AND CHANGE IN NET ASSETS AND ACCOUNTS PAYABLE AND ACCRUED EXPENSES ON THE STATEMENTS OF

**Part XIII** Supplemental Information (continued)

FINANCIAL POSITION. THERE IS NO PROVISION IN THESE FINANCIAL STATEMENTS FOR PENALTIES AND INTEREST ON INCOME TAXES RELATED TO UNCERTAIN TAX POSITIONS FOR THE YEARS ENDED JUNE 30, 2022 AND 2021. TAX YEARS PRIOR TO 2019 ARE NO LONGER SUBJECT TO EXAMINATION BY THE IRS OR THE TAX JURISDICTION OF THE DISTRICT OF COLUMBIA.

Multiple horizontal lines for supplemental information.

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization **YWCA USA, INC.** Employer identification number **13-1624103**

**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  **Yes**  **No**

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM			GRANTMAKING		75,000.
<b>3 a</b> Subtotal .....	0	0			75,000.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			75,000.

**Part II** Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	GRANTS TO WORLD YWCA	75,000.	WIRE	0.	N/A	N/A

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ..... **1**

3 Enter total number of other organizations or entities ..... **0**

**Part III Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

<b>(a)</b> Type of grant or assistance	<b>(b)</b> Region	<b>(c)</b> Number of recipients	<b>(d)</b> Amount of cash grant	<b>(e)</b> Manner of cash disbursement	<b>(f)</b> Amount of noncash assistance	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Method of valuation (book, FMV, appraisal, other)

**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* .....  Yes  No
  
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* .....  Yes  No
  
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* .....  Yes  No
  
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* .....  Yes  No
  
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* .....  Yes  No
  
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* .....  Yes  No



**Part V Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

**PART I, LINE 2:**

1. GRANT REQUESTS ARE MADE TO THE ANNUAL MEETING OF THE WORLD SERVICE COUNCIL.

2. THE WSC EXECUTIVE COMMITTEE REVIEWS REQUESTS AND DETERMINES THE AMOUNT OF FUNDS AVAILABLE TO FUND THE REQUEST IN THIS YEAR.

3. THE GRANTS SUBCOMMITTEE OF THE YWCA'S GLOBAL RELATIONS COMMITTEE APPROVES THE GRANT AMOUNT AND TRANSFERS THE FUNDS TO THE WORLD YWCA.

4. THE WORLD SERVICE COUNCIL EXECUTIVE COMMITTEE AND THE GRANTS SUBCOMMITTEE RECEIVE THE REPORTS OF THE USE OF THE GRANT ACCORDING TO THE GRANT REQUEST AND REVIEWS THE RESULTS.

5. QUESTIONS REGARDING DISCREPANCIES WILL BE NOTED AND COMMUNICATED TO THE WORLD YWCA FOR CORRECTIVE ACTIONS.

Blank lines for supplemental information.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Name of the organization **YWCA USA, INC.** Employer identification number **13-1624103**

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  **Yes**  **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
YWCA MADISON 101 E MIFFLIN ST, SUITE 100 MADISON, WI 53703	39-0806303	501(C)(3)	308,333.	0.			ALLSTATE GRANT - MOVING AHEAD CURRICULUM, GENDER EQUITY PROGRAM, GOOGLE - YW TECH LAB PROGRAM,
YWCA GREATER CLEVELAND 4019 PROSPECT AVE. CLEVELAND, OH 44103	34-0714800	501(C)(3)	260,000.	0.			RACIAL JUSTICE - STAND AGAINST RACISM, CAPACITY BUILDING
YWCA SOUTH FLORIDA 351 NW 5TH STREET MIAMI, FL 33128-1615	59-0624450	501(C)(3)	200,000.	0.			GOOGLE - WORKFORCE DEVELOPMENT, YW TECH LAB PROGRAM, COMCAST GRANT - DIGITAL SKILLING
YWCA CENTRAL ALABAMA 309 NORTH 23RD STREET BIRMINGHAM, AL 35203	63-0288882	501(C)(3)	180,000.	0.			DEVELOPMENT OF VIVIAN MALONE JONES AT STILLMAN COLLEGE, GOOGLE - YW STRIVE, ALLSTATE GRANT -
YWCA HOUSTON 6309 MARTIN LUTHER KING BLVD HOUSTON, TX 77021	74-1109737	501(C)(3)	160,500.	0.			COMCAST GRANT - WOMEN'S EMPOWERMENT THROUGH ENTREPRENEURSHIP, MACQUARIE GRANT - WE360
YWCA BERKELEY/OAKLAND 2600 BANCROFT WAY BERKELEY, CA 94704	94-1156363	501(C)(3)	145,000.	0.			COMCAST- DIGITAL SKILLS TRAINING, ALLSTATE GRANT - MOVING AHEAD CURRICULUM, GOOGLE -

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **▶ 190.**

**3** Enter total number of other organizations listed in the line 1 table **▶ 6.**

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2021

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YWCA METROPOLITAN CHICAGO 360 N. MICHIGAN AVENUE STE. 800 CHICAGO, IL 60601-3802	36-2179765	501(C)(3)	131,250.	0.			COMCAST GRANT - WOMEN'S EMPOWERMENT THROUGH ENTREPRENEURSHIP, YW TECH LAB PROGRAM, CAPACITY
YWCA WESTERN MASSACHUSETTS ONE CLOUGH STREET SPRINGFIELD, MA 01118-2213	04-2103858	501(C)(3)	105,000.	0.			GOOGLE - WORKFORCE DEVELOPMENT, YW STRIVE, DOMESTIC VIOLENCE THROUGH COVID, CAPACITY BUILDING
YWCA HARBOR AREA 437 WEST 9TH STREET SAN PEDRO, CA 90731	95-1691337	501(C)(3)	100,000.	0.			GOOGLE - WORKFORCE DEVELOPMENT, GOOGLE - YW STRIVE, CAPACITY BUILDING
YWCA NORTHEAST TENNESSEE AND SOUTHWEST VIRGINIA - 106 STATE STREET - BRISTOL, TN 37620	62-0488044	501(C)(3)	100,000.	0.			STARBUCKS - WORKFORCE DEVELOPMENT FOR TEENS, CAPACITY BUILDING
YWCA SAN DIEGO COUNTY 1012 C STREET SAN DIEGO, CA 92101-5522	95-1661119	501(C)(3)	100,000.	0.			SERVICENOW - DIGITAL SKILLS TRAINING, CAPACITY BUILDING
YWCA GREATER LOS ANGELES 1020 S. OLIVE STREET, 7TH FLOOR LOS ANGELES, CA 90015	95-1652919	501(C)(3)	95,000.	0.			GOOGLE GRANT - DEPLOY STEM/COMPUTER SCIENCE PROGRAM, CAPACITY BUILDING
YWCA QUAD CITIES 229 16TH ST ROCK ISLAND, IL 61201	36-2171176	501(C)(3)	95,000.	0.			GOOGLE - WORKFORCE DEVELOPMENT, YW STRIVE, YW TECH LAB PROGRAM, CAPACITY BUILDING
YWCA EVANSTON/NORTH SHORE 1215 CHURCH STREET EVANSTON, AL 60201	36-2193618	501(C)(3)	90,000.	0.			GOOGLE - WORKFORCE DEVELOPMENT, COMCAST GRANT - DIGITAL SKILLING SERVICES, CAPACITY
YWCA THE HARTFORD REGION 135 BROAD STREET HARTFORD, CT 06105-3701	06-0646993	501(C)(3)	90,000.	0.			GOOGLE - YW TECH LAB PROGRAM, STARBUCKS - WORKFORCE DEVELOPMENT FOR TEENS, CAPACITY BUILDING

