

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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

**2020**

Department of the Treasury  
Internal Revenue Service

▶ 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.

Open to Public Inspection

**A** For the 2020 calendar year, or tax year beginning **JUL 1, 2020** and ending **JUN 30, 2021**

<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> Doing business as 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> 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</b> <b>SAME AS C ABOVE</b>	<b>D</b> Employer identification number <b>13-1624103</b> <b>E</b> Telephone number <b>202-467-0801</b> <b>G</b> Gross receipts \$ <b>36,742,543.</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 ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: ▶ <b>WWW.YWCA.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
		<b>L</b> Year of formation: <b>1907</b>
		<b>M</b> State of legal domicile: <b>NY</b>

**Part I Summary**

	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>SEE SCHEDULE O</b>		
Activities & Governance	<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 2020 (Part V, line 2a) .....	<b>5</b>	<b>42</b>
	<b>6</b> Total number of volunteers (estimate if necessary) .....	<b>6</b>	<b>0</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> <b>11,459,672.</b>	<b>Current Year</b> <b>24,437,860.</b>
	<b>9</b> Program service revenue (Part VIII, line 2g) .....	<b>7,225.</b>	<b>430,292.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....	<b>2,185,111.</b>	<b>2,856,963.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....	<b>102,417.</b>	<b>259,457.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....	<b>13,754,425.</b>	<b>27,984,572.</b>
	Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....	<b>1,730,410.</b>
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) .....		<b>0.</b>	<b>0.</b>
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....		<b>3,468,377.</b>	<b>3,855,948.</b>
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) .....		<b>0.</b>	<b>0.</b>
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>734,067.</b>			
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .....		<b>4,720,351.</b>	<b>5,615,009.</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....	<b>9,919,138.</b>	<b>13,156,457.</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12 .....	<b>3,835,287.</b>	<b>14,828,115.</b>	
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16) .....	<b>Beginning of Current Year</b> <b>73,293,200.</b>	<b>End of Year</b> <b>98,175,042.</b>
	<b>21</b> Total liabilities (Part X, line 26) .....	<b>3,682,888.</b>	<b>2,632,779.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 .....	<b>69,610,312.</b>	<b>95,542,263.</b>

**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 <b>MARGARET MITCHELL, CEO</b> Type or print name and title	Date _____
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>DANIEL O'SHEA</b>	Preparer's signature <b>DANIEL O'SHEA</b>
	Firm's name ▶ <b>COHNREZNICK LLP</b> Firm's address ▶ <b>7501 WISCONSIN AVENUE, SUITE 400E</b> <b>BETHESDA, MD 20814</b>	Date <b>01/20/22</b>
	Check if self-employed <input type="checkbox"/>	PTIN <b>P00957510</b>
	Firm's EIN ▶ <b>22-1478099</b>	Phone no. <b>301-652-9100</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 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 \$ 7,533,815. including grants of \$ 3,570,500. ) (Revenue \$ 6,576,657. ) 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 \$ 1,102,498. including grants of \$ ) (Revenue \$ 50,000. ) 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 \$ 1,407,597. 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 \$ 318,705. including grants of \$ 115,000. ) (Revenue \$ 206,485. )

4e Total program service expenses 10,362,615.

**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> ?	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 Revenue Procedure 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>		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 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 lines 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 in 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 in 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 16 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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 17; 1b Enter the number of voting members included... 17; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets... X; 6 Did the organization have members or stockholders? X; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? X; 8b Each committee with authority to act on behalf of the governing body? X; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O X

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? X; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? X; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done X; 13 Did the organization have a written whistleblower policy? X; 14 Did the organization have a written document retention and destruction policy? X; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official X; 15b Other officers or key employees of the organization X; If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

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 [X] 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
ELISHA RHODES - 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 instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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 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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ALEJANDRA Y. CASTILLO CEO (OUTGOING)	50.00			X				301,017.	0.	42,736.
(2) CATHERINE BEANE VP - PUBLIC POLICY & ADVOCACY	50.00				X			150,416.	0.	12,817.
(3) ELISHA RHODES SR. DIRECTOR - OPS. / INTERIM CEO	50.00			X				134,036.	0.	26,071.
(4) JUNE JIMENEZ VP - SOCIAL INNOVATION, INVESTMENT,	50.00					X		149,076.	0.	8,591.
(5) LIZ LOPEZ SR. DIRECTOR - SOC. IMPACT INVESTING	50.00					X		122,976.	0.	10,149.
(6) MICHELLE AGOSTINI DIRECTOR - CAPACITY BUILDING TEAM	50.00					X		104,760.	0.	8,433.
(7) REBECCA HINES VP - MEMBER SERVICES	50.00					X		105,735.	0.	1,430.
(8) BETH MCCAWE CHAIR	1.00	X		X				0.	0.	0.
(9) TINA HERRERA VICE-CHAIR	1.00	X		X				0.	0.	0.
(10) PAMELA STEGORA AXBERG TREASURER	1.00	X		X				0.	0.	0.
(11) SHANNON ISOM SECRETARY	1.00	X		X				0.	0.	0.
(12) JULIET CHOI DIRECTOR	1.00	X						0.	0.	0.
(13) VICTORIA DINGES DIRECTOR	1.00	X						0.	0.	0.
(14) GAYLE FUGUITT DIRECTOR	1.00	X						0.	0.	0.
(15) KATHERINE GRAINGER DIRECTOR	1.00	X						0.	0.	0.
(16) ANN BRANAN HORAK DIRECTOR	1.00	X						0.	0.	0.
(17) REGINA MALVEAUX 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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) SHAWNA O. MENIFEE DIRECTOR	1.00	X						0.	0.	0.
(19) RITA MITCHELL DIRECTOR	1.00	X						0.	0.	0.
(20) NICHOLA "NIKKI" NORIEGA DIRECTOR	1.00	X						0.	0.	0.
(21) JOANNA M. PRICE DIRECTOR	1.00	X						0.	0.	0.
(22) NANCY RACETTE DIRECTOR	1.00	X						0.	0.	0.
(23) MARIA CHAVEZ WILCOX DIRECTOR	1.00	X						0.	0.	0.
(24) PIA WILSON-BODY DIRECTOR	1.00	X						0.	0.	0.
<b>1b Subtotal</b>								1,068,016.	0.	110,227.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								1,068,016.	0.	110,227.