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YWCA ALLENTOWN 702 WEST HAMILTON STREET, SUITE 100 ALLENTOWN, PA 18101	23-1352605	501(C)(3)	85,000.	0.			GOOGLE GRANT- WORKFORCE DEVELOPMENT, RACIAL JUSTICE- STAND AGAINST RACISM, CAPACITY BUILDING
YWCA GREATER ATLANTA 957 NORTH HIGHLAND AVE NE ATLANTA, GA 30306	58-0593442	501(C)(3)	85,000.	0.			COMCAST GRANT - DIGITAL SKILLING SERVICES, SERVICENOW - DIGITAL SKILLS TRAINING, CAPACITY
YWCA DAYTON 141 WEST THIRD STREET DAYTON, OH 45402	31-0537168	501(C)(3)	80,000.	0.			CAPACITY BUILDING, GOOGLE - YW STRIVE, ALLSTATE GRANT - MOVING AHEAD CURRICULUM
YWCA DELAWARE 100 W 10TH ST, SUITE 515 WILMINGTON, DE 19801	51-0064344	501(C)(3)	80,000.	0.			RACIAL JUSTICE - STAND AGAINST RACISM, GOOGLE - WORKFORCE DEVELOPMENT, GOOGLE - YW STRIVE,
YWCA GLENDALE 735 E. LEXINGTON DRIVE GLENDALE, CA 91206-3752	95-1644057	501(C)(3)	80,000.	0.			COMCAST GRANT - WORKFORCE DEVELOPMENT, STARBUCKS - WORKFORCE DEVELOPMENT FOR TEENS, CAPACITY BUILDING
YWCA MCLEAN COUNTY 1201 N HERSHEY RD BLOOMINGTON, IL 61704	37-0661264	501(C)(3)	80,000.	0.			GOOGLE GRANT - DIGITAL SKILLS TRAINING, STARBUCKS - DIGITAL SKILLS AND WORKFORCE
YWCA KITSAP COUNTY 905 PACIFIC AVENUE BREMERTON, WA 98337	91-0665112	501(C)(3)	75,000.	0.			COMCAST GRANT - DIGITAL SKILLING SERVICES, GOOGLE - YW TECH LAB PROGRAM, CAPACITY BUILDING
YWCA LUBBOCK 3101 35TH STREET LUBBOCK, TX 79413	75-0939427	501(C)(3)	75,000.	0.			GOOGLE - YW STRIVE, STARBUCKS - WORKFORCE DEVELOPMENT FOR TEENS, CAPACITY BUILDING
YWCA NORTHERN NEW JERSEY 214 STATE STREET, SUITE 207 HACKENSACK, NJ 07601	22-1494725	501(C)(3)	75,000.	0.			COMCAST GRANT - WORKFORCE DEVELOPMENT, SERVICENOW - DIGITAL SKILLS TRAINING, CAPACITY BUILDING

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YWCA TRI-COUNTY AREA 315 KING STREET POTTSTOWN, PA 19464	23-1360867	501(C)(3)	75,000.	0.			COMCAST GRANT - WIFI-CONNECTED "LIFT ZONES", STARBUCKS - YW STRIVE FOR TEENS,
YWCA METROPOLITAN ST. LOUIS 1155 OLIVETTE EXECUTIVE PARKWAY OLIVETTE, MO 63132	43-0653618	501(C)(3)	65,000.	0.			GOOGLE - WORKFORCE DEVELOPMENT, YW STRIVE, CAPACITY BUILDING
YWCA OKLAHOMA CITY 2460 NW 39TH ST OKLAHOMA CITY, OK 73112	73-0579272	501(C)(3)	65,000.	0.			GOOGLE - WORKFORCE DEVELOPMENT, YW STRIVE, CAPACITY BUILDING
YWCA BOULDER CITY 2222 14TH STREET BOULDER, CO 80302-4842	84-0500276	501(C)(3)	60,000.	0.			GOOGLE STEM, CAPACITY BUILDING
YWCA GREATER AUSTIN 2015 SOUTH I-35 SUITE 110 AUSTIN, TX 78741	74-6053497	501(C)(3)	60,000.	0.			GOOGLE GRANT - DEPLOY STEM/COMPUTER SCIENCE PROGRAM, CAPACITY BUILDING
YWCA NATIONAL CAPITAL AREA 624 9TH ST. NW 2ND FLR. WASHINGTON, DC 20001-5303	52-0893511	501(C)(3)	60,000.	0.			SERVICENOW - DIGITAL SKILLS TRAINING, CAPACITY BUILDING
YWCA RHODE ISLAND 514 BLACKSTONE STREET WOONSOCKET, RI 02895	05-0310596	501(C)(3)	60,000.	0.			GOOGLE - WORKFORCE DEVELOPMENT, YW TECH LAB PROGRAM, CAPACITY BUILDING
YWCA SYRACUSE & ONONDAGA COUNTY 401 DOUGLAS ST SYRACUSE, NY 13202	15-0532277	501(C)(3)	60,000.	0.			GOOGLE GRANT - DEPLOY STEM/COMPUTER SCIENCE PROGRAM, CAPACITY BUILDING
YWCA THE CITY OF NEW YORK 50 BROADWAY 13TH FLOOR NEW YORK, NY 10004	13-1624230	501(C)(3)	60,000.	0.			GOOGLE GRANT - DEPLOY STEM/COMPUTER SCIENCE PROGRAM, CAPACITY BUILDING

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YWCA UNIVERSITY OF ILLINOIS 2403 WEST SPRINGFIELD AVE, P1 CHAMPAIGN, IL 61821	37-0720370	501(C)(3)	60,000.	0.			GOOGLE - WORKFORCE DEVELOPMENT, YW STRIVE, COMCAST GRANT - WORKFORCE DEVELOPMENT, CAPACITY
YWCA CAMBRIDGE 7 TEMPLE STREET CAMBRIDGE, MA 02139	04-2103968	501(C)(3)	55,000.	0.			CAPACITY BUILDING, SERVICENOW - DIGITAL SKILLS TRAINING
YWCA CENTRAL MAINE 130 EAST AVENUE LEWISTON, ME 04240	01-0211570	501(C)(3)	55,000.	0.			RACIAL JUSTICE - STAND AGAINST RACISM, CAPACITY BUILDING, GOOGLE - YW TECH LAB PROGRAM
YWCA CLARK COUNTY 3609 MAIN STREET VANCOUVER, WA 98663	91-0569882	501(C)(3)	55,000.	0.			CAPACITY BUILDING, DOMESTIC VIOLENCE THROUGH COVID
YWCA KALAMAZOO 353 E. MICHIGAN AVENUE KALAMAZOO, MI 49007-3832	27-0229331	501(C)(3)	55,000.	0.			GOOGLE - YW TECH LAB PROGRAM, CAPACITY BUILDING
YWCA METROPOLITAN DETROIT 1411 E. JEFFERSON AVENUE DETROIT, MI 48207-3156	38-1358055	501(C)(3)	55,000.	0.			SERVICENOW - DIGITAL SKILLS TRAINING, CAPACITY BUILDING
YWCA MISSOULA 1130 W. BROADWAY MISSOULA, MT 59802	81-0245851	501(C)(3)	55,000.	0.			DOMESTIC VIOLENCE THROUGH COVID, CAPACITY BUILDING
YWCA NORTH ORANGE COUNTY 215 E. COMMONWEALTH AVENUE #F FULLERTON, CA 92832-1957	95-1644055	501(C)(3)	55,000.	0.			COMCAST GRANT - WORKFORCE DEVELOPMENT, CAPACITY BUILDING
YWCA GREATER CHARLESTON PO BOX 80935 CHARLESTON, SC 29416	57-0518147	501(C)(3)	51,250.	0.			COMCAST GRANT - WOMEN'S EMPOWERMENT THROUGH ENTREPRENEURSHIP, CAPACITY BUILDING

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YWCA GREATER LAFAYETTE 605 N 6TH STREET LAFAYETTE, IN 47901	35-0868224	501(C)(3)	48,000.	0.			LILLY PLANNING GRANT SUPPORT, GOOGLE - WORKFORCE DEVELOPMENT, CAPACITY BUILDING
YWCA SOUTHEAST WISCONSIN 1915 N. MARTIN LUTHER KING DR. MILWAUKEE, WI 53212	39-0806258	501(C)(3)	47,500.	0.			CHILD TAX CREDIT GRANT, COMCAST GRANT - WORKFORCE DEVELOPMENT, GOOGLE - YW STRIVE, CAPACITY BUILDING
YWCA GREENWICH 259 EAST PUTNAM AVENUE GREENWICH, CT 06830	06-0646992	501(C)(3)	45,000.	0.			GOOGLE - YW TECH LAB PROGRAM, CAPACITY BUILDING
YWCA LOWER CAPE FEAR 2815 S. COLLEGE ROAD WILMINGTON, NC 28412	56-0556766	501(C)(3)	45,000.	0.			GOOGLE - WORKFORCE DEVELOPMENT, YW STRIVE, CAPACITY BUILDING
YWCA NORTHWESTERN ILLINOIS 4990 E. STATE STREET ROCKFORD, IL 61108	36-2174839	501(C)(3)	45,000.	0.			GOOGLE - YW TECH LAB PROGRAM, CAPACITY BUILDING
YWCA PRINCETON 59 PAUL ROBESON PL PRINCETON, NJ 08540	21-0635056	501(C)(3)	45,000.	0.			GOOGLE - YW TECH LAB PROGRAM, CAPACITY BUILDING
YWCA SAN ANTONIO 314 N. HACKBERRY, #101 SAN ANTONIO, TX 78202	74-1143135	501(C)(3)	45,000.	0.			GOOGLE - YW TECH LAB PROGRAM, CAPACITY BUILDING
YWCA SILICON VALLEY 375 SOUTH THIRD STREET SAN JOSE, CA 95112-3649	94-1186196	501(C)(3)	45,000.	0.			GOOGLE - YW TECH LAB PROGRAM, CAPACITY BUILDING
YWCA NORTH CENTRAL INDIANA 1102 S. FELLOWS STREET SOUTH BEND, IN 46601	35-0868226	501(C)(3)	43,000.	0.			LILLY PLANNING GRANT SUPPORT, COMCAST GRANT - DIGITAL SKILLING SERVICES, CAPACITY

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YWCA NORTHWEST LOUISIANA 850-B OLIVE STREET SHREVEPORT, LA 71104	72-0423896	501(C)(3)	40,000.	0.			COMCAST GRANT - DIGITAL SKILLING SERVICES, CAPACITY BUILDING
YWCA SEATTLE KING SNOHOMISH COUNTY PO BOX 84202 SEATTLE, WA 98124-5502	91-0482890	501(C)(3)	40,000.	0.			COMCAST GRANT - DIGITAL SKILLING SERVICES, CAPACITY BUILDING
YWCA CENTRAL MASSACHUSETTS 1 SALEM SQUARE WORCESTER, MA 01608	04-2105873	501(C)(3)	35,000.	0.			ALLSTATE GRANT - MOVING AHEAD CURRICULUM, CAPACITY BUILDING
YWCA KNOXVILLE 420 WEST CLINCH AVENUE KNOXVILLE, TN 37902	62-0475701	501(C)(3)	35,000.	0.			ALLSTATE GRANT - MOVING AHEAD CURRICULUM, CAPACITY BUILDING
YWCA NEW HAMPSHIRE/MANCHESTER 72 CONCORD STREET MANCHESTER, NH 03101	02-0222254	501(C)(3)	35,000.	0.			CAPACITY BUILDING
YWCA SAUK VALLEY 412 FIRST AVE STERLING, IL 61081-3664	36-2179770	501(C)(3)	35,000.	0.			ALLSTATE GRANT - MOVING AHEAD CURRICULUM, CAPACITY BUILDING
YWCA EL PASO DEL NORTE REGION 201 E MAIN SUITE 400 EL PASO, TX 79901	74-1109650	501(C)(3)	30,000.	0.			GOOGLE - WORKFORCE DEVELOPMENT, CAPACITY BUILDING
YWCA GRAND ISLAND 211 EAST FONNER PARK RD GRAND ISLAND, NE 68801	47-0415815	501(C)(3)	30,000.	0.			GOOGLE - YW STRIVE, CAPACITY BUILDING
YWCA METROPOLITAN PHOENIX 2999 N 44TH STREET, SUITE 250 PHOENIX, AZ 85018	86-0098936	501(C)(3)	30,000.	0.			RACIAL JUSTICE - STAND AGAINST RACISM, CAPACITY BUILDING