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 **7**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	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? If "Yes," complete Schedule J for such individual	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? If "Yes," complete Schedule J for such person	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
MARCUM LLP, 1899 L STREET NW, SUITE 850, WASHINGTON, DC 20036	ACCOUNTING AND HR SERVICES	456,251.
THE RABEN GROUP 1341 G ST. FLOOR 5, WASHINGTON, DC 20005	CONSULTING	225,000.
CTM HOLDING LLC, 4060 PEACHTREE RD SUITE 523, ATLANTA, GA 30319	CONSULTING	187,710.
HIGHER LOGIC LLC, 1919 N LYNN T SUITE 500, ARLINGTON, VA 22209	SOFTWARE AS A SERVICE	151,200.
KG CONSULTING 5009 BELT RD NW, WASHINGTON, DC 20016	CONSULTING	105,575.

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 **6**



**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>	3,386,794.				
	<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>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	21,051,066.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 16,295.				
	<b>h Total.</b> Add lines 1a-1f .....			24,437,860.			
Program Service Revenue	<b>2 a</b> MEETING & CONFERENCES	<b>Business Code</b>					
		900099	430,292.	430,292.			
	<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 .....			430,292.				
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		1,044,792.			1,044,792.	
	<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	416,300.			
			(ii) Personal				
	<b>b</b> Less: rental expenses ...	<b>6b</b>	194,278.				
	<b>c</b> Rental income or (loss)	<b>6c</b>	222,022.				
	<b>d</b> Net rental income or (loss) .....			222,022.		222,022.	
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	10,109,564.	266,300.		
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>	8,300,616.	263,077.			
	<b>c</b> Gain or (loss) .....	<b>7c</b>	1,808,948.	3,223.			
<b>d</b> Net gain or (loss) .....			1,812,171.		1,812,171.		
<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>		299.				
<b>b</b> Less: cost of goods sold .....	<b>10b</b>	0.					
<b>c</b> Net income or (loss) from sales of inventory .....			299.	299.			
Miscellaneous Revenue	<b>11 a</b> OTHER INCOME	<b>Business Code</b>					
		900099	37,136.	37,136.			
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> All other revenue .....						
<b>e Total.</b> Add lines 11a-11d .....			37,136.				
<b>12 Total revenue.</b> See instructions .....			27,984,572.	467,727.	0.	3,078,985.	

**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

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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	3,570,500.	3,570,500.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....	115,000.	115,000.		
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	903,090.	658,514.	184,416.	60,160.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	2,372,232.	1,729,780.	484,422.	158,030.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	69,983.	51,030.	14,291.	4,662.
<b>9</b> Other employee benefits .....	255,650.	186,415.	52,205.	17,030.
<b>10</b> Payroll taxes .....	254,993.	185,936.	52,071.	16,986.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	482,484.	351,817.	98,526.	32,141.
<b>c</b> Accounting .....	350,563.		350,563.	
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....	258,710.		258,710.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	2,402,669.	1,905,470.	257,075.	240,124.
<b>12</b> Advertising and promotion .....	491,280.	484,370.	4,519.	2,391.
<b>13</b> Office expenses .....	107,380.	71,595.	14,413.	21,372.
<b>14</b> Information technology .....				
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	389,319.	283,883.	79,501.	25,935.
<b>17</b> Travel .....	4,614.	2,257.	408.	1,949.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	77,817.	76,220.	1,091.	506.
<b>20</b> Interest .....	27,882.		27,882.	
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	88,327.	64,406.	18,037.	5,884.
<b>23</b> Insurance .....	51,374.	37,461.	10,491.	3,422.
<b>24</b> 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.)				
<b>a</b> <b>EQUIPMENT AND MAINTENAN</b>	455,489.	331,147.	52,751.	71,591.
<b>b</b> <b>WORLD YWCA DUES</b>	140,429.	140,429.		
<b>c</b> <b>SUBSCRIPTIONS</b>	60,897.	20,407.	1,966.	38,524.
<b>d</b> <b>BAD DEBTS</b>	30,943.		30,943.	
<b>e</b> All other expenses .....	194,832.	95,978.	65,494.	33,360.
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	13,156,457.	10,362,615.	2,059,775.	734,067.
<b>26</b> <b>Joint costs.</b> 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 .....	6,937,335.	<b>1</b>	6,016,632.
	<b>2</b> Savings and temporary cash investments .....	5,180,656.	<b>2</b>	16,020,644.
	<b>3</b> Pledges and grants receivable, net .....	5,019,804.	<b>3</b>	5,172,088.
	<b>4</b> Accounts receivable, net .....	157,602.	<b>4</b>	395,945.
	<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 .....		<b>7</b>	671,139.
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	68,218.	<b>9</b>	227,345.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 7,282,021.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 5,116,878.	2,488,945.	<b>10c</b> 2,165,143.
	<b>11</b> Investments - publicly traded securities .....	50,834,785.	<b>11</b>	64,405,908.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	2,580,079.	<b>12</b>	3,063,178.
	<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 .....	25,776.	<b>15</b>	37,020.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	73,293,200.	<b>16</b>	98,175,042.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	904,562.	<b>17</b>	1,725,827.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	5,836.	<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 .....	1,700,000.	<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....	590,693.	<b>24</b>	595,852.
	<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 .....	481,797.	<b>25</b>	311,100.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	3,682,888.	<b>26</b>	2,632,779.
<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 .....	51,209,636.	<b>27</b>	76,762,012.
	<b>28</b> Net assets with donor restrictions .....	18,400,676.	<b>28</b>	18,780,251.
	<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 .....	69,610,312.	<b>32</b>	95,542,263.
<b>33</b> Total liabilities and net assets/fund balances .....	73,293,200.	<b>33</b>	98,175,042.	

**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	27,984,572.
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,156,457.
3	Revenue less expenses. Subtract line 2 from line 1	3	14,828,115.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	69,610,312.
5	Net unrealized gains (losses) on investments	5	11,103,836.
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	95,542,263.

**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 in 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
b	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	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ 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
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

Form 990 (2020)

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2020**

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 or 990-EZ).)
- 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 in 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	4114336.	4234869.	5333334.	11459672.	24437860.	49580071.
<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 .....	4114336.	4234869.	5333334.	11459672.	24437860.	49580071.
<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) .....						4416836.
<b>6 Public support.</b> Subtract line 5 from line 4.						45163235.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>7</b> Amounts from line 4 .....	4114336.	4234869.	5333334.	11459672.	24437860.	49580071.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	1447251.	1643834.	1041219.	1359442.	1266814.	6758560.
<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.) .....	14,808.	9,314.	9,099.	79,837.	2,400.	115,458.
<b>11 Total support.</b> Add lines 7 through 10						56454089.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	935,306.
<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 2020 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	80.00 %
<b>15</b> Public support percentage from 2019 Schedule A, Part II, line 14 .....	<b>15</b>	65.61 %
<b>16a 33 1/3% support test - 2020.</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 - 2019.</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 - 2020.</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 - 2019.</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**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**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**

<b>15</b> Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2019 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2020.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

**Part IV 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 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</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 in 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 in 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 in lines 11b and 11c below, the governing body of a supported organization?		
<b>11a</b>		
<b>b</b> A family member of a person described in line 11a above?		
<b>11b</b>		
<b>c</b> A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
<b>11c</b>		

**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>1</b>		
<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>		
<b>2</b>		

**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>		
<b>1</b>		

**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>1</b>		
<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>2</b>		
<b>3</b> By reason of the relationship described in 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>		
<b>3</b>		

**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>	Yes	No
<b>2a</b>		
<b>b</b> Did the activities described in 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>2b</b>		
<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>3a</b>		
<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>		
<b>3b</b>		

**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 2020 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-2020</b>	<b>(iii) Distributable Amount for 2020</b>
<b>1</b> Distributable amount for 2020 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2020			
<b>a</b> From 2015			
<b>b</b> From 2016			
<b>c</b> From 2017			
<b>d</b> From 2018			
<b>e</b> From 2019			
<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 2020 distributable amount			
<b>i</b> Carryover from 2015 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2020 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2020 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2020, 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 2020. 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 2021.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2016			
<b>b</b> Excess from 2017			
<b>c</b> Excess from 2018			
<b>d</b> Excess from 2019			
<b>e</b> Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

**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**

2016 AMOUNT: \$ 14,808.

2017 AMOUNT: \$ 9,314.

2018 AMOUNT: \$ 9,099.

2019 AMOUNT: \$ 79,837.

2020 AMOUNT: \$ 2,400.

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2020**

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

- 1 Provide a description of the organization's direct and indirect political campaign activities 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 or 990-EZ) 2020**

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**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.

<b>Limits on Lobbying Expenditures</b> (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) .....	40,928.													
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) .....	221,988.													
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) .....	262,916.													
<b>d</b>	Other exempt purpose expenditures .....	12,893,541.													
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) .....	13,156,457.													
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	807,823.													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">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) .....	201,956.													
<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.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
<b>2a</b> Lobbying nontaxable amount	547,675.	606,190.	645,957.	807,823.	2,607,645.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					3,911,468.
<b>c</b> Total lobbying expenditures	38,056.	151,737.	264,947.	262,916.	717,656.
<b>d</b> Grassroots nontaxable amount	136,919.	151,548.	161,489.	201,956.	651,912.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					977,868.
<b>f</b> Grassroots lobbying expenditures	8,492.	13,571.	24,154.	40,928.	87,145.

Schedule C (Form 990 or 990-EZ) 2020

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

	(a)		(b)
	Yes	No	Amount
<i>For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.</i>			
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers? .....			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..			
<b>c</b> Media advertisements? .....			
<b>d</b> Mailings to members, legislators, or the public? .....			
<b>e</b> Publications, or published or broadcast statements? .....			
<b>f</b> Grants to other organizations for lobbying purposes? .....			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....			
<b>i</b> Other activities? .....			
<b>j</b> Total. Add lines 1c through 1i .....			
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....			