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YWCA MONTEREY COUNTY 236 MONTEREY STREET SALINAS, CA 93901	94-1732598	501(C)(3)	30,000.	0.			GOOGLE - YW STRIVE, CAPACITY BUILDING
YWCA NORTHEASTERN NEW YORK 44 WASHINGTON AVENUE SCHENECTADY, NY 12305	14-1340139	501(C)(3)	30,000.	0.			GOOGLE - YW STRIVE, CAPACITY BUILDING
YWCA SWEETWATER COUNTY PO BOX 1667 ROCK SPRINGS, WY 82902	83-0231698	501(C)(3)	30,000.	0.			GOOGLE - YW STRIVE, CAPACITY BUILDING
YWCA BROOKLYN 30 3RD AVENUE BROOKLYN, NY 11217	11-1630919	501(C)(3)	25,000.	0.			GOOGLE STEM, CAPACITY BUILDING
YWCA BUCKS COUNTY 2425 TREVISE RD TREVISE, PA 19053	23-1429832	501(C)(3)	25,000.	0.			COMCAST GRANT - WIFI-CONNECTED "LIFT ZONES", CAPACITY BUILDING
YWCA GREATER MEMPHIS 766 S. HIGHLAND STREET MEMPHIS, TN 38111-4249	62-0475754	501(C)(3)	25,000.	0.			COMCAST GRANT - WIFI-CONNECTED "LIFT ZONES", CAPACITY BUILDING
YWCA LANCASTER 110 N. LIME STREET LANCASTER, PA 17602	23-1352609	501(C)(3)	25,000.	0.			COMCAST GRANT - WIFI-CONNECTED "LIFT ZONES", CAPACITY BUILDING
YWCA PALM BEACH COUNTY 1016 NORTH DIXIE HIGHWAY WEST PALM BEACH, FL 33401	59-0751935	501(C)(3)	25,000.	0.			COMCAST GRANT - WIFI-CONNECTED "LIFT ZONES", CAPACITY BUILDING
YWCA WHITE PLAINS & CENTRAL WESTCHESTER - 515 NORTH STREET - WHITE PLAINS, NY 10605	13-1740519	501(C)(3)	25,000.	0.			GOOGLE - WORKFORCE DEVELOPMENT, CAPACITY BUILDING

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YWCA CASS CLAY 3100 12TH AVE N FARGO, ND 58102	45-0226435	501(C)(3)	20,000.	0.			RACIAL JUSTICE - STAND AGAINST RACISM, CAPACITY BUILDING
YWCA CORTLAND 14 CLAYTON AVENUE CORTLAND, NY 13045	15-0536617	501(C)(3)	20,000.	0.			CAPACITY BUILDING, RACIAL JUSTICE - STAND AGAINST RACISM
YWCA GREATER PORTLAND PO BOX 4587 PORTLAND, OR 97208	93-0386984	501(C)(3)	20,000.	0.			CAPACITY BUILDING
YWCA JAMESTOWN 401 NORTH MAIN ST JAMESTOWN, NY 14701-5007	16-0743244	501(C)(3)	20,000.	0.			RACIAL JUSTICE - STAND AGAINST RACISM, CAPACITY BUILDING
YWCA NORTHEAST KANSAS 225 SW 12TH STREET TOPEKA, KS 66612	48-0556758	501(C)(3)	20,000.	0.			RACIAL JUSTICE - STAND AGAINST RACISM, CAPACITY BUILDING
YWCA O'AHU 1040 RICHARDS STREET HONOLULU, HI 96813	99-0073534	501(C)(3)	20,000.	0.			RACIAL JUSTICE - STAND AGAINST RACISM, CAPACITY BUILDING
YWCA OF SOUTHERN ARIZONA 525 N. BONITA AVENUE TUCSON, AZ 85745	86-0098937	501(C)(3)	20,000.	0.			CAPACITY BUILDING
YWCA SOUTH HAMPTON ROADS 5215 COLLEY AVENUE NORFOLK, VA 23508	54-0506491	501(C)(3)	20,000.	0.			RACIAL JUSTICE - STAND AGAINST RACISM, CAPACITY BUILDING
YWCA SOUTHWESTERN ILLINOIS 304 E THIRD ST ALTON, IL 62002	37-0662608	501(C)(3)	20,000.	0.			RACIAL JUSTICE - STAND AGAINST RACISM, CAPACITY BUILDING

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YWCA GREAT LAKES BAY REGION 1104 WASHINGTON AVE BAY CITY, MI 48708	38-1367099	501(C)(3)	18,500.	0.			CHILD TAX CREDIT GRANT, CAPACITY BUILDING
DOPE BRAND 460 EAST FEDERAL STREET STE B YOUNGSTOWN, OH 44503	82-1111621		15,000.	0.			YWOMEN START IT UP PITCH COMPETITION PRIZES
YWCA CENTRAL INDIANA 310 E. CHARLES ST. MUNCIE, IN 47305	35-0868226	501(C)(3)	13,000.	0.			CAPACITY BUILDING, LILLY PLANNING GRANT SUPPORT
YWCA EVANSVILLE 118 VINE STREET EVANSVILLE, IN 47708-1213	35-0869075	501(C)(3)	13,000.	0.			LILLY PLANNING GRANT SUPPORT, CAPACITY BUILDING
YWCA NORTHEAST INDIANA 1610 SPY RUN AVENUE ATTN: MARY JO H FORT WAYNE, IN 46805	35-0868220	501(C)(3)	13,000.	0.			LILLY PLANNING GRANT SUPPORT, CAPACITY BUILDING
FRIA LLC 1705 MADALINE DRIVE AVENEL, NJ 07001	81-4065767		12,000.	0.			YWOMEN START IT UP PITCH COMPETITION PRIZES
LCT-E LEARNING SOLUTION 25864 SW 124TH COURT HOMESTEAD, FL 33032	85-2540129		12,000.	0.			YWOMEN START IT UP PITCH COMPETITION PRIZES
PARENT MATTERZ 492C CEDAR LANE, STE 190 TEANECK, NJ 07666	83-1938509		10,000.	0.			YWOMEN START IT UP PITCH COMPETITION PRIZES
PROJECT MOVE 6749 RIEGALS DRIVE MACUNGIE, PA 18062	85-1924066		10,000.	0.			YWOMEN START IT UP PITCH COMPETITION PRIZES

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YWCA ADAMS COUNTY 2525 WEST 2ND ST., SUITE 110 HASTINGS, NE 68901	23-7024827	501(C)(3)	10,000.	0.			CAPACITY BUILDING
YWCA ALASKA 3400 SPENARD ROAD, STE 200 ANCHORAGE, AK 99503	92-0130244	501(C)(3)	10,000.	0.			CAPACITY BUILDING
YWCA ALEXANDRIA-PINEVILLE 5912 JAMES STREET ALEXANDRIA, LA 71303	72-6001514	501(C)(3)	10,000.	0.			CAPACITY BUILDING
YWCA ALLIANCE 39 E. MARKET STREET ALLIANCE, OH 44601	34-0714731	501(C)(3)	10,000.	0.			CAPACITY BUILDING
YWCA AMES-IOWA STATE UNIVERSITY C1102A KNAPP-STORMS COMMONS AMES, IA 50013	51-0238146	501(C)(3)	10,000.	0.			CAPACITY BUILDING
YWCA ANNAPOLIS & ANNE ARUNDEL CO 1517 RITCHIE HWY SUITE 201 ARNOLD, MD 21012	52-0591702	501(C)(3)	10,000.	0.			CAPACITY BUILDING
YWCA ASHEVILLE AND WESTERN NORTH CAROLINA - 185 SOUTH FRENCH BROAD AVE - ASHEVILLE, NC 28801	56-0547476	501(C)(3)	10,000.	0.			CAPACITY BUILDING
YWCA BELLINGHAM 1026 NORTH FOREST STREET BELLINGHAM, WA 98225	91-0565024	501(C)(3)	10,000.	0.			CAPACITY BUILDING
YWCA BETHLEHEM 3895 ADLER PL BUILDING A, SUITE 180 BETHLEHEM, PA 18017	23-6395256	501(C)(3)	10,000.	0.			CAPACITY BUILDING

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YWCA BILLINGS 909 WYOMING AVENUE BILLINGS, MT 59101	81-0235415	501(C)(3)	10,000.	0.			CAPACITY BUILDING
YWCA BINGHAMTON & BROOME COUNTY 80 HAWLEY ST BINGHAMTON, NY 13901	15-0532282	501(C)(3)	10,000.	0.			CAPACITY BUILDING
YWCA BLACK HAWK COUNTY 425 LAFAYETTE STREET WATERLOO, IA 50703	42-0680302	501(C)(3)	10,000.	0.			CAPACITY BUILDING
YWCA BOSTON 140 CLAREDON STREET SUITE 403 BOSTON, MA 02116-4311	04-2103548	501(C)(3)	10,000.	0.			CAPACITY BUILDING
YWCA BRADFORD 24 W. CORYDON STREET BRADFORD, PA 16701	25-0995784	501(C)(3)	10,000.	0.			CAPACITY BUILDING
YWCA BUTLER 120 W. CUNNINGHAM STREET BUTLER, PA 16001-5742	25-0965634	501(C)(3)	10,000.	0.			CAPACITY BUILDING
YWCA CANTON 231 6TH STREET NE CANTON, OH 44702	34-0714799	501(C)(3)	10,000.	0.			CAPACITY BUILDING
YWCA CANTON IL 111 NORTH AVENUE A CANTON, IL 61520-2503	37-0673567	501(C)(3)	10,000.	0.			CAPACITY BUILDING
YWCA CARLISLE 301 G ST CARLISLE, PA 17013	23-1429866	501(C)(3)	10,000.	0.			CAPACITY BUILDING

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YWCA CENTRAL CAROLINAS 3420 PARK ROAD CHARLOTTE, NC 28209-2008	56-0532139	501(C)(3)	10,000.	0.			CAPACITY BUILDING
YWCA CENTRAL VIRGINIA 626 CHURCH STREET LYNCHBURG, VA 24504	54-0506490	501(C)(3)	10,000.	0.			CAPACITY BUILDING
YWCA CHARLESTON 1426 KANAWHA BLVD CHARLESTON, WV 25301	55-0357060	501(C)(3)	10,000.	0.			CAPACITY BUILDING
YWCA CLINTON 317 SEVENTH AVENUE S CLINTON, IA 52732	42-0716335	501(C)(3)	10,000.	0.			CAPACITY BUILDING
YWCA COLUMBUS 65 S FOURTH STREET COLUMBUS, OH 43215	31-4379597	501(C)(3)	10,000.	0.			CAPACITY BUILDING
YWCA CONTRA COSTA COUNTY 1320 ARNOLD DRIVE, STE 170 MARTINEZ, CA 94553	94-1156364	501(C)(3)	10,000.	0.			CAPACITY BUILDING
YWCA CORPUS CHRISTI 4601 CORONA DRIVE CORPUS CHRISTI, TX 78411	74-1157366	501(C)(3)	10,000.	0.			CAPACITY BUILDING
YWCA DARIEN-NORWALK 49 OLD KINGS HIGHWAY N. DARIEN, CT 06820-4607	06-0935397	501(C)(3)	10,000.	0.			CAPACITY BUILDING
YWCA DUBUQUE 35 NORTH BOOTH STREET DUBUQUE, IA 52001	42-1361168	501(C)(3)	10,000.	0.			CAPACITY BUILDING

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YWCA DULUTH 32 EAST FIRST STREET SUITE 202 DULUTH, MN 55802	41-0696493	501(C)(3)	10,000.	0.			CAPACITY BUILDING
YWCA ELGIN 220 E. CHICAGO STREET ELGIN, IL 60120-6503	36-2171177	501(C)(3)	10,000.	0.			CAPACITY BUILDING
YWCA ELMIRA & TWIN TIERS 211 LAKE STREET ELMIRA, NY 14901-3108	16-0767225	501(C)(3)	10,000.	0.			CAPACITY BUILDING
YWCA ELYRIA 318 WEST AVE ELYRIA, OH 44035	34-0718418	501(C)(3)	10,000.	0.			CAPACITY BUILDING
YWCA ENID 525 SOUTH QUINCY ENID, OK 73701	73-0611686	501(C)(3)	10,000.	0.			CAPACITY BUILDING
YWCA FORT DODGE 826 FIRST AVENUE N FORT DODGE, IA 50501	42-0703263	501(C)(3)	10,000.	0.			CAPACITY BUILDING
YWCA GENESEE COUNTY 301 NORTH ST BATAVIA, NY 14020-1603	16-0771077	501(C)(3)	10,000.	0.			CAPACITY BUILDING
YWCA GETTYSBURG & ADAMS COUNTY 909 FAIRFIELD ROAD GETTYSBURG, PA 17325	23-7024827	501(C)(3)	10,000.	0.			CAPACITY BUILDING
YWCA GREAT FALLS 220 2ND STREET NORTH GREAT FALLS, MT 59401	81-0236853	501(C)(3)	10,000.	0.			CAPACITY BUILDING