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

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

**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."**

<b>1</b> Dues, assessments and similar amounts from members .....	<b>1</b>
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures <b>(do not include amounts of political expenses for which the section 527(f) tax was paid).</b>	
<b>a</b> Current year .....	<b>2a</b>
<b>b</b> Carryover from last year .....	<b>2b</b>
<b>c</b> Total .....	<b>2c</b>
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .....	<b>3</b>
<b>4</b> 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? .....	<b>4</b>
<b>5</b> Taxable amount of lobbying and political expenditures (See instructions) .....	<b>5</b>

**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.

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**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

**2020**

**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) 2020



**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	58,435,656.	61,214,259.	64,963,578.	62,548,133.	58,842,038.
b Contributions	158,447.	118,650.	26,757.	92,226.	67,535.
c Net investment earnings, gains, and losses	13,448,200.	1,389,408.	1,035,214.	5,295,249.	6,587,568.
d Grants or scholarships					
e Other expenditures for facilities and programs	3,773,434.	4,286,661.	4,811,290.	2,972,030.	2,949,008.
f Administrative expenses					
g End of year balance	68,268,869.	58,435,656.	61,214,259.	64,963,578.	62,548,133.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  84.3090 %
  - b Permanent endowment  9.6690 %
  - c Term endowment  6.0220 %
- 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.	4,590,224.	615,215.
c Leasehold improvements		73,041.	8,618.	64,423.
d Equipment		868,776.	518,036.	350,740.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				2,165,143.

**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>	87,622.
(3) <b>DEFERRED LEASE INCENTIVE AND</b>	
(4) <b>LIABILITY</b>	223,478.
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	311,100.

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.

1	Total revenue, gains, and other support per audited financial statements		1	38,871,698.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2a	11,103,836.	
	b Donated services and use of facilities	2b	42,000.	
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII.)	2d		
	e Add lines 2a through 2d	2e	11,145,836.	
3	Subtract line 2e from line 1		3	27,725,862.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a	258,710.	
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b	4c	258,710.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	27,984,572.

**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.

1	Total expenses and losses per audited financial statements		1	12,939,747.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2a	42,000.	
	b Prior year adjustments	2b		
	c Other losses	2c		
	d Other (Describe in Part XIII.)	2d		
	e Add lines 2a through 2d	2e	42,000.	
3	Subtract line 2e from line 1		3	12,897,747.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a	258,710.	
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b	4c	258,710.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	13,156,457.

**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



**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

**2020**

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		115,000.
<b>3 a</b> Subtotal .....	0	0			115,000.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			115,000.





**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

Schedule F (Form 990) 2020



**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

**2020**

**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 non-cash 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 ALASKA 3400 SPENARD ROAD, STE 200 ANCHORAGE, AK 99503	92-0130244	501(C)(3)	52,000.	0.			COCA-COLA- WOMEN EMPOWERMENT THROUGH ENTREPRENEURSHIP, PG- CINCINNATI - WOMEN
YWCA ALLENTOWN 702 WEST HAMILTON STREET, SUITE 100 ALLENTOWN, PA 18101	23-1352605	501(C)(3)	35,000.	0.			GOOGLE GRANT- DIGITAL SKILLS
YWCA ANNAPOLIS 1517 RITCHIE HWY, SUITE 201 ARNOLD, MD 21012	52-0591702	501(C)(3)	20,000.	0.			SANDBERG- DOMESTIC VIOLENCE AND SHELTER SERVICES
YWCA BERKELEY/OAKLAND 2600 BANCROFT WAY BERKELEY, CA 94704	94-1156363	501(C)(3)	15,000.	0.			COMCAST- DIGITAL SKILLS TRAINING
YWCA BILLINGS 909 WYOMING AVENUE BILLINGS, MT 59101	81-0235415	501(C)(3)	20,000.	0.			SANDBERG- DOMESTIC VIOLENCE AND SHELTER SERVICES
YWCA BOULDER 2222 14TH STREET BOULDER, CO 80302	84-0500276	501(C)(3)	50,000.	0.			GOOGLE STEM

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **▶ 96.**

**3** Enter total number of other organizations listed in the line 1 table **▶ 0.**

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

Schedule I (Form 990) 2020

**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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YWCA BROOKLYN 30 THIRD AVENUE BROOKLYN, NY 11217	11-1630919	501(C)(3)	15,000.	0.			GOOGLE STEM
YWCA CASS CLAY 3100 12TH AVE N FARGO, ND 58102	45-0226435	501(C)(3)	20,000.	0.			SANDBERG- DOMESTIC VIOLENCE AND SHELTER SERVICES
YWCA CENTRAL ALABAMA 309 NORTH 23RD STREET BIRMINGHAM, AL 35203	63-0288882	501(C)(3)	67,000.	0.			SANDBERG- DOMESTIC VIOLENCE AND SHELTER SERVICES, ABBVIE-COVID-19 EMERGENCY
YWCA CENTRAL MASSACHUSETTS 1 SALEM SQUARE WORCESTER, MA 01608	04-2105873	501(C)(3)	20,000.	0.			SANDBERG- DOMESTIC VIOLENCE AND SHELTER SERVICES
YWCA CENTRAL VIRGINIA 626 CHURCH STREET LYNCHBURG, VA 24504	54-0506490	501(C)(3)	20,000.	0.			SANDBERG- DOMESTIC VIOLENCE AND SHELTER SERVICES
YWCA CHARLESTON 1426 KANAWHA BLVD CHARLESTON, WV 25301	55-0357060	501(C)(3)	20,000.	0.			SANDBERG- DOMESTIC VIOLENCE AND SHELTER SERVICES
YWCA CORTLAND 14 CLAYTON AVENUE CORTLAND, NY 13045	15-0536617	501(C)(3)	25,000.	0.			TORRID FOUNDATION EMERGENCY CHILDHOOD SERVICES
YWCA DAYTON 141 WEST THIRD STREET DAYTON, OH 45402	31-0537168	501(C)(3)	27,000.	0.			COCA-COLA- WOMEN EMPOWERMENT THROUGH ENTREPRENEURSHIP
YWCA DELAWARE 100 W. 10TH STREET, STE 5151 WILMINGTON, DE 19801	51-0064344	501(C)(3)	47,000.	0.			SANDBERG- DOMESTIC VIOLENCE AND SHELTER SERVICES, COCA-COLA-WOMEN EMPOWERMENT THROUGH