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YWCA GREATER BATON ROUGE 11404 LAKE SHERWOOD AVE. N SUITE B BATON ROUGE, LA 70816	72-0650993	501(C)(3)	10,000.	0.			CAPACITY BUILDING
YWCA GREATER CAPITAL REGION 21 FIRST ST TROY, NY 12180	14-1338577	501(C)(3)	10,000.	0.			CAPACITY BUILDING
YWCA GREATER CINCINNATI 898 WALNUT STREET CINCINNATI, OH 45202	31-0537518	501(C)(3)	10,000.	0.			CAPACITY BUILDING
YWCA GREATER FLINT 310 E 3RD ST FLINT TOWNSHIP, MI 48502	38-1360597	501(C)(3)	10,000.	0.			CAPACITY BUILDING
YWCA GREATER NEWBURYPORT 13 MARKET STREET NEWBURYPORT, MA 01950	04-2123678	501(C)(3)	10,000.	0.			CAPACITY BUILDING
YWCA GREATER PITTSBURGH BETHANY MILLER - 305 WOOD STREET - PITTSBURGH, PA 15222	25-0965639	501(C)(3)	10,000.	0.			CAPACITY BUILDING
YWCA GREEN BAY-DEPERE 230 SOUTH MADISON STREET GREEN BAY, WI 54301	39-0806277	501(C)(3)	10,000.	0.			CAPACITY BUILDING
YWCA GREENSBORO 1807 E. WENDOVER AVE. GREENSBORO, NC 27405	56-0529936	501(C)(3)	10,000.	0.			CAPACITY BUILDING
YWCA HAMILTON 244 DAYTON STREET HAMILTON, OH 45011	31-0537167	501(C)(3)	10,000.	0.			CAPACITY BUILDING

Schedule I (Form 990)



**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YWCA HANOVER 23 WEST CHESTNUT STREET HANOVER, PA 17331	23-7172265	501(C)(3)	10,000.	0.			CAPACITY BUILDING
YWCA HARRISBURG 1101 MARKET STREET HARRISBURG, PA 17103	23-1370514	501(C)(3)	10,000.	0.			CAPACITY BUILDING
YWCA HAWAII ISLAND 145 ULULANI STREET HILO, HI 96720-2947	99-0079762	501(C)(3)	10,000.	0.			CAPACITY BUILDING
YWCA HELENA 501 N. PARK AVE HELENA, MT 59601	81-0235416	501(C)(3)	10,000.	0.			CAPACITY BUILDING
YWCA HIGH POINT 155 W. WESTWOOD AVE. HIGH POINT, NC 27262	56-0593053	501(C)(3)	10,000.	0.			CAPACITY BUILDING
YWCA KANKAKEE 1086 EAST COURT STREET KANKAKEE, IL 60901	36-2249893	501(C)(3)	10,000.	0.			CAPACITY BUILDING
YWCA KAUAI COUNTY 3094 ELUA STREET LIHUE, HI 96766	99-0073504	501(C)(3)	10,000.	0.			CAPACITY BUILDING
YWCA LA CROSSE 3219 COMMERCE STREET LA CROSSE, WI 54603	39-0810543	501(C)(3)	10,000.	0.			CAPACITY BUILDING
YWCA LEWISTON-CLARKSTON 300 MAIN STREET LEWISTON, ID 83501	82-0202255	501(C)(3)	10,000.	0.			CAPACITY BUILDING

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YWCA LINCOLN 5631 S. 48TH STREET SUITE 410 LINCOLN, NE 68516	47-0376894	501(C)(3)	10,000.	0.			CAPACITY BUILDING
YWCA LOWELL 97 CENTRAL STREET SUITE 302 LOWELL, MA 01852	04-2105876	501(C)(3)	10,000.	0.			CAPACITY BUILDING
YWCA MAHONING 25 WEST RAYEN AVENUE YOUNGSTOWN, OH 44503	34-0714732	501(C)(3)	10,000.	0.			CAPACITY BUILDING
YWCA MALDEN 54 WASHINGTON STREET MALDEN, MA 02148	04-2125009	501(C)(3)	10,000.	0.			CAPACITY BUILDING
YWCA MANKATO 127 S. 2ND STREET, SUITE 200 MANKATO, MN 56001	41-0711619	501(C)(3)	10,000.	0.			CAPACITY BUILDING
YWCA MARSHALLTOWN 108 WASHINGTON STREET MARSHALLTOWN, IA 50158	42-0681054	501(C)(3)	10,000.	0.			CAPACITY BUILDING
YWCA MINNEAPOLIS MIDTOWN 1130 NICOLLET MALL MINNEAPOLIS, MN 55403	41-0693891	501(C)(3)	10,000.	0.			CAPACITY BUILDING
YWCA MOHAWK VALLEY 7 RUTGER PARK UTICA, NY 13501	15-0532279	501(C)(3)	10,000.	0.			CAPACITY BUILDING
YWCA MOUNT DESERT ISLAND 36 MOUNT DESERT STREET BAR HARBOR, ME 04609	01-0211569	501(C)(3)	10,000.	0.			CAPACITY BUILDING

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YWCA NASHVILLE & MIDDLE TENNESSEE 1608 WOODMONT BOULEVARD NASHVILLE, TN 37215	62-0475702	501(C)(3)	10,000.	0.			CAPACITY BUILDING
YWCA NEW BRITAIN 19 FRANKLIN SQUARE NEW BRITAIN, CT 06051	06-0598620	501(C)(3)	10,000.	0.			ALLSTATE GRANT - MOVING AHEAD CURRICULUM, CAPACITY BUILDING
YWCA NIAGARA 32 COTTAGE STREET LOCKPORT, NY 14094	16-0743245	501(C)(3)	10,000.	0.			CAPACITY BUILDING
YWCA NORTH CENTRAL WASHINGTON 212 FIRST STREET WENATCHEE, WA 98801	91-0721056	501(C)(3)	10,000.	0.			CAPACITY BUILDING
YWCA NORTHCENTRAL PENNSYLVANIA 815 WEST FOURTH STREET WILLIAMSPORT, PA 17701	24-0796439	501(C)(3)	10,000.	0.			CAPACITY BUILDING
YWCA NORTHEASTERN MASSACHUSETTS 38 LAWRENCE STREET LAWRENCE, MA 01840	04-2130847	501(C)(3)	10,000.	0.			CAPACITY BUILDING
YWCA NORTHWEST INDIANA 150 W 15TH STREET GARY, IN 46407	13-1624103	501(C)(3)	10,000.	0.			CAPACITY BUILDING
YWCA NORTHWEST OHIO 1018 JEFFERSON AVE. TOLEDO, OH 43604	34-4428265	501(C)(3)	10,000.	0.			CAPACITY BUILDING
YWCA OF VAN WERT COUNTY 408 EAST MAIN STREET VAN WERT, OH 45891	34-4430540	501(C)(3)	10,000.	0.			CAPACITY BUILDING