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**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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YWCA DUBUQUE 35 NORTH BOOTH STREET DUBUQUE, IA 52001	42-0934471	501(C)(3)	20,000.	0.			SANDBERG- DOMESTIC VIOLENCE AND SHELTER SERVICES
YWCA ELGIN 220 E. CHICAGO STREET ELGIN, IL 60120	36-2171177	501(C)(3)	55,000.	0.			PG-SECRET- WORKFORCE DEVELOPMENT PROGRAMS
YWCA EVANSTON/NORTH SHORE 1215 CHURCH STREET EVANSTON, IL 60201	36-2193618	501(C)(3)	75,000.	0.			GOOGLE GRANT- DIGITAL SKILLS, COMCAST- DIGITAL SKILLS TRAINING
YWCA GLENDALE 735 E. LEXINGTON DRIVE GLENDALE, CA 91206	95-1644057	501(C)(3)	15,000.	0.			GOOGLE STEM
YWCA GREATER ATLANTA 957 NORTH HIGHLAND AVE NE ATLANTA, GA 30306	58-0593442	501(C)(3)	25,000.	0.			PG-SECRET- WORKFORCE DEVELOPMENT PROGRAMS
YWCA GREATER AUSTIN 2015 SOUTH I-35, SUITE 110 AUSTIN, TX 78741	74-6053497	501(C)(3)	50,000.	0.			GOOGLE STEM
YWCA GREATER BATON ROUGE 11404 LAKE SHERWOOD AVE. N, SUITE B BATON ROUGE, LA 70816	72-0650993	501(C)(3)	45,000.	0.			SANDBERG- DOMESTIC VIOLENCE AND SHELTER SERVICES, PG-SECRET- WORKFORCE DEVELOPMENT
YWCA GREATER CHARLESTON, INC 1064 GARDNER ROAD, SUITE 113 CHARLESTON, SC 29407	57-0518147	501(C)(3)	47,000.	0.			COMCAST- DIGITAL SKILLS TRAINING, COCA-COLA- WOMEN EMPOWERMENT THROUGH ENTREPRENEURSHIP, PG-
YWCA GREATER CINCINNATI 898 WALNUT STREET CINCINNATI, OH 45202	31-0537518	501(C)(3)	20,000.	0.			SANDBERG- DOMESTIC VIOLENCE AND SHELTER SERVICES

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**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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YWCA GREATER LAFAYETTE 605 N 6TH STREET LAFAYETTE, IN 47901	35-0868224	501(C)(3)	20,000.	0.			GOOGLE GRANT- DIGITAL SKILLS
YWCA GREATER LOS ANGELES 1020 SOUTH OLIVE STREET LOS ANGELES, CA 90015	27-0927029	501(C)(3)	112,000.	0.			COCA-COLA- WOMEN EMPOWERMENT THROUGH ENTREPRENEURSHIP, GOOGLE STEM
YWCA GREATER MEMPHIS 766 S. HIGHLAND STREET MEMPHIS, TN 38111	62-0475754	501(C)(3)	20,000.	0.			SANDBERG- DOMESTIC VIOLENCE AND SHELTER SERVICES
YWCA GREATER PITTSBURGH 305 WOOD STREET PITTSBURGH, PA 15222	25-0965639	501(C)(3)	20,000.	0.			ABBVIE- COVID-19 EMERGENCY SUPPORT
YWCA GREATER PORTLAND P O BOX 4587 PORTLAND, OR 97208	93-0386984	501(C)(3)	20,000.	0.			SANDBERG- DOMESTIC VIOLENCE AND SHELTER SERVICES
YWCA GREENWICH 259 EAST PUTNAM AVENUE GREENWICH, CT 06830	06-0646992	501(C)(3)	55,000.	0.			GOOGLE STEM
YWCA HANOVER 23 WEST CHESTNUT STREET HANOVER, PA 17331	23-1352608	501(C)(3)	20,000.	0.			ABBVIE- COVID-19 EMERGENCY SUPPORT
YWCA HARBOR AREA 437 WEST 9TH STREET SAN PEDRO, CA 90731	95-1691337	501(C)(3)	27,000.	0.			COCA-COLA- WOMEN EMPOWERMENT THROUGH ENTREPRENEURSHIP, PG-CINCINNATI - WOMEN
YWCA HELENA 501 N. PARK AVE HELENA, MT 59601	81-0235416	501(C)(3)	20,000.	0.			SANDBERG- DOMESTIC VIOLENCE AND SHELTER SERVICES