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YWCA OIL CITY 109 CENTRAL AVENUE OIL CITY, PA 16301	25-1073148	501(C)(3)	10,000.	0.			CAPACITY BUILDING
YWCA OLYMPIA 220 UNION AVENUE SE OLYMPIA, WA 98501	91-0568718	501(C)(3)	10,000.	0.			CAPACITY BUILDING
YWCA PEKIN 315 BUENA VISTA PEKIN, IL 61554	37-0692352	501(C)(3)	10,000.	0.			CAPACITY BUILDING
YWCA PIERCE COUNTY 405 BROADWAY TACOMA, WA 98402	91-0565026	501(C)(3)	10,000.	0.			CAPACITY BUILDING
YWCA PIQUA 418 N WAYNE STREET PIQUA, OH 45356	31-0537179	501(C)(3)	10,000.	0.			CAPACITY BUILDING
YWCA QUEENS 4207 PARSONS BLVD FLUSHING, NY 11355	20-0351906	501(C)(3)	10,000.	0.			CAPACITY BUILDING
YWCA QUINCY 639 YORK STREET, SUITE 202 QUINCY, IL 62301	37-0673569	501(C)(3)	10,000.	0.			CAPACITY BUILDING
YWCA RICHMOND VA 6 NORTH 5TH STREET RICHMOND, VA 23219	54-0506493	501(C)(3)	10,000.	0.			CAPACITY BUILDING
YWCA ROCHESTER & MONROE COUNTY 175 NORTH CLINTON AVENUE ROCHESTER, NY 14604	16-0743242	501(C)(3)	10,000.	0.			CAPACITY BUILDING

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YWCA ROCK COUNTY 1735 S WASHINGTON JANESVILLE, WI 53546	39-0808510	501(C)(3)	10,000.	0.			CAPACITY BUILDING
YWCA SAN GABRIEL VALLEY 943 NORTH GRAND AVENUE COVINA, CA 91724	95-1641967	501(C)(3)	10,000.	0.			CAPACITY BUILDING
YWCA SONOMA COUNTY 1128 EDWARDS AVE SANTA ROSA, CA 95404	94-2347428	501(C)(3)	10,000.	0.			CAPACITY BUILDING
YWCA SOUTHEASTERN MASSACHUSETTS 20 SOUTH SIXTH STREET NEW BEDFORD, MA 02740	04-2104747	501(C)(3)	10,000.	0.			CAPACITY BUILDING
YWCA SOUTHERN COLORADO 801 N. SANTE FE AVENUE PUEBLO, CO 81003-4143	84-0402720	501(C)(3)	10,000.	0.			CAPACITY BUILDING
YWCA SPOKANE 930 N MONROE ST SPOKANE, WA 99201	91-0565025	501(C)(3)	10,000.	0.			CAPACITY BUILDING
YWCA ST. JOSEPH 304 NORTH 8 STREET ST. JOSEPH, MO 64501	44-0552219	501(C)(3)	10,000.	0.			CAPACITY BUILDING
YWCA ST. PAUL 375 SELBY AVENUE ST. PAUL, MN 55102	41-0746749	501(C)(3)	10,000.	0.			CAPACITY BUILDING
YWCA TITUSVILLE 201 N. FRANKLIN STREET TITUSVILLE, PA 16354	25-0965641	501(C)(3)	10,000.	0.			CAPACITY BUILDING

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YWCA TULSA 1910 S LEWIS AVE, SUITE 200 TULSA, OK 74104	73-0579296	501(C)(3)	10,000.	0.			CAPACITY BUILDING
YWCA ULSTER COUNTY 209 CLINTON AVE KINGSTON, NY 12401	14-1338443	501(C)(3)	10,000.	0.			CAPACITY BUILDING
YWCA UNION COUNTY 1131 E. JERSEY ST ELIZABETH, NJ 07201	22-1487399	501(C)(3)	10,000.	0.			CAPACITY BUILDING
YWCA UPPER LOWLANDS 246 CHURCH ST. SUMTER, SC 29150	57-0443375	501(C)(3)	10,000.	0.			CAPACITY BUILDING
YWCA UTAH AMBERLIE PHILLIPS 322 EAST 300 SOUTH SALT LAKE CITY, UT 84111	87-0212467	501(C)(3)	10,000.	0.			CAPACITY BUILDING
YWCA VERMONT 34 HOCHELAGA ROAD SOUTH HERO, VT 05486	03-0214632	501(C)(3)	10,000.	0.			CAPACITY BUILDING
YWCA WALLA WALLA 213 SOUTH FIRST STREET WALLA WALLA, WA 99362	91-1613315	501(C)(3)	10,000.	0.			CAPACITY BUILDING
YWCA WATSONVILLE 340 E BEACH ST WATSONVILLE, CA 85076-4838	94-1212142	501(C)(3)	10,000.	0.			CAPACITY BUILDING
YWCA WAUSAU 613 N 5TH ST WAUSAU, WI 54403	39-0816866	501(C)(3)	10,000.	0.			CAPACITY BUILDING

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YWCA WEST CENTRAL MICHIGAN 25 SHELDON BLVD SE GRAND RAPIDS, MI 49503-4209	38-1359578	501(C)(3)	10,000.	0.			CAPACITY BUILDING
YWCA WESTERN NEW YORK 1005 GRANT STREET SUITE 3 BUFFALO, NY 14207-2877	16-0743243	501(C)(3)	10,000.	0.			CAPACITY BUILDING
YWCA WESTFIELD 58 SOUTH PORTAGE STREET WESTFIELD, NY 14787	16-0743249	501(C)(3)	10,000.	0.			CAPACITY BUILDING
YWCA WESTMORELAND 424 N. MAIN STREET GREENSBURG, PA 15601	25-1117999	501(C)(3)	10,000.	0.			CAPACITY BUILDING
YWCA WHEELING 1100 CHAPLINE STREET WHEELING, WV 26003	55-0357063	501(C)(3)	10,000.	0.			CAPACITY BUILDING
YWCA WINSTON-SALEM/FORSYTH COUNTY 313 INDERA MILLS COURT WINSTON-SALEM, NC 27101	56-0564345	501(C)(3)	10,000.	0.			CAPACITY BUILDING
YWCA YAKIMA 818 WEST YAKIMA AVENUE YAKIMA, WA 98902	91-0565583	501(C)(3)	10,000.	0.			CAPACITY BUILDING
YWCA YONKERS 87 SOUTH BROADWAY YONKERS, NY 10701	13-1740521	501(C)(3)	10,000.	0.			CAPACITY BUILDING
YWCA YORK 320 EAST MARKET STREET YORK, PA 17403-5613	23-1360889	501(C)(3)	10,000.	0.			CAPACITY BUILDING