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**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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YWCA HIGH POINT 155 W. WESTWOOD AVE. HIGH POINT, NC 27262	56-0579600	501(C)(3)	27,000.	0.			COCA-COLA- WOMEN EMPOWERMENT THROUGH ENTREPRENEURSHIP, PG- CINCINNATI - WOMEN
YWCA HOUSTON 6309 MARTIN LUTHER KING BLVD HOUSTON, TX 77201	74-1109658	501(C)(3)	80,000.	0.			MACQUARIE - SUPPORTING WOMEN OF COLOR IN HOUSTON THROUGH ENTREPRENEURSHIP, PG- CINCINNATI, TECHNICAL
YWCA KALAMAZOO 353 E. MICHIGAN AVENUE KALAMAZOO, MI 49007	38-1360598	501(C)(3)	10,000.	0.			STATE ADVOCACY- TECHNICAL ASSISTANCE
YWCA KANKAKEE 1086 E. COURT STREET KANKAKEE, IL 60901-4255	36-2249893	501(C)(3)	25,000.	0.			PG-SECRET- WORKFORCE DEVELOPMENT PROGRAMS
YWCA KAUAI COUNTY 3094 ELUA STREET LIHUE, HI 96766	99-0073504	501(C)(3)	20,000.	0.			SANDBERG- DOMESTIC VIOLENCE AND SHELTER SERVICES
YWCA KNOXVILLE 420 WEST CLINCH AVENUE KNOXVILLE, TN 37902	62-0475701	501(C)(3)	45,000.	0.			SANDBERG- DOMESTIC VIOLENCE AND SHELTER SERVICES, COMCAST- DIGITAL SKILLS TRAINING
YWCA LOWER CAPE FEAR 2815 S. COLLEGE ROAD WILMINGTON, NC 28412	56-0556766	501(C)(3)	20,000.	0.			GOOGLE GRANT- DIGITAL SKILLS
YWCA LUBBOCK 3101 35TH STREET LUBBOCK, TX 79413	75-0939427	501(C)(3)	20,000.	0.			ABBVIE- COVID-19 EMERGENCY SUPPORT
YWCA MAHONING 25 WEST RAYEN AVENUE YOUNGSTOWN, OH 44503	34-0714732	501(C)(3)	47,000.	0.			COCA-COLA- WOMEN EMPOWERMENT THROUGH ENTREPRENEURSHIP

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**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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YWCA MARSHALLTOWN 108 WASHINGTON STREET MARSHALLTOWN, IA 50158	42-1478611	501(C)(3)	20,000.	0.			ABBVIE- COVID-19 EMERGENCY SUPPORT
YWCA MCLEAN COUNTY 1201 HERSHEY ROAD BLOOMINGTON, IL 61704	37-0661264	501(C)(3)	200,000.	0.			GOOGLE GRANT- DIGITAL SKILLS, COMCAST- DIGITAL SKILLS TRAINING
YWCA METROPOLITAN CHICAGO ONE N. LASALLE, STE 1150 CHICAGO, IL 60602	36-2179765	501(C)(3)	62,000.	0.			GOOGLE STEM, COCA-COLA- WOMEN EMPOWERMENT THROUGH ENTREPRENEURSHIP
YWCA METROPOLITAN ST. LOUIS 1155 OLIVETTE EXECUTIVE PARKWAY OLIVETTE, MO 63132	43-0653618	501(C)(3)	45,000.	0.			SANDBERG- DOMESTIC VIOLENCE AND SHELTER SERVICES, PG-SECRET- WORKFORCE DEVELOPMENT
YWCA MINNEAPOLIS MIDTOWN 1130 NICOLLET MALL MINNEAPOLIS, MN 55403	41-0693891	501(C)(3)	20,000.	0.			ABBVIE- COVID-19 EMERGENCY SUPPORT
YWCA MINOT 9 1ST AVE SW MINOT, ND 58701	45-0227018	501(C)(3)	20,000.	0.			SANDBERG- DOMESTIC VIOLENCE AND SHELTER SERVICES
YWCA MISSOULA 1130 W. BROADWAY MISSOULA, MT 59802	81-0245851	501(C)(3)	20,000.	0.			SANDBERG- DOMESTIC VIOLENCE AND SHELTER SERVICES
YWCA MONTEREY 236 MONTEREY STREET SALINAS, CA 93901	94-1732598	501(C)(3)	20,000.	0.			SANDBERG- DOMESTIC VIOLENCE AND SHELTER SERVICES
YWCA NASHVILLE & MIDDLE TENNESSEE 1608 WOODMONT BOULEVARD NASHVILLE, TN 37215	62-0475702	501(C)(3)	45,000.	0.			SANDBERG- DOMESTIC VIOLENCE AND SHELTER SERVICES, PG-SECRET- WORKFORCE DEVELOPMENT

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

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YWCA NATIONAL CAPITAL AREA 2303 14TH STREET NW, SUITE 100 WASHINGTON, DC 20009	52-0893511	501(C)(3)	47,000.	0.			SANDBERG- DOMESTIC VIOLENCE AND SHELTER SERVICES, COCA-COLA- WOMEN EMPOWERMENT THROUGH
YWCA NEW BRITAIN 19 FRANKLIN SQUARE NEW BRITAIN, CT 06051	06-0598620	501(C)(3)	45,000.	0.			ABBVIE- COVID-19 EMERGENCY SUPPORT
YWCA NEW HAMPSHIRE-MANCHESTER 72 CONCORD STREET MANCHESTER, NH 03101	02-0222254	501(C)(3)	45,000.	0.			SANDBERG- DOMESTIC VIOLENCE AND SHELTER SERVICES
YWCA NIAGARA 32 COTTAGE STREET LOCKPORT, NY 14094	16-0743245	501(C)(3)	17,500.	0.			TECHNICAL ASSISTANCE GRANT
YWCA NORTH CENTRAL INDIANA 1102 S. FELLOWS STREET SOUTH BEND, IN 46601	35-0868226	501(C)(3)	40,000.	0.			SANDBERG- DOMESTIC VIOLENCE AND SHELTER SERVICES
YWCA NORTHEAST KANSAS 225 SW 12TH STREET TOPEKA, KS 66612	48-0556758	501(C)(3)	20,000.	0.			SANDBERG- DOMESTIC VIOLENCE AND SHELTER SERVICES
YWCA NORTHEAST TENNESSEE AND SOUTHWEST VIRGINIA - 106 STATE STREET - BRISTOL, TN 37620	62-0488044	501(C)(3)	27,000.	0.			COCA-COLA- WOMEN EMPOWERMENT THROUGH ENTREPRENEURSHIP, PG-CINCINNATI - WOMEN
YWCA NORTHEASTERN NEW YORK 44 WASHINGTON AVENUE SCHENECTADY, NY 12305	14-1340139	501(C)(3)	20,000.	0.			SANDBERG- DOMESTIC VIOLENCE AND SHELTER SERVICES
YWCA NORTHERN NEW JERSEY 214 STATE STREET HACKENSACK, NJ 07601	22-1494725	501(C)(3)	42,000.	0.			COCA-COLA- WOMEN EMPOWERMENT THROUGH ENTREPRENEURSHIP, GOOGLE STEM