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ENJOY ENTERTAINMENT 142 PARK PLACE CIRCLE ALABASTER, AL 35007	81-0979379		7,000.	0.			YWOMEN START IT UP PITCH COMPETITION PRIZES



**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

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

**Part IV Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

**PART I, LINE 2:**

THE YWCA USA DEVELOPS GRANT MONITORING PROCEDURES DESIGNED TO MEET THE REPORTING REQUIREMENTS OF OUR FUNDERS. ADDITIONALLY, YWCA USA RECEIVES APPLICATIONS AND THEN AN INTERNAL COMMITTEE CONSISTING OF YWCA USA STAFF MEMBERS INDIVIDUALLY REVIEWS AND RANKS EACH OF THE APPLICATIONS. YWCA USA ALSO REVIEWS A FINAL REPORT WHICH INCLUDES THE OUTCOME OF THE PROGRAM/SERVICES.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2021**

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
 ▶ Attach to Form 990.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization **YWCA USA, INC.** Employer identification number **13-1624103**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on 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 (such as 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 directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

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

**4** During the year, did any person listed on 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), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on 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" on line 5a or 5b, describe in Part III.

**6** For persons listed on 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" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

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

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

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>	X	
<b>8</b>		X
<b>9</b>		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2021

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on 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 aren't listed on Form 990, Part VII.

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ALEJANDRA Y. CASTILLO CEO THROUGH MARCH 2021	(i)	246,447.	50,000.	0.	0.	18,549.	314,996.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ELISHA RHODES COO & INTERIM CEO	(i)	242,914.	26,500.	0.	0.	34,434.	303,848.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) CATHERINE BEANE VP, PUBLIC POLICY & ADVOCACY	(i)	154,911.	12,400.	0.	0.	14,142.	181,453.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 7:

IN 2021, PERFORMANCE BONUSES WERE RECEIVED BY OFFICERS AND HIGHEST  
COMPENSATED EMPLOYEES. ALEJANDRA CASTILLO RECEIVED A SIGNING BONUS AND A  
PERFORMANCE BONUS.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2021**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization **YWCA USA, INC.** Employer identification number **13-1624103**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ( <b>SANITARY EQUI</b> )	<b>X</b>	<b>80,000</b>	<b>80,000</b>	<b>FMV</b>
26 Other ▶ ( _____ )				
27 Other ▶ ( _____ )				
28 Other ▶ ( _____ )				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? .....		<b>X</b>
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? .....	<b>X</b>	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....		<b>X</b>
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

SCHEDULE M, PART I, COLUMN (B):

NUMBER IN COLUMN (B) REPRESENTS THE AMOUNT OF ITEMS CONTRIBUTED.

Multiple horizontal lines for data entry.

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization

YWCA USA, INC.

Employer identification number

13-1624103

FORM 990, PART I, LINE 1:

YWCA USA IS DEDICATED TO ELIMINATING RACISM, EMPOWERING WOMEN, AND  
PROMOTING PEACE, JUSTICE, FREEDOM, AND DIGNITY FOR ALL.

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

GLOBAL INITIATIVES

EXPENSES \$ 318,149. INCLUDING GRANTS OF \$ 75,000. REVENUE \$ 132,098.

FORM 990, PART VI, SECTION A, LINE 6:

THE MEMBERS OF YWCA USA ARE LOCAL ASSOCIATIONS AND ARE ALL PART OF THE SAME  
MEMBERSHIP CLASS. LOCAL ASSOCIATIONS ELECT THE BOARD OF DIRECTORS. LOCAL  
ASSOCIATIONS, UPON RECEIVING THE VOTE OF TWO-THIRDS OF THE MEMBERS, APPROVE  
ANY AMENDMENTS TO YWCA USA CERTIFICATE OF INCORPORATION OR BYLAWS, MERGER,  
CONSOLIDATION, OR DISSOLUTION OF THE YWCA USA AND ALL OTHER ACTIONS WHICH,  
UNDER APPLICABLE LAW, REQUIRE MEMBER APPROVAL. AMENDMENT OF THE YWCA  
CERTIFICATE OF INCORPORATION OR BYLAWS TO ADDRESS CHANGES IN APPLICABLE LAW  
SHALL BE BY THE VOTE OF A MAJORITY OF THE MEMBERS ENTITLED TO VOTE THEREON  
AT ANY MEETING OF THE MEMBERS, OR, AS PROVIDED IN THE CERTIFICATE OF  
INCORPORATION, BY WRITTEN CONSENT OF THE MEMBERS ENTITLED TO VOTE THEREON.

FORM 990, PART VI, SECTION A, LINE 7A:

SEE EXPLANATION ABOVE (PART VI, LINE 6)

FORM 990, PART VI, SECTION A, LINE 7B:

SEE EXPLANATION ABOVE (PART VI, LINE 6)

Name of the organization YWCA USA, INC.	Employer identification number 13-1624103
--------------------------------------------	----------------------------------------------

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS REVIEWED BY THE AUDIT COMMITTEE AND PRESENTED TO THE BOARD OF DIRECTORS PRIOR TO ITS FILING WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

THE CONFLICT OF INTEREST POLICY IS RENEWED ANNUALLY AND IS DISTRIBUTED TO ALL NEW BOARD MEMBERS. IT IS REVIEWED AND DISCUSSED WITH THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 15:

ACCORDING TO THE BYLAWS, THE FIXING OF SALARY FOR THE CHIEF EXECUTIVE OFFICER REQUIRES AN AFFIRMATIVE VOTE OF A MAJORITY OF THE ENTIRE BOARD. ALL EMPLOYEE SALARIES ARE DETERMINED BY THE CHIEF EXECUTIVE OFFICER AND CHIEF OPERATING OFFICER.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL, AK, AZ, AR, CA, CO, CT, FL, GA, HI, ID, IL, KS, KY, LA, ME, MD, MA, MI, MS, MT, NH, NJ, NM, NY, OH, PA, RI, SC, TN, WA, WI

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

CONSULTANT/PROFESSIONAL FEES:

PROGRAM SERVICE EXPENSES	2,574,303.
MANAGEMENT AND GENERAL EXPENSES	80,548.
FUNDRAISING EXPENSES	101,614.





# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>YWCA USA, INC.</b>	Taxpayer identification number (TIN) <b>13-1624103</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>1400 EYE STREET NW, SUITE 325</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>WASHINGTON, DC 20005</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

**KAINE NICHOLAS**

• The books are in the care of ▶ **1400 EYE STREET NW, #325 - WASHINGTON, DC 20005**

Telephone No. ▶ **202-467-0801** Fax No. ▶ \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **MAY 15, 2023**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year \_\_\_\_\_ or  
 ▶  tax year beginning **JUL 1, 2021**, and ending **JUN 30, 2022**.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.