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YWCA NORTHWEST LOUISIANA 850-B OLIVE STREET SHREVEPORT, LA 71104	72-0423896	501(C)(3)	25,000.	0.			PG-SECRET- WORKFORCE DEVELOPMENT PROGRAMS
YWCA NORTHWESTERN ILLINOIS 4990 E. STATE STREET ROCKFORD, IL 61108	36-2174839	501(C)(3)	80,000.	0.			CHICAGO COMMUNITY FOUNDATION
YWCA OF SOUTHERN ARIZONA 525 N BONITA AVE TUCSON, AZ 85745	86-0098937	501(C)(3)	72,000.	0.			PG-SECRET- WORKFORCE DEVELOPMENT PROGRAMS, COCA-COLA- WOMEN EMPOWERMENT THROUGH
YWCA OKLAHOMA CITY 3460 NW 39TH ST OKLAHOMA CITY, OK 73112	73-0579272	501(C)(3)	20,000.	0.			GOOGLE GRANT- DIGITAL SKILLS
YWCA ORANGE COUNTY 215 E. COMMONWEALTH AVENUE, #F FULLERTON, CA 92832	95-1687482	501(C)(3)	15,000.	0.			GOOGLE STEM
YWCA PIERCE COUNTY 405 BROADWAY TACOMA, WA 98402	91-0565026	501(C)(3)	20,000.	0.			SANDBERG- DOMESTIC VIOLENCE AND SHELTER SERVICES
YWCA QUAD CITIES 229 16TH ST ROCK ISLAND, IL 61201	36-2171176	501(C)(3)	167,000.	0.			CHICAGO COMMUNITY FOUNDATION, GOOGLE GRANT- DIGITAL SKILLS
YWCA QUEENS 4207 PARSONS BLVD FLUSHING, NY 11355	20-0351906	501(C)(3)	30,000.	0.			GOOGLE STEM
YWCA RHODE ISLAND 514 BLACKSTONE STREET WOONSOCKET, RI 02895	05-0310596	501(C)(3)	35,000.	0.			GOOGLE GRANT- DIGITAL SKILLS

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YWCA RICHMOND PO BOX 2430 RICHMOND, IN 47374	54-0506493	501(C)(3)	20,000.	0.			ABBVIE- COVID-19 EMERGENCY SUPPORT
YWCA SAN ANTONIO 314 N. HACKBERRY, #101 SAN ANTONIO, TX 78202	74-1143135	501(C)(3)	62,000.	0.			GOOGLE STEM, COCA-COLA- WOMEN EMPOWERMENT THROUGH ENTREPRENEURSHIP, PG- CINCINNATI - WOMEN
YWCA SAN DIEGO 1012 C STREET SAN DIEGO, CA 92101	95-1661119	501(C)(3)	20,000.	0.			SANDBERG- DOMESTIC VIOLENCE AND SHELTER SERVICES
YWCA SAN GABRIEL VALLEY 943 NORTH GRAND AVENUE COVINA, CA 91724	95-1641967	501(C)(3)	20,000.	0.			SANDBERG- DOMESTIC VIOLENCE AND SHELTER SERVICES
YWCA SAUK VALLEY 412 FIRST AVE STERLING, IL 61081	36-2179770	501(C)(3)	100,000.	0.			CHICAGO COMMUNITY FOUNDATION, SANDBERG- DOMESTIC VIOLENCE AND SHELTER SERVICES
YWCA SE WISCONSIN 1915 N MARTIN LUTHER KING DRIVE MILWAUKEE, WI 53212	39-0806258	501(C)(3)	20,000.	0.			GOOGLE GRANT- DIGITAL SKILLS
YWCA SEATTLE KING SNOHOMISH COUNTY PO BOX 84202 SEATTLE, WA 98124-5502	91-0482890	501(C)(3)	20,000.	0.			SANDBERG- DOMESTIC VIOLENCE AND SHELTER SERVICES
YWCA SILICON VALLEY 375 SOUTH THIRD STREET SAN JOSE, CA 95112	94-1186196	501(C)(3)	62,000.	0.			GOOGLE STEM, COCA-COLA- WOMEN EMPOWERMENT THROUGH ENTREPRENEURSHIP, PG- CINCINNATI - WOMEN
YWCA SONOMA COUNTY 811 THIRD ST SANTA ROSA, CA 95404	94-2347428	501(C)(3)	20,000.	0.			SANDBERG- DOMESTIC VIOLENCE AND SHELTER SERVICES

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YWCA SOUTH FLORIDA 351 NW 5TH STREET MIAMI, FL 33128	59-0624450	501(C)(3)	62,000.	0.			GOOGLE GRANT- DIGITAL SKILLS, COCA-COLA- WOMEN EMPOWERMENT THROUGH ENTREPRENEURSHIP, PG-
YWCA SOUTH HAMPTON ROADS 500 EAST PLUME STREET, SUITE 700 NORFOLK, VA 23510	54-0506491	501(C)(3)	20,000.	0.			SANDBERG- DOMESTIC VIOLENCE AND SHELTER SERVICES
YWCA SOUTHEASTERN MASSACHUSETTS 20 S 6TH NEW BEDFORD, MA 02740	04-2104747	501(C)(3)	15,000.	0.			COMCAST- DIGITAL SKILLS TRAINING
YWCA SOUTHERN COLORADO 801 N. SANTA FE AVENUE PUEBLO, CO 81003	84-0402720	501(C)(3)	20,000.	0.			SANDBERG- DOMESTIC VIOLENCE AND SHELTER SERVICES
YWCA SOUTHWESTERN ILLINOIS 304 EAST 3RD STREET ALTON, IL 62002	37-0662608	501(C)(3)	25,000.	0.			PG-SECRET- WORKFORCE DEVELOPMENT PROGRAMS
YWCA SPOKANE 930 N MONROE ST SPOKANE, WA 99201	91-0565025	501(C)(3)	20,000.	0.			SANDBERG- DOMESTIC VIOLENCE AND SHELTER SERVICES
YWCA ST. PAUL 375 SELBY AVENUE ST. PAUL, MN 55102	41-0693892	501(C)(3)	20,000.	0.			COMCAST- DIGITAL SKILLS TRAINING
YWCA THE HARTFORD REGION 135 BROAD STREET HARTFORD, CT 06105	06-0646993	501(C)(3)	50,000.	0.			PG-SECRET- WORKFORCE DEVELOPMENT PROGRAMS
YWCA TRI-COUNTY AREA 315 KING STREET POTTSTOWN, PA 19464	23-1360867	501(C)(3)	67,000.	0.			ABBVIE- COVID-19 EMERGENCY SUPPORT

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YWCA TULSA 1910 S LEWIS AVE, SUITE 200 TULSA, OK 74104	73-0579296	501(C)(3)	45,000.	0.			SANDBERG- DOMESTIC VIOLENCE AND SHELTER SERVICES, PG-SECRET-WORKFORCE DEVELOPMENT
YWCA UNIVERSITY OF ILLINOIS 2403 WEST SPRINGFIELD AVE, P1 CHAMPAIGN, IL 61821	37-0720370	501(C)(3)	55,000.	0.			GOOGLE GRANT- DIGITAL SKILLS, COMCAST- DIGITAL SKILLS TRAINING
YWCA UTAH 322 EAST, #300 SOUTH SALT LAKE CITY, UT 84111	87-0212467	501(C)(3)	20,000.	0.			SANDBERG- DOMESTIC VIOLENCE AND SHELTER SERVICES
YWCA WESTERN MASSACHUSETTS ONE CLOUGH STREET SPRINGFIELD, MA 01118	04-2103858	501(C)(3)	20,000.	0.			SANDBERG- DOMESTIC VIOLENCE AND SHELTER SERVICES
YWCA WESTERN NEW YORK 1005 GRANT STREET, SUITE 3 BUFFALO, NY 14207-2877	16-0743243	501(C)(3)	50,000.	0.			TECHNICAL ASSISTANCE
YWCA WESTMORELAND 424 N. MAIN STREET GREENSBURG, PA 15601	25-1117999	501(C)(3)	25,000.	0.			PG-SECRET- WORKFORCE DEVELOPMENT PROGRAMS
YWCA WHEELING 1100 CHAPLINE STREET WHEELING, WV 26003	55-0357063	501(C)(3)	20,000.	0.			SANDBERG- DOMESTIC VIOLENCE AND SHELTER SERVICES
YWCA YAKIMA 818 WEST YAKIMA AVENUE YAKIMA, WA 98902	91-0565563	501(C)(3)	20,000.	0.			SANDBERG- DOMESTIC VIOLENCE AND SHELTER SERVICES
YWCA YORK 320 EAST MARKET STREET YORK, PA 17403	23-1360889	501(C)(3)	40,000.	0.			ABBVIE- COVID-19 EMERGENCY SUPPORT

Schedule I (Form 990)

**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

**2020**

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 ..... **1b**

**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? ..... **2**

**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 type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study
<input type="checkbox"/> Form 990 of other organizations	<input 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? ..... **4a**
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? ..... **4b**
- c** Participate in or receive payment from an equity-based compensation arrangement? ..... **4c**
- 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? ..... **5a**
- b** Any related organization? ..... **5b**
- 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? ..... **6a**
- b** Any related organization? ..... **6b**
- 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 ..... **7**

**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 ..... **8**

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

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

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

Schedule J (Form 990) 2020

**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 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 (OUTGOING)	(i)	301,017.	0.	0.	25,928.	16,808.	343,753.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) CATHERINE BEANE VP - PUBLIC POLICY & ADVOCACY	(i)	150,416.	0.	0.	11,267.	1,550.	163,233.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ELISHA RHODES SR. DIRECTOR - OPS. / INTERIM CEO	(i)	134,036.	0.	0.	10,788.	15,283.	160,107.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) JUNE JIMENEZ VP - SOCIAL INNOVATION, INVESTMENT,	(i)	149,076.	0.	0.	0.	8,591.	157,667.	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)							





**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization

YWCA USA, INC.

Employer identification number

13-1624103

FORM 990, PART I, LINE 1:

YWCA 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 \$ 318,705. INCLUDING GRANTS OF \$ 115,000. REVENUE \$ 206,485.

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 SALARIES FOR OFFICERS 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	1,905,470.
MANAGEMENT AND GENERAL EXPENSES	257,075.
FUNDRAISING EXPENSES	240,124.
<b>TOTAL EXPENSES</b>	<b>2,402,669.</b>

Name of the organization

YWCA USA, INC.

Employer identification number

13-1624103

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 2,402,669.

Multiple horizontal lines for additional entries or calculations.

# 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 990-T (corporation)	07
Form 990-BL	02	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

**ELISHA RHODES**

- 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 16, 2022**, 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, 2020**, and ending **JUN 30, 2021**.

**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-BL, 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-EO and Form 8879-EO for payment instructions.